

Haringey Association for Independent Living Limited

Hail - Bedford Road

Inspection report

7 Bedford Road
Tottenham
London
N15 4HA

Tel: 02088002864
Website: www.hailltd.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

HAIL- Bedford Road is a 'care home' for people who have a learning disability. The service accommodates a maximum of six people. At the time of our inspection there were six people living in the home. People using the service had been living at the homes for many years. Most of the staff team had also been working at the home for some time and everyone knew each other well.

People's experience of using this service and what we found

Right Support:

Not all people were supported in the least restrictive way possible and best interest meetings were not always completed. We found during our inspection that there was a bathroom and a toilet on the first floor locked and 1 person's wardrobe was also locked. The acting manager informed us that this was due to a person's support needs. However, this was not recorded on their deprivation of liberty documents or their care plan.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were safeguarded from the risk of harm and abuse as the provider had systems in place to protect people. Staff supported people to take their prescribed medicines safely. Staff had completed safeguarding training and understood their role and responsibilities in reporting any concerns of abuse.

Right Care:

Staff came across caring and supportive and we saw positive interactions between staff and people. There were sufficient staffing levels to meet people's needs. During the inspection there were music activities taking place and some people were accessing the community with support from staff.

The provider had systems in place to carry out recruitment checks to ensure that staff were recruited safely. Staff received up to date training to meet people's support needs.

The service needed redecorating, and in some of the communal area's maintenance was also required as there were cracked tiles in the kitchen. The bathrooms were very dated, and the floors needed replacing.

The first-floor shower room needed a deep clean, which was an infection control concern.

At the time of the inspection the provider was having a meeting with the landlord about the housing issues.

During the inspection we noted that 5 bedrooms had locks were placed on the doors the wrong way round, which meant that there were a risk of people being accidentally locked in their rooms and not able to get out, which could also be a fire risk. The manager reported this concern to the landlord at the time of the inspection.

Right Culture:

People's relative's spoke positively about the support people received, the acting manager and staff team. There was evidence of positive person-centred care plans in place to meet most people support needs. However, we did identify that 1 person's care records was missing information regarding environmental restrictions that had been put in place to help manage risks. The acting manager agreed to update this information.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service good (published 05 July 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HAIL-Bedford Road - on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, risk assessments and people's deprivation of liberty, controlling infection, staff supervision and appraisals and the condition of the premises. We have made 2 recommendations in relation to the provider sending feedback questionnaires to people and relatives and ensuring that statutory notifications are completed and sent to CQC.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hail - Bedford Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and Service Type

HAIL- Bedford Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. HAIL- Bedford Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The acting manager was in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the acting manager. We reviewed a range of records. This included 6 people's care plans, risk assessments, recruitment records, quality audits, daily records, and training records. We spoke with 4 staff and 3 relatives.

We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records. We completed a tour of the building and we looked at medicines' management and food safety.□

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all people's risk assessments and management plans were robust enough to identify concern's and restrictions due to risks. For an example, 1 person's risk assessment did not have relevant information of their current environmental risks and restrictions of the concerns around the communal bathroom and toilet being locked.
- The provider's environmental and fire risk assessments and audits did not always pick up environmental risks. For example, during the visit, we identified that 5 out of 6 bedroom's locks were placed on the wrong way round, this meant that the doors could be locked from the outside but was unable to be unlocked within the inside of the bedrooms, which could be a fire risk and people could be accidentally locked in their rooms and unable to get out. The acting manager reported this concern to the housing provider for the locks to be placed the correct way.

We found no evidence that people had been harmed, however, the above concerns put people at risk of harm. The provider failed to assess and make sure that the premises and any equipment used is safe. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us that they were kept updated of any changes or concerns by the service. One relative said, "The manager and staff, will call me to discuss any concerns or update me with any changes that I should be informed about regarding my [relative] support.
- The manager told us they had processes in place for reviewing and learning from things that went wrong within the services. For example, the acting manager said "Incident forms are completed by staff after any incidents that has happened, which is then sent to me to be reviewed. I would then put in place the appropriate actions to help reduce any recurrence from happening again. I would also meet with staff to discuss the learning and actions that have been taken."
- Staff also confirmed that they received regular updates in staff meetings by the acting manager on any changes as part of lessons being learned.

Preventing and controlling infection

- We were not fully assured that people were always protected from the risk of infection, as the provider did not always have effective systems in place to identify concerns. For example, during day 2 of the inspection, we found that the first-floor shower room needed a deep clean, as there was dirt around the shower tray door and inside the shower tray. The shower room floor was also very dirty and in need of replacing. The sealant around the shower tray and the kitchen sink was also discoloured. Due to the above concerns this

increased the risk of infection control issues.

