

Royal Mencap Society

Royal Mencap Society - 45 Park Road

Inspection report

45 Park Road
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royal Mencap Society 45 Park Road is a residential care home providing personal care to seven people with a learning disability and autism. The service can support up to eight people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems and processes had not identified where there were concerns with the safety of the home environment or people's equipment. Risk assessments had not been completed for all areas of risk to identify measures that could be put in place to reduce people's risks and keep them safe from harm. Some accidents and incident reports had not been reviewed to identify learning.

The registered manager had been absent for a period, this had impacted on the governance within the service as staff were not easily able to identify where information relating to the delivery of the regulated activity was stored. Legally required notifications were not always submitted to the CQC.

The service had identified improvements needed to the living environment. However, there had been a delay in undertaking improvements to the building and décor. We saw areas of damp, damaged flooring and walls and communal areas needing redecoration. We received feedback that the carpets had not been replaced for some time.

Decision specific mental capacity assessments and best interest decisions had not been undertaken. However, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were not always enough staff available to support everyone to be able to access community activities at the time they wished. However, staff knew people well and enjoyed supporting people to engage in their hobbies and interests. Care plans were person centred and pictorial, so people could be involved in planning and reviewing their care plans. The service planned to implement end of life care plans and provide end of life training for staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

Staff knew how to recognise, and report suspected abuse. Staff had been safely recruited and people received their medicines on time. Staff had a good knowledge of infection controls requirements and had access to personal protective equipment.

People told us they were happy with the food available and were able to choose what they wanted to eat and drink. Staff contacted health professionals as needed and had received specific training to meet people's individual needs. Staff received an induction before they started work with the service and felt well supported by the management team.

People were supported by staff that were kind and caring and treated them as if they were a member of their family. Staff respected people's privacy and dignity and involved them in decisions about their care.

The service understood their requirements in relation to duty of candour and were open and honest with us during our inspection. They worked with partner agencies such as commissioners and healthcare professionals to meet the needs of the people living at the service. There had been no complaints. People and relatives knew how to complain and told us, they felt confident action would be taken should they complain.

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

Rating at last inspection

The last rating for this service was good (published 29 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people safety, consent and quality assurance systems and processes.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 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 not always responsive.

Details are in our responsive 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 ●

Royal Mencap Society - 45 Park 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Royal Mencap Society 45 Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently returned to work following a period of absence.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to ensure people living at the service had the opportunity to speak with the inspection team as some people were out during the day.

Inspection activity started on 03 October 2019 and ended on 10 October 2019. We visited the service on the 03 and 08 October and spoke with relatives by telephone on the 10 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the area operations manager, service manager and care staff.

Some people were unable to speak with us, we observed staff interactions with these people.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including but not limited to quality assurance, training and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information such as policies, maintenance records and quality assurance audits. We contacted the fire service to discuss our findings.

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 good. At this inspection this key question has now deteriorated 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

- Risk assessments were reviewed regularly, however, not all risks had been assessed. For example, one person had experienced two falls. There was no risk assessment in place to instruct staff how to support them to reduce their risk of falls. This person's bedroom flooring was damaged increasing their risk of falls and their radiators were uncovered, putting them at risk of scalding should they fall against the radiator.
- Systems and processes did not identify where the service was not compliant with current health and safety guidance. Window restrictors were not fitted to all windows to reduce the risk of people falling from height; bed rail risk assessments and checks were not in place. The gap between one person's bedrails and bedframe, and their mattress and bedframe put them at an increased risk of entrapment.
- A cupboard storing substances assessed as being hazardous to people's health, was observed to be unlocked on both days of inspection. This meant people were not adequately protected from the risk of accessing hazardous substances.
- The kitchen flooring was damaged and had been temporarily repaired with tape. This was a trip hazard and infection control risk.
- There was no up to date fire risk assessment and there were not enough staff available during the night to support an effective evacuation and maintain people's safety in the event of a fire.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us radiator covers had been fitted to one person's bedroom, requested a review of the profile bed and bed rails, arranged for repairs to be made the environment, including the fitting of window restrictors. They also told us they planned to improve systems and processes in relation to evacuation in the event of a fire. We will assess the impact of these improvements at our next inspection.

