

CCS Homecare Services Ltd

Glenister Gardens

Inspection report

31 Glenister Gardens
Hayes
Middlesex
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Tel: 02085737828

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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 people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Glenister Gardens is a supported living service for up to 11 people with learning disabilities and/or autism. At the time of the inspection, 9 people were living at the service. People had their own flats and tenancies. The Guinness Partnership Ltd provided housing support and CCS Homecare Services Limited provided care and support to people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We found the service was not always able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

Right Support

People were not always supported to have maximum choice and control of their lives and staff did not always 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. Medicines were not always managed safely.

We recommended the provider consistently applies the principles of the Mental Capacity Act 2005.

We also recommended the provider considers current guidance on infection prevention and control and take action to update their practice accordingly.

People were supported by staff to take part in activities and pursue their interests in their local area. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs.

Right Care

We found risk assessments were not always in place or followed. Staff understood how to protect people from poor care and abuse and the service worked with other agencies to do so. People received kind care. Staff protected and respected people's privacy and dignity. The service had enough appropriately skilled

staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff. People were supported to access healthcare services.

Right Culture

The provider had systems to evaluate the quality of the service being delivered, but these were not always effective as they had not found concerns identified during the inspection. Staff knew and understood people well and were responsive. People and those important to them were involved in planning their care. Staff were supported through supervision and training and told us they felt supported by the registered manager.

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

Rating at last inspection and update

The last rating for this service was good (published 24 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care, including medicines management, need for consent and good governance at this inspection.

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 ●

Glenister Gardens

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

The inspection was carried out on site by 2 inspectors and a nurse specialist advisor. After the inspection, an Expert by Experience contacted families for feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 3 people. Some people could not speak with us and tell us of their experiences verbally, so we observed their interactions with staff. We spoke with 7 members of staff including the registered manager, the head of operations and 5 care workers. We reviewed a range of records. This included 8 people's care records and medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 we rated this key question 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

- The provider did not always, assess, monitor and manage risk safely.
- One person's risk assessment recorded they should be supported to eat a 'soft and bite-sized diet'. During the inspection we observed they were given an orange segment, which caused them difficulty with swallowing and was not in line with their risk assessment. Staff not following the risk assessment put the person at risk of choking.
- Another person used bed rails, but we did not see an assessment or mitigation plan for the risks associated with bedrails. They also wore heel protectors which was not included as part of their skin integrity risk assessment.
- We found risks around fire doors were not always managed safely. During the inspection we observed that it took two staff to open a fire door in the dining room and the fire door in the office was wedged open. Maintaining the fire doors was the responsibility of The Guinness Partnership Ltd who were the housing provider and we saw emails to indicate the registered manager had contacted Guinness about the fire doors in May 2023. One of the emails from Guinness stated, 'Please remove the wedge until installation of a hold open device'. The provider had failed to do this and had contributed to the risk by wedging the office fire door open.
- The provider supported people with managing their money including cash. The records for one person we looked at did not match the cash amount or reconcile with the receipts total. The registered manager explained that a staff member had omitted to record incoming cash.
- The provider had arrangements to manage risks and provide adequate guidelines for care workers to meet people's needs and reduce the risk of harm. However, these were not always effective, as when we asked the provider to show us risk assessments that included swallowing, asthma and epilepsy risk assessments, the provider told us these documents had been archived and they were unable to produce them during the inspection. This meant staff did not have access to relevant information around mitigating known risks to people.
- The provider sent us requested documents after the inspection on 31 July 2023. However, we noted risk assessments were not always dated to indicate when they had been completed and therefore it was not clear if they were up to date.

Systems had not been used effectively 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 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other care records we reviewed, showed the provider did have appropriate risk assessments with

mitigation plans in place. These included medicines and nutrition. The assessments and plans were regularly reviewed and updated.

- The registered manager showed us the IT system they used to identify people who were at high risk.

