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159 Wensley Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

159 Wensley Road is a small care home without nursing providing care and accommodation for up to four people with a learning disability. At the time of the inspection there were three people living at the service.

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

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

Right Support

- The registered person did not use safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. There was a risk people could be supported by unsuitable staff putting them at higher risk of harm.
- Staff supported people with their medicines in a way that promoted their independence. However, other aspects of medicine management such as record keeping, medicine stock checks and training needed improvement.
- The service gave people care and support in a safe, clean, and well-furnished environment that met their sensory and physical needs. However, some aspect of premises safety such as maintenance checks, fire and legionella risk assessments and action plans needed improvement.
- People had a choice about their living environment and were able to personalise their rooms. People invited us to view their rooms and showed us how they sorted their rooms.
- The service and staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- Staff supported people to achieve their aspirations and goals.
- Staff supported people to take part in activities and pursue their interests in their local area with people who had shared interests.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- The service had enough staff to meet people's needs and keep them safe. However, further evidence was not provided to show that staff were appropriately skilled to meet some people's specific needs.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff spoke to people politely giving them time to respond and express their wishes.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

- We found the registered person did not ensure we were notified of reportable events within a reasonable time frame.
- The registered person did not follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the duty of candour regulation when a notifiable safety incident occurred.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

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 requires improvement (report published on 16 December 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the second time in a row.

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.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care

right culture.

We carried out an unannounced comprehensive inspection of this service on 14 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 159 Wensley road on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine management, premises, recruitment, duty of candour, submitting notifications and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

159 Wensley 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

159 Wensley road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the manager had sent us. A notification is information about important events which the service is required to tell us about by law.

The provider had completed a provider information return prior to this inspection. This is information we

require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at recent positive feedback received about the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service about their experience of the care provided, one staff member and the new manager. We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and specific training. A variety of records relating to the management of the service, quality assurance, maintenance and incidents/accidents, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as staff information, further training data, premises and quality assurance records. We spoke with three relatives of the people who use the service. We also contacted a further three staff but received no responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Using medicines safely

At our last inspection the registered person did not ensure the management of medicine was always safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People did not always have their medicines managed safely.
- We reviewed medicine stock and found a bottle of eye drops not dated when it was opened. We discussed this with the manager who took action to discard them. Other medicines were stored securely and checked by the staff.
- Furthermore, when we asked the staff and the manager if they had new stock of eye drops, they said it would come at some point. However, they could not be sure it would have been on the day of our inspection. This meant the person would have been receiving eye drops past expiry date or not at all. The manager called the pharmacy and the eye drops were picked up later in the day.
- People had their medicines kept in the original packaging and some medicines were kept in blister packs. A medicine blister pack is a card that packages doses of medication within small, clear, or light-resistant amber-coloured plastic bubbles (or blisters). Each pack is secured by a strong, paper-backed foil that protects the pills until dispensed. When it's time to take a dose of medication, the staff or person simply pushes a blister of pills through the foil backing to distribute an accurate dose. We checked the medicines and found one dose of medicine was not in the pack, even though it was a dose for the evening on the day of our inspection. We showed this to the manager to take action and investigate.
- We saw that some staff had medicine training as part of an annual refresher followed by a competency assessment. This was carried out by the previous registered manager. We asked to see evidence if they had a specific training to assess staff's competence in medicine and training for other staff but no further information was provided to us.
- Where people were prescribed 'as required' (PRN) medicines, we found there was not always clear guidance in place to identify when the person might need the medication or what symptoms they might present with.
- We reviewed medicine administration record charts for the people who use the service and found 11 gaps.

There was no explanation of the gap recorded on the other side of the chart.

- This practice did not support safe management of medicine and put people at risk of not receiving their medicine correctly.

The registered person did not ensure the proper and safe management of medicines. This was a repeated breach of Regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received support from staff to make their own decisions about medicines wherever possible and maintain independence. One person said, "I dispense [medicine] myself and staff keep it in the office. I also check my sugar levels and write it in the book".
- Staff supported people to review their medicines regularly to monitor the effects on their health and wellbeing and kept in contact with professionals for advice or help about their medicines.

Recruitment

At our last inspection the registered person had not obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The registered person did not use safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- We found some gaps and inaccuracies in employment histories and missing current photographs to confirm staff identity.
- We also found the registered person did not ensure information was obtained consistently about any physical or mental health conditions which were relevant to applicants' capability to do the job.
- Where required, the registered person had not always obtained satisfactory evidence of an applicant's conduct in prior employment working in health or social care. They did not seek verification of the reason why the employment ended.
- We did not find evidence that staff files included a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- We raised this with the registered person and the manager who had provided some information but not all of it.
- This meant the registered person had not carried out all the required checks on applicants before allowing them to support the people who use the service. This placed people at risk of receiving care from unsuitable staff.