- Individual personal evacuation plans (PEEPS) instructed staff of the support people needed in the event of an emergency. A staff member told us, "We have fire drills, planned evacuations and spontaneous ones."

Staffing and recruitment

- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.

- Planned staffing levels were achieved. Staff told us there were enough staff to meet people's needs during the day and night, but there were not always enough staff to meet people's requests for social activities.
- During our inspection, we observed staff to respond to people needs promptly. People were supported by a consistent team of staff that knew them well.

Using medicines safely

- The service had not identified a person had recently been prescribed a medicine that had specific requirements for storage and administration. We brought this to the management teams' attention, who took immediate action to ensure this was stored and administered in line with current best practice guidance.
- People received their medicines on time. Protocols were in place to instruct staff when to give people 'as required' medicines and body maps showed where topical creams needed to be applied.
- Staff did not administer medicines until they had been assessed as competent to do so. The service had introduced new medicines competencies for staff, this included competency assessments by a pharmacist.
- Staff we spoke with had a good knowledge of people's medicines and how they liked to take them.

Preventing and controlling infection

- We found areas in the home that were a potential infection control hazard such as damaged kitchen flooring, areas of damp, a damaged bath rail and flaking paint in bathrooms. These had been identified by the service but had not been promptly addressed.
- Care staff were responsible for maintaining the cleanliness of the home. There was a cleaning schedule in place. We found the home to be clean and tidy, people were supported to take care of their own rooms where they were able.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and they told us they used this.

Learning lessons when things go wrong

- Staff knew how to complete accident and incident reports. Of those reviewed by the management team, we found they had been analysed to identify lessons learned. However, we found not all accident incident records had been reviewed. This meant opportunities to learn from these accidents had been missed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify abuse and how to report safeguarding concerns, they told us there was a whistle-blowing policy and they felt confident if they raised concerns these would be promptly addressed. Contact details of the safeguarding team were displayed at the service so people and staff could easily report concerns.
- Relatives told us they felt confident in the staff's abilities to keep their relatives safe. A person living at the home told us, "I feel safe here." They told us if they had any worries they would tell staff.
- Records showed investigations had been undertaken where safeguarding concerns had been identified, and measures had been put in place to keep people safe and protect them from the risk of abuse.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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 Act 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decision specific mental capacity assessments and best interest decisions had not been completed when people lacked capacity to make specific decisions about their care and treatment. Records showed the service had liaised with the local authority to agree documentation and regarding the implementation. However, these had not been completed at the time of the inspection.
- DoLS authorisations had been appropriately applied for and were in place for some people living at the service. Care plans needed to be updated to include conditions from people's most recent authorisation, so staff knew how to support them effectively.

We found no evidence that people had been harmed however, there was a risk people's rights would not be upheld. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff to offer people choice and support them in the least restrictive way possible. The principles of the MCA were displayed in the hallway as a reminder for staff. A staff member told us, "I have had a lot of training re MCA and know all about the MCA. People can do what they want here."
- Records showed staff had taken action to address conditions in recent DoLS authorisations such as where there was a request for a referral to a healthcare professional.

Adapting service, design, decoration to meet people's

- The building was rented by the provider. We identified areas within the home that needed repair and redecoration. The service had identified areas for improvement such as redecoration of communal areas, new carpets and curtains. However, there had been delays in undertaking the home improvements as the service was awaiting the housing provider to correct areas of damp, replace windows and the kitchen prior to decorating.
- A relative told us, "They [service] have been trying to get the damp done. They said they were going to do the kitchen in April (2019) and it has been delayed. The house needs sprucing up a bit, it's people's home. It's not fair on them." A staff member told us, "The house is a bit run down, we used to get compliments but it's the same as it was 10 years ago, so no one says that anymore."
- People's bedrooms were decorated and personalised to their choosing and people had chosen the new kitchen due to be installed.

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

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans. Most people living at the service had lived there many years and staff knew them well.

Staff support: induction, training, skills and experience

- Staff told us they received training relevant to the needs of the people living at the service. New staff undertook an induction that included shadowing regular staff to get to know people's needs.
- Further training was planned to enhance staff's skills and knowledge in relation to the mental capacity act and end of life care.
- Staff did not always have regular supervision in line with the providers policy. However, staff told us they felt well supported by the management team and that their development needs were considered and acted upon.