Using medicines safely

- We found medicines were not always managed safely.
- The provider kept a 'grab bag' with essential information and items for use in an emergency. We identified out of date medicines, some dating back to 2014, and used gloves in the bag. There was no itemised log or checks of what was in the bag. This meant in an emergency, the bag did not contain up to date essentials for use.
- The dates topical creams and thickeners were opened, were not recorded which increased the risk of using out of date stock.
- One person used an inhaler which we saw stored in a locked cupboard. When we asked how the person accessed their inhaler, we were told the person had one with them. However, when we checked this, we found this was not the case. This meant the person could not use their inhaler independently and were reliant on staff getting it for them.
- Another person stored their unopened supply of insulin in their fridge. There was a support plan, but it did not provide guidance for recording fridge temperatures. Insulin should be stored at refrigerator temperature between 2 and 8°C. We found the temperature recorded on the day of the inspection was 11°C, which could impact of the efficacy of the insulin. The registered manager took action and ordered a small fridge solely for the use of the insulin and will monitor the temperature.
- Another person required their medicines to be crushed and administered covertly, but the provider did not have a best interest decision to support this.

We found no evidence that people had been harmed. However, the provider had not ensured that people were protected against risks associated with medicines management. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely and staff had completed medicines training to help ensure they administered medicines correctly.
- Each person's medicines records had a photograph of the person who required the medicine, as guidance for unfamiliar staff.
- Staff completed medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed.
- MARs were audited to help ensure they were effectively completed by staff and medicines were being administered as directed.

Preventing and controlling infection

- The provider did not always follow the systems they had in place to help prevent and control infection, and to help keep people safe.
- In a toilet, we found a bucket with two soiled mops. Although the mops were colour coded indicating they were for different areas, they had been placed in the same bucket which meant there was a risk of cross contamination.
- One person had significantly spoiled, out of date food in their fridge.
- We observed not all staff washed their hands before preparing food.

We recommend the provider consider current guidance on infection prevention and control and take action to update their practice accordingly.

- Staff completed mandatory infection prevention and control training.
- Infection prevention and control policies and procedures were in place.
- Staff were supplied with appropriate personal protective equipment (PPE), including gloves and aprons.

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents. Incidents and accidents were recorded on an electronic system and reviewed by the registered manager. However, it was not always clear what action had been taken to reduce the risks of the incident reoccurring.
- The registered manager told us learning outcomes were shared with staff in team meetings. However, the team meeting minutes they shared with us did not include any of the specific incidents.
- It was also not clear each person's support plan and risk assessment had been updated to reflect outcomes and that preventative measures were put in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help safeguard people from the risk of abuse and avoidable harm. One relative confirmed, "Yes, absolutely [person is safe]. Why? Well, I just think communication between them and myself is good. They're very quick to call if there's anything [to share]."
- There were safeguarding and whistle blowing procedures in place. Staff had received training around safeguarding and knew how to respond to concerns. One staff member told us, "Everyone is responsible. I would raise it immediately with line management. Can go further, even to the police or the safeguarding officer in the council."
- The registered manager understood their responsibility to raise safeguarding alerts with the local authority. Records indicated the provider worked with the local authority to investigate safeguarding concerns.

Staffing and recruitment

- The provider had enough staff to meet people's needs.
- The registered manager told us they have greatly reduced their use of agency staff and currently have a full staff team.
- Families were generally satisfied with the staffing levels, but two relatives felt staffing levels could be better. Staff told us they thought there were enough staff to provide appropriate support.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 found the provider was not always working within the principles of the MCA. When we asked to see best interest decisions for people who did not have the mental capacity to make specific decisions, the provider told us these were archived, and they were unable to provide them on the day of the inspection.
- We identified one person used restrictive equipment such as bedrails but we did not see consent for their use or a best interest decision regarding their use.
- It was not always clear from people's records how consent was sought and there was a lack of recorded information by the provider about decision making processes, as with the above record, we did not see evidence for consent to care or best interest decisions for all people using the service.

We recommend the provider consistently applies the principles of the Mental Capacity Act 2005.

