

Vivacare Limited

Riviera Court

Inspection report

Riviera Court
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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

About the service

Riviera Court is a residential care home providing personal care to people of working age who are experiencing severe and enduring mental health conditions. At the time of the inspection there were 16 people living at the service.

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

People told us they liked living at Riviera Court, were safe, happy, and supported by staff with sensitivity and compassion. Relatives and healthcare professionals spoke positively about the service and were keen to share their experiences and tell us about the improvements that had been made by the new provider.

We found since taking over the service in November 2022, the provider had made a number of positive changes and we saw how they were investing in all aspects of the service. However, the service was not always operating in accordance with the regulations and best practice guidance.

Some systems were either not in place or had not been undertaken robustly to identify and monitor the quality of the service and drive improvement. This meant some systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection.

People were not always protected from the risk of harm as staff did not always have all of the information needed to meet people's needs safely. We have also made a recommendation in relation to infection prevention control procedures within the services laundry processes.

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

Most medicines were given safely and correctly. However, we have made a recommendation about staff giving people's medicines as some improvements were needed.

Staff were employed in sufficient numbers to meet people's needs safely. However, we have made a recommendation about reviewing the services' recruitment processes.

People received individualised care and support from staff who knew them well.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

The management team were committed to providing good quality care and were responsive to the feedback we gave them, immediately addressing any shortfalls we highlighted.

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

This service was registered with us on 24 November 2022 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 21st October 2019.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent and good governance. We have also made recommendations in relation to recruitment, medicines and infection prevention and control 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 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Riviera Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector, and an Expert by Experience who made telephone calls to people and their relatives to gain feedback on the service and the care provided. 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

Riviera Court 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.

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

This inspection was unannounced. Inspection activity started on 17th April 2023 and ended on 25th April 2023. We visited the service on the 17th and 19th April 2023.

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. 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 used all of this information to plan our inspection.

During the inspection

We spent time with 7 people living at the service, 5 members of staff, the clinical lead, and the registered manager. To help us assess and understand how people's care needs were being met we reviewed 4 people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, copies of the service's improvement plan and training records. We sought views from relatives, and healthcare professionals on the care and support provided. We received feedback from 4 relatives and 3 healthcare professionals. We also spoke with Torbay Council's quality assurance and improvement team (QAIT).



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were at risk of avoidable harm as staff did not always have all of the information needed to meet people's needs safely. For example, it was not always clear from people's support plans what risks were current or historic.
- Where risks had been identified, some risk assessments lacked detail which meant staff had not always been provided with enough information to keep people and others safe. For example, one person's support plan indicated that others may be at risk when this person became unwell. There was no information about what the risks might be or guidance for staff on how to manage this risk. We discussed what we found with the services clinical lead who explained this was in part due to the change from a paper-based system to a computerised system and accepted that more work was needed in this area.
- People were not always protected from the risk of harm as they were living in an environment that may not be safe. During a tour of the service, we found a number of windows on the first floor although restricted, had not been fitted with a suitably robust tamper proof window restrictor to ensure compliance with health and safety legislation. We brought this to the attention of the registered manager who gave us their assurance this would be addressed.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to the management of people's complex needs and the environment were being effectively mitigated and managed. This placed people at an increased risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the site visit, the registered manager confirmed all window restrictors had been changed.
- Other risks to people's health, safety and well-being were managed safely. For example, in relation to people's mobility, nutrition and hydration and physical health. The service obtained information about people's care and support needs prior to their arrival. Care records provided guidance for staff about how to provide support to meet people's needs safely.
- Staff were aware of people's potential triggers and/or signs that might show the person was becoming unwell.
- Fire safety systems were serviced and audited regularly.
- People had individual evacuation plans for emergency situations (PEEPS). These detailed the level of support required to keep people safe.

Staffing and recruitment

- People were not always protected by safe recruitment practices. For example, two application forms we

reviewed did not contain evidence of a full work history and the registered manager had not documented their discussions regarding gaps in employment. This meant the provider was unable to demonstrate they had followed a thorough recruitment process.

We recommend the registered manager undertakes a review of recruitment processes to ensure compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were employed in sufficient numbers to meet people's needs safely and the registered manager described how staffing levels were regularly reviewed. One person said, "There are enough staff day and night. It is good because if you need to talk, there is always a staff member to do this with you. I also like that if you need something done it really takes no time."

Using medicines safely

- People's medicines were stored safely.
- Where people were prescribed medicines, they only needed to take occasionally, the service had guidance for staff to help ensure those medicines were administered in a consistent way. However, we found the guidance provided was not always clear when to give a variable dose.

We recommend the provider seeks advice from a reputable source and reviews 'as and when' protocols to ensure they contain sufficient detail.

- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.
- The service had systems to audit medication practices and clear records were kept showing when prescribed medicines had been administered or refused.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found the lack of clear workflow systems within the laundry had placed people at an increased risk of harm. We discussed what we found with the manager who told us they were still implementing systems and processes.