We found no evidence that people had come to harm. However, this put people at risk of harm because the provider failed to assess the risk of preventing and controlling the spread of infections. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was using PPE effectively and safely.

Visiting in care homes

- The provider supported people to maintain contact with their family and friends and they were welcome to visit the home. Relatives confirmed this during our discussions with them. One relative said, "Since the restrictions have been dropped, we are able to visit any time."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place that helped to reduce the risks to people from abuse. Relatives, and staff members told us people were kept safe. A relative told us, "I have no concerns regarding the care that my [relative] receives as, I feel they are safe and supported well at the home."
- Staff completed safeguarding training and they understood their responsibilities and how to report any concerns. Comments included, "I would report any concerns to my manager or senior management." and "I have known [people] that live here for a long time, which helps me identify if somebody was not happy with something. I would then report this to the management and complete a report, however if somebody were in danger I would call the police and report my concerns to the local authority or CQC."

Staffing and recruitment

- The provider had enough staff to maintain people's safety and meet their individual needs.
- Relatives told us they felt that there were regular and appropriate staffing levels at the service to meet people's needs. One relative said, "When visiting the service, I have never had any concerns with the staff team. Also, staff has worked at the home for a long time and know my [relative] well."
- Staffing levels were determined by the number of people using the service and their individual support needs.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service certificates were checked. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the police National Computer. The information helps employers make safe recruitment decisions.

Using medicines safely

- People using the service, were supported by staff to receive their medicines safely as prescribed. The provider had a medicines policy in place and staff were trained and assessed before they administered medicines to people.
- There were regular medicine audits completed by the staff and acting manager. These were completed to ensure errors or concerns were identified and addressed appropriately.
- We reviewed people's medicine administration records (MAR) and saw these had been correctly completed. Also, medicines were appropriately locked away in a secure medicine's cabinet.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had policies and procedures in place for staff inductions, supervisions, and appraisals. Staff told us they received supervisions by the acting manager, however records showed that this was not in line with the providers policy as stated by the acting manager as their should have been a minimum of 6 supervisions. For example, 1 staff record showed that they had only received 4 supervisions.
- During discussions with staff, 1 staff said "Supervisions have been less, and we have not received appraisal for some time." The acting manager confirmed that appraisals were overdue and had not been completed. This meant by staff not receiving yearly appraisal and regular supervisions staff may not have been fully supported to carry out their role.

The provider failed to carry out regular supervisions and appraisals for staff. This was a breach of Regulation 18 (staff receiving appropriate support) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they felt staff were skilled and experienced to support people appropriately. Comments included, "The staff know their job well, and seem to have the skills needed to support the [people] at the home." "I have no concerns regarding the skills and how they care for my [relative] as I have always felt and seen positive interactions from staff."
- Staff told us the training they received was good and covered all key areas. One staff said, "We received regular updated training, also if we identified any areas that we would like to develop in we can request this with our manager."
- The provider ensured that staff received appropriate training and support which gave staff the skills and confidence to do their job well. The staff team consisted of staff that worked at the service for many years, which meant that, staff and people knew each other well.
- Training records showed that staff received training in, risk assessing, health and safety, medicines, first aid, food safety and infection control. And training to support people with a learning disability.

Adapting service, design, decoration to meet people's needs

- The property was not maintained well or in good condition and needed a refurbishment. This meant that people were not being supported to live in a well-maintained living environment and could have an in pack on people's wellbeing. We found the building needed modernisation and necessary repairs to make it safe and improve the environment. At the time of our inspection, the provider was holding a meeting with the housing provider to discuss the work that was required to the property as the service had reported the

maintenance issues previously to the housing provider. However, the work was not completed within a reasonable timeframe.

- We found the communal bathroom floor, shower tray needed replacement due to the age and grounded stains and dirt.
- The communal kitchen had cracked tiles and the sealant around the sink was discoloured.
- The premises appeared worn and in need of re-decoration. Paintwork in the communal areas needed to be refreshed. We found paint coming off the communal lounge wall which exposed the plaster.
- Communal toilets and baths were old and needed replacing.
- The communal garden area had various items for disposal located at the side of the garden. Staff told us they were in the process of clearing the items away.