- After the inspection the provider sent evidence that one person had court appointed deputies for personal welfare and property and affairs. They also provided best interest decisions and evidence of following up on Community DoLS applications.
- Staff had received training on the principles of the MCA.
- In some care records we did see appropriate mental capacity assessments such as for wheelchair lap belts

which restrict people's movement

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

- People's needs were assessed to confirm their needs could be met by the provider. These assessments formed the basis of people's support plans.
- Assessments included the person's, cultural, religious, physical and mental health needs.
- Support plans were reviewed, and the provider liaised with other relevant agencies to help ensure people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who received appropriate training through training and supervision.
- Staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Thereafter, they completed annual training and competency testing to keep their knowledge and skills up to date.
- Relatives provided mixed feedback on the level of training staff had. Most thought staff had appropriate skills. Comments included, "Yes, definitely [skilled]. They know [person] so well, and they are always with an appropriate member of staff" and "The keyworkers are great, fantastic. Let me say that. I couldn't fault them."
- Staff confirmed they felt well supported and said, "[Senior care assistant] is available. Most of all, [the registered manager] is my go-to for everything. She is extremely supportive of things happening with you and in the environment."

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

- People were supported to have their nutritional and hydration needs met. These were recorded in risk assessments and support plans, so staff had the information to provide appropriate support.
- People were supported to have choice about their meals and go shopping to buy the ingredients.
- Support plans detailed people's food and drink preferences as well as the support they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to maintain good health. The registered manager told us they worked in partnership with family members and health and social care professionals. For example, the psychiatrist, the GP, district nurses, the positive behaviour support team, the speech and language team and social workers. A relative confirmed staff met the person's health and social care needs.
- Support plans included information about people's healthcare conditions for staff to understand people's healthcare needs.
- Staff supported people to make and attend healthcare appointments to help maintain good health.

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. 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 well treated and supported. We observed positive interaction between people using the service and staff. All staff were observed to be kind, considerate and engaging with the people who live in the service.
- Staff knew people well, and people's diverse needs were acknowledged and met. For example, staff who spoke people's first language were matched with the person to provide care and support. This helped the person to be actively involved in their care.
- One person liked to cook with specific ingredients and was supported to get them from local shops rather than a supermarket, so they had more choice and were able to cook more authentically.
- Most people and their relatives were happy with the support they received. A relative told us, "When we see them at the times that we go, and on the phone certainly staff are [kind], and they seem very caring and helpful."
- Staff completed training around diversity and equality awareness to help them to be more aware of people's needs.

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

- People were supported to express their views and make decisions about their care. People were encouraged to make choices about their care, such as their food and drink. A relative told us, "Choice I think they do give [person], and they are kind and polite to them."
- Staff respected people's choices, and the interaction we observed was positive.
- Care records included people's preferences for how they liked to receive personal care and support with various other tasks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and independence was promoted.
- Support plans had guidelines for how to complete personal care tasks with personal preferences and staff told us they maintained people's privacy and dignity. A relative told us, "Yes, [dignity is maintained] because [person] always looks nice. Their hair is done nicely, and they are very aware of how they are looking, and their nail varnish tells me how [person] is looked after."
- People were encouraged to maintain their independence as much as possible and support plans recorded what tasks people were able to complete independently. For example, a staff member explained how they encouraged someone with personal care tasks, so the person was able to do as much as they could before staff helped them.

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 received personalised care which met their needs and preferences.
- Support plans were personalised to include people's preferences. For example, their preferred name and food preferences. A relative confirmed, "Yes, definitely they know [person's] likes and dislikes, and we went through it the other day again when I was there with them."
- Families confirmed they were involved in planning people's care and one relative told us, "I'm involved, yes, definitely involved, and any issues they phone me about it."
- People were encouraged and supported in their choices. For example, one person was supported to make their own outfits.

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. 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.

- People's communication needs were assessed and recorded.
- Support plans had had communication profiles in place with a description of how people communicated for guidance.
- Staff understood people's various communication methods. For example, one person used their own signs and words and staff were able to communicate with them in this way. Another person responded best to written communication, so staff wrote things to facilitate engagement.
- The provider employed staff who spoke the same languages of people who used the service which supported people to communicate in a way they preferred.
- A staff member described a number of communication methods they used including Makaton, which is a way of signing and knowing people well, so they knew what individual noises and gestures meant. They told us, "The best form of communication is facial expression and body posture. Approach them with a nice smile."

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 maintain relationships, avoid social isolation and take part in activities relevant to them.