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

- People living at the home developed their weekly menu together.
- We observed staff supporting people to prepare their preferred meal choice and responding to requests for food and drink throughout our inspection.
- People chose where they wished to eat their meals and were supported by staff that knew their food preferences and dietary requirements. A relative told us, "[Name] loves the food, they always tells us what they have had for dinner and will say 'Delicious'."

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

- The service worked alongside local community and medical services to support people to maintain their physical and emotional health and wellbeing. Records needed enhancing to ensure all contacts with health professionals were recorded consistently in one location.
- Care plans were in place to ensure staff knew how to support people to meet their oral health needs. This included personalised information such as the type of tooth brush and toothpaste the person liked, the level of support they needed and the requirement for staff to check their toothbrush was charged. One person told us, they had recently been to the dentist.
- Staff knew people well and recognised when people needed healthcare support and raised concerns about people's wellbeing to community services such as the person's GP, community nurses and the local hospital. During our inspection staff contacted a community team for advice and support regarding a person that had returned following a stay in hospital.

- One person needed to have a physiotherapy programme carried out daily. Daily records evidenced this was undertaken. Another person told us if they were not well they would, "Tell staff, get staff to ring doctors." They told us they had been to the doctors the week prior to the inspection.

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 the last inspection this key question was rated as good. At this inspection 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 continued to be cared for by staff who were kind, caring and knew people well. A relative told us, "I have always been amazed how they [staff] get to know [Name of relative] so well." People were relaxed with staff and interactions were positive. We observed staff respond patiently and sensitively to people. One person said, "They [staff] are all kind." A relative told us, "Staff are nice and friendly to [Name of relative]."
- People's cultural and religious needs were detailed in their care plans. People's care plans referred to protected characteristics under the Equality Act 2010 and included information for staff about each of these.
- People living at the service had developed kind and caring relationships together. Staff enjoyed their work and told us they treated people like their family. A staff member told us, "I always think how would you like to be treated? If you had a loved one how would they want to be cared for?" A relative told us they valued staff visiting their relative in hospital.
- One staff member told us how they had taken a person with a shared interest to football matches in their own time. A relative told us, "All the staff are lovely. Nothing is too much trouble for them."

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

- Staff told us they offered people choices such as what they wished to wear, where they wished to spend their time and what food they would like. People's care plans detailed how people liked to be offered choice. For example, one person did not wish to be offered choices too far in advance.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People's care plans reminded staff to respect their privacy and dignity. We observed staff knocking on people's bedroom doors and seeking permission to enter.
- Staff supported people's independent living skills. Care plans guided staff how they could support people to be independent to the best of their abilities. One person told us, how staff supported them to be independent with their personal care, by encouraging them to shave themselves and then helping.
- Staff spoke to people politely and referred to people by their chosen name.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Some people living at the home, did not need staff support during the day as they attended voluntary employment or day centres. However, staff told us there were not always enough staff available to support people's activities. One staff member told us, "There is not enough time for 1:1 with people, we need more staff for more activities. I think if there were more opportunities to go out, people would." A relative told us, "If one staff has gone out and the other staff need to help [person] others might have to wait to go out."
- People's relationships with their families were promoted, there was no restriction on visiting. One person had regular contact with their family by telephone.
- One person was supported to attend a local faith service when their health allowed.

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

- People's care plans were reviewed regularly and as people's needs changed. Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. They also included photographs of what was important to people. One person enjoyed showing us their care plan, and by reviewing the pictures was able to talk to us about the information in their care plan.
- Care was delivered as planned. One person's care plan said they enjoyed reading a specific newspaper daily. The person showed us their newspaper from the day before and told us they would be going to buy a newspaper during the day. We also observed staff engaging with this person about their specialist interests throughout the inspection.
- People and staff had built positive relationships together and enjoyed spending time with each other.
- People were included in every aspect of their care. One person told us "[Name of staff] sits on my bed and writes it [daily record] with me." The same person told us they did their care plan review with their relative and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were included in their care plans. Communication passports provided more detailed information to support staff to identify people's needs if they were not able to communicate them.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the home and was available in an easy read format.
- There had been no complaints since the last inspection. A staff member told us, "There is a picture of [registered manager] when you walk in and a complaints procedure, so people know how to complain. We don't get any complaints we get a lot of positives, we get a lot of thank you cards."
- People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved. A relative told us, "Any problems I would tell [registered manager] and they will sort it."