The provider failed to maintain the premises and environment to keep people safe from harm and to ensure they live in a suitable environment. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We looked at 6 people's Deprivation of Liberty forms which 2 people Deprivation of Liberty forms were in place and in date. The acting manager informed us that 4 people's DoLS had expired, new applications had been completed and they were waiting for the local authority to send these to the service.
- During the inspection we identified that on 1 person's DoLS application did not cover all restrictions for the person, for example, the DoLS did not cover that the toilet and bathroom doors were being locked on the first floor and that a person's wardrobe was also being kept locked.
- During our inspection we needed to remind staff to ask people's permission to look at their bedroom.

The provider failed to follow people's deprivation of liberty. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received mental capacity assessment and deprivation of liberty training which supported them to develop their skill and understanding about the principles of the MCA. Staff were also able to tell us the process that they would follow, if it was identified that a person lacked capacity to make decisions.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law.

- Care plans had information regarding how people would like to be supported, and reviews were taking

place. People's choices and likes, and dislikes were also recorded within care plans.

- Relatives told us they were involved and updated with any changes to people's care needs. Comments included, "The home is very good at updating us of any changes." "I am very confident that the manager will call me to discuss any concerns or changes regarding my [relatives] support needs."
- People's needs were assessed jointly with their relatives support also when required with health care professionals to ensure the service was able to meet the person's needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support they needed to eat and drink and maintain a balanced diet.
- Staff told us they encouraged people to eat and drink well and provided the right support to make sure the food people ate was safe.
- Staff received training to support people to avoid malnutrition and dehydration and to support people with modified diets. The service also received support from health professionals who completed assessments for people.
- During the inspection we observed people being supported by staff with their meals appropriately. For example, people were offered different choices of foods and drinks. Menus were also completed, each week by people using a pictorial book. People were also given opportunities at mealtimes to change or choose something else if they wish to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People were treated with respect, compassion, and kindness by staff.
- Relatives told us that they felt their relatives were valued as an individual and treated respectfully and with dignity by the staff team. One relative told us, "I'm very happy how the home supports my [relative], the staff are very respectful and know her needs well."
- During our inspection we observed how staff knew people's care needs well and how they support them in line with their preferences, which was outlined in their support plans.
- All staff had completed equality and diversity training and people's spiritual and cultural needs were respected. Support plans held information in regard to how staff should be supporting people with their spiritual and cultural needs.

Supporting people to express their views and be involved in making decisions about their care.

- People who used the service were encouraged and involved to make decisions about their care. For example, staff told us that meetings are held once a week with people to be involved in decision-making, such as menu planning and activity planning, and these were recorded..
- Care plans reflected people's views on how their care was to be provided. Care plans were regularly reviewed and up to date. The plans were completed in written and in pictorial format, to meet people's communication needs.
- At the time of our inspection we saw positive interactions between staff and people. Support was provided by staff, staff asked people if they wanted to take part in the activity that was taking place.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care records reflected people's independence and areas of support that were required and gave staff guidance on how to encourage people to uphold their skills.
- Relatives told us they felt that staff respected their privacy and dignity when providing care and support. One relative said, "Staff are very supportive and respectful. My [relative] always seems happy when I visit."
- Staff spoke passionately about their job and were dedicated to support people to live full and active lives. One staff told us, "I love my job, I have worked at this home for a long time and have built up good relationships with [people]."
- Staff received equality and diversity training, which staff told us they felt was helpful. Staff said us, "It is very important to support [people] to keep the skill that they already have and not to deskill [people] as we are here to support [people] to be independent as possible."

- People's personal data were kept secure, and the provider understood the importance of keeping people's documents secure to ensure confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a personalised care plan in place that people and their relatives were asked to be involved in by the staff team. This method helped to ensure that people were able to make choices and gave control to the person, so they were able to be fully involved in their care.
- Relatives told us they were involved in reviewing care plans to ensure that they were up to date. Comments included, "I have been involved in the reviewing of my [relatives] support during review meetings." And "My [relative] has lived at the home for a long time therefore staff know my [relative] likes and their support given, I am also able to make suggestions and voice my views as the manager will call me for my input."
- Staff knew people well and were flexible in their approach. One staff member told us, "As much as I know how [people] like their care given, I would never guess how someone would like their support as not every day is the same and what worked yesterday may not work today."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was able to demonstrate a clear understanding of their responsibility to comply with the (AIS). For example, the acting manager said, "We support [people] to have both written and pictorial information that they are able to relate to in their care plans."
- There was evidence that staff adapted their communication style to ensure they communicated effectively with individual people, who each had different methods of communication support needs recorded in support plans.
- The provider had a communication policy in place that gave staff guidance on different methods of communication that can be used to support people, this included information in picture format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships that were important to them. People's relatives confirmed this. Comments included, "I am able to visit my [relative] any time I want to." "We are

always invited to any celebrations that are taking place at the home."