- Residents' meetings were held every other month which included a discussion on menus for social occasions and what activities people would like to participate in. The registered manager told us relatives were invited to social occasions.
- During the inspection we saw in house activities and people going out to socialise. We observed people were very engaged in a music session. The staff leading was very interactive, knew people's likes and dislikes and recognised when people required interaction.
- People were also supported to attend groups in the community. A relative told us, "For activities [person] goes in the term time to college adult learning classes that I book and staff take them. Then staff take [person] shopping once a week. And they're good social events that [person] joins in when they want to, which can be bingo, music and a Friday pub lunch, and as I said they love the trampoline in the garden."
- People were supported to maintain contact with their families. One person told us how they had recently visited their family member and that they video call with them regularly.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received.
- People and their relatives knew who to speak with if they wanted to raise a concern. One relative said, "The [specific] incident I did complain about as I do raise issues and e-mail, and I feel that communication is good, but it has to be chased up."

End of life care and support

- No one was being supported with end of life care at the time of the inspection.
- Support plans did not contain end of life wishes which meant people's wishes and preferences for care at the end of their lives was known in the event they required this support.
- The registered manager told us most people were in their 30s and 40s, but if there was a need for palliative care, the provider would liaise with the palliative care team to ensure people were supported appropriately.

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. At this inspection the rating 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; Continuous learning and improving care

- The provider had quality assurance systems and process in place but these were not always effectively operated to mitigate risks to the health and wellbeing of people who used the service.
- Prior to the inspection, we provided the registered manager with a list of documents we needed to see during the inspection. However, a number of these documents could not be provided on the day of the inspection and had to be sent days later. Not all risk assessments were accessible on the day.
- One person's risk assessment was not followed and they were given inappropriate food.
- Medicines checks were also not effective as they had not identified the concerns we found with the management of medicines, including out of date medicines, incorrect temperatures and unrecorded opened dates.
- There was no clear evidence of lessons learned to reflect what preventative measures were put in place with confirmation the person's support plan had been updated to reflect incidents.
- The provider's audits had not identified that the principles of the MCA were not always followed as there was a lack of evidence to demonstrate that consent to care was appropriately sought and received before care was provided.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate service improvement was effectively managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a background in supporting people with learning disabilities and dementia. They were the area manager for 5 of the provider's supported living services and tried to be present at the service at least twice a week. A senior support assistant oversaw the day to day running of the service when the registered manager was not present.
- Staff were allocated tasks for the day during a morning handover meeting.
- The provider used an electronic system to record tasks. This was visible on a dashboard that showed any tasks the manager had identified as missed, people's appointments, medicines administered, safeguarding alerts and who was out of the service.
- The provider reviewed people care records and this was also recorded electronically so a report could be produced to identify what had been reviewed and if anything was missing from the file.
- An annual house, health and safety and environment audit was last completed in March 2022 and reviewed in April 2023.

- We saw monthly audits for each person's finances. There were notes for any discrepancies. A weekly finance audit was completed by the senior support assistant.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was approachable and created an open culture and staff worked with people to achieve good outcomes.
- Overall relatives told us they were satisfied with the care provided. A social care professional told us, [The provider] was "fairly quick to report any issues and reach out to [the local authority] with any concerns about service users."
- The registered manager told us they wanted people to be able to live their best lives, have fun and believe in themselves. For example, when people had an achievement at colleges, the registered manager and staff positively reinforce the achievement which helped to empower people and build their self-confidence.
- Staff told us they felt listened to and able to raise any concerns with the registered manager.

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

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had a process to respond to safeguarding alerts and complaints and this was done in a timely manner.
- The registered manager demonstrated an understanding of their responsibility regarding the duty of candour when providing care. They told us this included being open, honest and transparent. When an incident occurred, they acknowledged it and moved forward turning a negative into a positive learning outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and others and worked with other agencies to provide good outcomes for people.
- The provider had considered people's protected characteristics such as religion, culture and ability as part of people's assessments and support plans.
- People and their relatives had opportunities to feedback about the care provided and how the service was run. A relative told us, "I go to group meetings with parents and managers that we started some years ago."
- The registered manager told us they had an open-door policy and told staff they should never be afraid to ask questions.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff told us, "They help because they tell us what we need to do to improve."
- The staff survey completed in June 2023 indicated staff were largely happy with how the service was run.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.
- The registered manager attended local authority forums and worked with Skills for Care to develop best practice.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>