End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was not always detailed in their care plans. We discussed this with the management team. They told us, they would introduce end of life care plans that would also incorporate people's preferences and wishes for care in the event of a medical emergency.
- Where people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order and funeral arrangements, this information was readily available for staff in the event of a medical emergency.

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 good. At this inspection this key question has now deteriorated 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 registered manager had been absent from work for a period. They returned to work during our inspection. We found documentation was stored in differing locations, it was therefore difficult to locate information to evidence compliance with the regulatory requirements.
- Systems and processes were not always effective as they failed to identify areas of concern we found during our inspection. These included the lack of window restrictors, radiator covers, bed rail checks, falls and bed rail risk assessments. They also failed to identify a person had been prescribed a medicine that had specific storage and administration requirements and bed rails that were not compliant with health and safety requirements.
- The registered manager had contacted the housing provider on numerous occasions to rectify issues such as the out of date fire risk assessment, damp, damaged flooring, replacement kitchen, windows. However, action had not been taken in a timely manner to improve the living environment for people living at the service.
- The provider had a robust quality assurance system in place to review themes and trends in relation to accident and incident reporting. However, this was reliant on information being inputted onto the system by the service. Data for three accidents and incidents had not been put onto the system, this meant opportunities to learn from these accidents and incidents, had been missed.
- The service had an action plan with the local authority following a visit in July 2019, this included the implementation of mental capacity assessments and best interest decisions. These had not been completed at the time of our inspection.
- The service had not put measures in place to ensure there were enough staff to support a safe and effective evacuation in the event of a fire at night.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

The management team were responsive to concerns raised during the inspection. They implemented bed rail checks, liaised with a healthcare professional to review bed rails, re-organised documentation, followed up accident and incidents reports and provided us with a plan of action detailing the actions they planned

to take following the inspection.

- The registered manager had not always submitted legally required notifications to CQC. This is a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

- CQC's rating of performance was displayed at the location and on the providers website.

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

- Staff and relatives told us the registered manager was passionate about delivering person centred care and cared about people and the staff.
- Care plans were person centred and people were involved in planning their care. Staff understood the need to treat people as individuals and respect their wishes.
- The management team had an 'open door' policy. One person regularly visited the office throughout our inspection and was always warmly greeted. Staff told us the management team were easy to talk to and they felt well supported.

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 was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest with us during our inspection and responsive to concerns raised.

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

- People had key workers that discussed with them what was working and not working with their care. People told us they were happy with their care.
- There had been only one staff meeting this year. The management team told us they planned to re-introduce these to seek staff feedback on enhancing the quality of care provided to people living at the service.
- Staff told us they felt well supported by the management team. One staff member said, "You can't beat [registered manager] they are lovely. [Name] goes out of their way for everyone, even the staff, [Name] is a very kind person. I could ring if I had a problem and it would be sorted."

Continuous learning and improving care

- The provider was committed to supporting staff to develop in their roles and were developing the training available to staff.
- The provider had a business improvement plan in place. The management team told us improvements to the environment had been planned since January 2019, paint had been purchased and quotes had been obtained for flooring and curtains. However, these improvements had been delayed until the housing provider had undertaken the structural repairs and improvements.
- The management team told us they planned to introduce a new care plan format, this would enable documentation to be streamlined. They planned to complete these once decision specific mental capacity assessments and best interest decisions were completed.
- During our inspection the management team developed an action plan, so they could start to address the areas of concerns we identified during our inspection.

Working in partnership with others

- The provider and registered manager worked closely with local commissioners and the safeguarding authority to ensure the service developed and the safety of people was promoted. The service had an action plan in place with the local authority and were acting to address areas for improvement.
- The provider had requested a review of people's care needs from the local authority to ensure the level of care they received at the service promoted control, choice, and independence.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhance the health and well-being of people.

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 There was a risk people's rights would not be upheld.