The registered person had not followed their established recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a repeated breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management (Premises)

At our last inspection the registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people. This was a breach of Regulation 12 (2)(d) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The registered person did not ensure the premises and safety of communal, personal and the living environment were consistently checked and managed to support people to stay safe.
- The records showed the fire doors were not checked consistently and fire escape routes were not checked at all.
- The temperature checks of cold water were not completed; only hot water.
- After the inspection, we asked the registered person and the manager to provide further evidence of premises checks carried out such as external legionella risk assessment, fire system inspection, electrical appliances inspection, gas safety checks and electrical wiring/installation testing. We asked to see information about checking thermostatic mixing valves, any static water areas and completing water sampling but no further evidence was provided.
- The fire risk assessment was carried out in November 2020 and it was recommended to fit the door between the kitchen in order to separate it from the bedroom and shower room nearby. However, we saw the recommendation was not completed.

The registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people. This was a repeated breach of Regulation 12 (1)(2)(d) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we asked the manager about the fire door and they sent us evidence to show this recommendation has been completed now.

Learning lessons when things go wrong

- We were not assured the registered person consistently managed incidents affecting people's safety well.
- There was a system for recording accidents and incidents. The manager explained what they would do when incidents or accidents happened. They would ensure people were safe and information would be recorded with appropriate actions taken.
- However, when we reviewed the records for incidents and accidents, it was not always clear what action was taken for each of them. Some of the forms were missing so we were not able to review the content of the records. It was not clear if the previous manager or the registered person reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence. We asked the manager to provide more information after the inspection but did not receive it. The system overall in place did not highlight areas for improvement, or actions needed to mitigate the risks to individuals, so it did not have a detrimental effect to people's health and wellbeing.

The registered person did not ensure care and treatment was provided in a safe way. They did not consistently assess the risk to health and safety of service users or mitigate such risks after incidents. This was a breach of Regulation 12 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Staff were able to explain how to raise concerns and recorded incidents and near misses and this helped

keep people safe. The service supported people who may become distressed and show behaviour that challenged, and the staff responded to incidents of this kind. The service worked with professionals around ideas of improvements or if things could have been done differently. The service did not use any restrictions on people's freedom. They were supported to make right choices and manage risks.

Systems and processes to safeguard people from the risk of abuse

- The manager was able to explain about making sure people who use the service were kept safe from improper treatment. However, they were not fully aware of the process to follow in accordance with the Berkshire safeguarding adults policy and procedure. They said they would investigate an allegation of abuse themselves without waiting to be told by the local safeguarding team who would take the lead in investigating. We discussed the process with the manager and they would ensure they worked with the local authority to ensure people's safety.
- People felt safe living in the service, and they knew who to ask for help if they felt unsafe. One person added, "I have no worries regarding staff, I feel safe. I speak to them [staff] and it helps me". Relatives felt their family members were safe at the service. They said, "I have no concerns about [resident's] safety. If anything was wrong, [staff] would tell me", "I have no worries, really, [resident] has been there for a long time and has been fine so far" and "Nothing worries me, and [resident] is looked after well".
- When there had been safeguarding concerns raised, it was dealt with appropriately.
- When we asked staff about the whistleblowing process, they were not sure what it meant at first. However, after we have explained it, they were able to answer our question. Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the manager would act on any concerns reported to ensure people's safety.

Staffing

- Staff felt there were usually enough staff to do their jobs safely. If people needed to go out, they would have extra staff.
- The manager said they reviewed the staffing numbers needed and had two staff going through the recruitment process to start at the service. They also helped ensure the service operated at safe staffing levels as much as possible. We saw staff responded to people's request for support during the day.
- People received support from staff on a one to one basis and in small groups. This was based on people's individual needs.
- There was on-call system in place covered by senior staff that staff could contact if they needed any help or advice.

Assessing risk, safety monitoring and management (people)

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

- We found the service was working within the principles of the MCA and at the time of inspection there were no legal authorisations in place to deprive a person of their liberty.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety.
- The previous registered manager and staff team assessed the risks and took action to mitigate them. People's risk assessments had detailed guidelines to ensure staff supported them appropriately without restricting people or their independence and including positive and negatives outcomes, and how to mitigate the risks.
- People were protected from risks associated with their health and the care they received. They were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People were supported to have as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff assessed people's sensory needs and did their best to meet them. As people's needs changed, risk assessments were also reviewed to reflect those changes.
- Business continuity plans were in place to ensure people were supported in the event of emergency.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic. People said, "Yes the [the service] is quite clean. I clean my bedroom and Hoover it" and "Yes, it is clean, and I sort my room how I want it". The relatives also agreed the service was clean and tidy from what they have seen.
- The service prevented visitors from catching and spreading infections. The service had not had any cases of Covid-19 since the pandemic started.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff when needed.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the registered manager and provider had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service did not have a registered manager. However, we spoke to the manager and they were able to provide evidence to progress with the application form to become a registered manager.
- The registered person did not follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- The registered person did not ensure all of the concerns we found on the inspection, were identified through their own quality monitoring systems. For example, missing recruitment information for staff suitability; issues and inaccuracies with medicine management and auditing, out of date training for certain topics and lack of records for staff's competency and knowledge checks, management of premises, and other records were not consistently maintained.
- We asked the provider and the manager to send us further information and evidence outstanding after the inspection but we did not receive it all. We were not assured the registered person ensured there was a clear oversight of the service and governance, particularly due to recent changes in the management.

The registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. They had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a repeated breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure we were notified of reportable events within a reasonable time frame. This meant we were not able to check the transparency of the service. We also could not monitor that appropriate action had been taken to ensure people were safe at that time.

The registered person did not always notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 manager was not clear about their role in regard to duty of candour. We discussed with them the regulation and requirements to follow and what incidents were required to be notified to the Care Quality Commission.
- Since the last inspection, there had been at least two incidents reported to CQC where the duty of Candour was applicable. People were supported to receive the required treatment and appropriate care was provided.
- During this inspection, not all records of steps taken to meet the duty of candour requirements were available for review, therefore we asked the manager to send these to us after the inspection. However, we did not receive any further information.
- We were not assured the registered persons acted in an open and transparent way with relevant persons in relation to the incidents.

The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The previous registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The current manager was committed to continue with this practice and ensure people received the right care and support.
- We observed people looked well and they were positive about their support from staff when we spoke with them. The staff had a good understanding of their needs and support provided. We saw the positive change in people as they were much more confident and open in speaking to us than at the last inspection. This supported the delivery of good quality support consistently.
- The manager was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals would have to say. The manager told us they were working with staff and people, for example, attending as many appointments and places as possible so they could get to know the local community.
- The manager and staff spent time with people and kept in touch with families discussing matters important to people who use the service.
- Staff felt respected, supported and valued by the manager and the previous registered manager which supported a positive culture. Staff felt able to raise concerns with the manager without fear of what might happen as a result. Management and staff put people's needs and wishes at the heart of everything they did.
- One staff added, "We work as a team and it is a good team. We help each other out and I can call [other

staff] for help. Everything seems to be going well." Staff had clearly defined roles and understood their responsibilities to care for the people who use the service.

- Relatives felt their family members were looked after well. They said, "Oh yes [the staff] are caring and respectful. [Staff] send me videos and pictures of what he's done; people there are very clean and tidy. I'm really happy the support he receives there" and "Yes, [staff] sent pictures of what he was doing, like going shopping, visit to [town], went out on holiday; we get informed about it all. If there was a problem, they would be on the phone to me".
- Staff felt the new manager was approachable and helped when needed. They also said the previous registered manager was always supportive.
- The manager praised the staff team saying, "[Staff] are very supportive and helpful to me, to get to know the service. Yes, they work as a team. They communicate and talk to each other, help each other".
- The manager added she felt supported by their seniors within the organisation, "Provider has been helpful so far, spent all day telling me how to do things. Previous manager also told me where things are".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. It was clear they wanted to help people achieve positive outcomes and live life to the full. The previous and current managers promoted a positive, caring and inclusive culture within the service.
- The staff held meetings for people who use the service to listen and gather any views or concerns they had. People confirmed it saying, "Yes we do [have meetings] and we chat about things" and "[Staff member] is my key worker and yes, we have meetings, but he is not in today".
- The previous registered manager sought feedback from people and those important to them and used the feedback to improve the service where needed.
- The manager worked alongside staff to continue learning about the service and helped them observe daily practice and pick up any issues. The manager had an open-door policy and would welcome any feedback of how to maintain a good service.
- Staff had some staff team meetings to ensure any items arising from day to day running of the service and others' feedback were shared with the staff team.
- An organisation working with the service added, "Generally the staff support is very good. They interact well with the service user. Both service users attend on time and if delays we usually get a call to inform us. When we contact the home manager, they are normally available or if not will call back. We have a good working relationship and they listen to any concerns we may have. The service users are well presented and polite. We don't have any areas of concern. Overall, one of the better houses to deal with".

Working in partnership with others

- The service had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GP's, dietician, mental health team and the local authority.
- The service had good links with the local community and the service worked in partnership to improve people's wellbeing and ensure they were involved as fully as possible. One professional added, "As a [health service] we work closely with the residents and staff at 159 Wensley Road. We provide medical services including the Covid vaccinations. The staff are very courteous and helpful bringing the residents to their appointments".

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. They did not consistently assess the risk to health and safety of service users or mitigate such risks after incidents. The management of medicine was not safe. The registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people.</p> <p>Regulation 12 (1)(2)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p>

Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available.</p> <p>Regulation 19 (1) (2) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA RA Regulations 2014 Duty of candour</p> <p>Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred.</p> <p>Regulation 20 (1)(2)(3)(4)(6)</p>