- Staff understood their role and the importance of developing people's relationships with others to help prevent social isolation. People had activity plans in place, which covered indoor activities as well as accessing the community supported by staff.
- At the time of the inspection, people were being supported to carry out indoor activities such as singing and dancing, watching films and staff were supporting people to read books. Also, some people were out in the community with staff support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was accessible to all staff. There were no recent complaints recorded. Relatives that we spoke with confirmed this. For example, one relative told us, "I don't have any complaints or concerns, but if I did, I know who I can talk to, and that action would always be taken."
- Staff were clear of their responsibilities of how to manage and report complaints. One staff said, "If a [person] or a relative were to make a complaint, I would follow our complaints policy and inform our manager of the concern."
- The provider spoke positively about the importance of continually improving their care quality of the service. For example, the acting manager told us, "It's important to respond to any concerns or complaints from [people] and relatives as this helps improve the service that we are providing."

End of life care and support

- At the time of the inspection, no one at the service was being supported with end-of-life care.
- The provider had an end-of-life care policy which gave guidance to staff about how to provide this type of care sensitively.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider had systems in place for completing audits to help identify areas of improvements. However not all environmental risks were always picked up. For example, at the time of our inspection we identified that bedroom door locks were not placed correctly on the doors, which was a health and safety risk to people and could have prevented people from leaving their rooms if they were accidentally locked in. Initially staff were not aware why locks had been placed on the doors in this way and this was not picked up during any environmental audits and checks by staff that had taken place.
- The provider had not always ensured that 1 person's risk assessment for had been fully assessed. They had failed to ensure risks related to the person's anxieties relating to damaging their personal belongings which was not clearly documented.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection, the service did not have a registered manager in post for over 1 year and we were not informed by a statutory notification. Which meant the provider was not meeting the conditions of their registration to appoint a registered manager. However, the acting manager was in the process of applying to become the registered manager at the time of the inspection. Following the inspection, the provider sent us a statutory notification.

We recommend the provider refers to current guidance in relation to their regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The findings from our inspection showed, the majority of care plans were person centred. However, we did identify that 1 person's care plan did not have information in regard to how the service was supporting the person by adding environment restrictions without the mental capacity assessment process being followed and documented.
- We were not always ensured that the provider supported the person to look at an alternative option for environment restrictions. For an example, there were no evidence that the service looked at other less

restricted practices that could have been put in place instead of locking the communal bathroom and toilet.

- Staff told us that management were supportive and approachable, however, they felt supervisions had decreased that appraisals had not been completed, due to changes within the management team. Also, that their appraisals had not been completed for some time. However, staff felt able to give their views about how the service was managed. Comments included, "We do not have our supervisions as often as we did, due to the changes to management. "My appraisal has not been completed; however, my manager is very supportive and approachable."
- Relatives spoke very positively about the service and felt involved in their relatives' lives. However, relatives did confirm that the service did not send surveys for them to complete but felt they were able to verbally feedback if they had any concerns. Comments included, "I haven't received a feedback form for some time; however, the staff will be contacting me when they need to." Or "I haven't received a feedback questionnaire, but I am always contacted by the manager to discuss my views."
- People were not always empowered and supported to make complaints about their living environments due to the general condition of the building. Although the provider had reported concerns of the condition of the building to the housing provider, we found that more actions could have been taken. For example, people could have been supported to make a complaint on their behalf, by requesting advocate support, or the complaint could have been escalated further, by the provider.

We recommend the provider seeks good guidance in relation to their governance systems in relation to sending surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider was aware of their responsibilities under duty of candour and had worked with the local authority and family members in relation to incidents and accidents. For example, the manager told us, "It is important that I am open and honest about areas that has not gone so well with relatives and other stakeholders, as we can always reflect on the areas that we can improve on."
- Relatives told us that they were informed of any concerns and changes to peoples support needs if required. One relative said, "The manager and the staff are very open and will always tell me if they had any concerns about my relatives care."
- There were policies and procedures in place and staff understood their roles, and responsibilities in regard to the duty of candour. One staff told us, "We have a duty of care to report any concerns that we have. I would always inform my manager if an incident happened so that actions can be taken."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered persons did not ensure peoples deprivation of liberty was always met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not operate effective systems and processes to assess, peoples needs appropriately and to protected people from the risk of infection .
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered persons did not operate effective systems to improve the safety and quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not operate effective systems and processes to assess, monitor and improve the safety and quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons did not always effectively supervise staff appropriately.</p>