We recommend the provider takes advice from a reputable source on how to develop clear workflow systems within the laundry to prevent the spread of infection and reduce the risk of cross contamination.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported people to have visitors in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People who chose to share their views with us, told us they felt safe and were happy living at Riviera Court. One person said, "I do feel safe." Another said, "Yes, I always feel safe at Riviera. This is home from home. It is like invisible medicine; it makes me feel better."
- Relative's and healthcare professionals did not have any concerns about people's safety. Relatives' comments included "Very safe," "My mum is safe there, yes." And "I have no concerns, about [person's name] safety." One healthcare professional said, "The place is safe and clean. It is more like a hotel."
- The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. This included knowledge of whom to report concerns, both internally, and to external agencies.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the provider for further review and follow up.

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.

This is the first inspection for this newly registered service. This key question has been rated 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. 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.

- Through discussion we identified that some members of the management team did not always have a good understanding of the Mental Capacity Act and DoLS process. This lack of understanding had led to one person being assessed as lacking capacity when both the registered manager and clinical lead told us that this person did have capacity.
- People were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- The use of CCTV within the premises had been discussed with most people living at the service. However, it was not clear from these records that the service had fully discussed the scope, use and the sharing of CCTV with external bodies or how this may impact on people's rights. This meant people had not been given all the information to enable them to make an informed choice, nor was this information documented as part of people's best interests' decisions.

The failure to properly assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguards (DoLS). We checked whether the home 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.

- We found where some restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely. The provider monitored staff training on a training matrix. The training matrix identified staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medicines administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported, valued and appreciated by the service's management team. One staff member said, "I have regular supervision and feel very supported. The management team work really well together, I can speak to any of them if I need to." Another said, "The registered manager is so approachable. I can ask them anything and they always make time to listen to what I have to say."

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

- People's needs were assessed before admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were mostly used (see safe section of this report) to develop individualised care plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People told us they were able to make decisions about what they ate and drank and when. One person said, "There is a really good kitchen that we can use and it is well stocked. We can have coffee and tea anytime. As well as biscuits, crisps, and fruit. The food is really good and all freshly cooked by two chefs on site. Lots of really nice choices."
- Mealtimes were flexible dependent upon what people were doing each day and staff described how they supported people to be involved in deciding what they would like to eat and menu planning. For example, we heard how staff encouraged and supported people to make a packed lunch if they were unlikely to be home for lunch.
- Staff had a good awareness of people's dietary needs and preferences and encouraged and supported people to maintain a balanced healthy diet. Specialist diets were catered for, including vegetarian, vegan, gluten free and diabetic. We spoke with one of the chefs who demonstrated a good working knowledge of people's dietary needs and described how the service was able to be flexible and cater for people's changing needs.

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

- People's support plans contained key information about their physical and mental health to inform staff and guide them on how best to support each person.
- People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GP's, dentists, and mental health teams.
- Guidance from external professionals had been included in people's care plans. This helped to ensure

staff had a good understanding of how people should be supported to manage any existing health condition or change in their needs.

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

- The service had undergone extensive refurbishment to improve the safety and standard of accommodation for people living at the service and ensure the building met people's needs.
- We saw the new provider had decorated and refurbished communal areas and people's bedrooms. Lighting and flooring had been replaced along with the purchase of new furniture, dining room seating, beds, mattresses as well as new quilts, bedding, towels etc. Further improvements were being planned. For example, we heard how the provider was in the process of looking at the replacement of windows and changes were due to take place to make better use of the outside space.
- People, staff, and relatives told us they were very pleased with the changes. One person said, "It's a much nicer place to live." A staff member said, "The new provider has made so many changes, all of which have been for the better and people are happier now." A relative said, "The place is very clean and tidy. It is very nice now with the changes. Much better."
- People had access to communal areas such as lounges and a dining room to spend time together and were able to personalise their rooms with items such as furniture, pictures, and personal possessions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff supported people with sensitivity and compassion. Throughout the inspection we saw staff responding to people through touch, and with affection. For example, we saw how staff actively looked for behaviours or cues which would give an opportunity to positively interact with people.
- The service embraced people's diversity and support plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender.
- Staff knew people well; understood the way in which they wanted to be supported and respected them as individuals.

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

- People were involved as much as they wanted to be in the planning of their care. Some people had said they were not interested in how support was provided and did not want to play a part in developing a support plan. The service respected their wishes regarding this.
- Other people took part in reviewing their care needs and described how they wanted support to be provided.
- People were supported by staff to make decisions for themselves wherever possible and staff ensured they had the information they needed in order to do so. The registered manager and clinical lead described how they respected people's choices and took a positive risk-taking approach to support people to make informed decisions about their day-to-day care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "Staff are always polite and respectful."
- People's right to privacy and confidentiality was mostly respected (see well led section of this report).
- People had a key to their own room, which they were able to keep locked when they were not present if they wished.
- Support plans contained clear information about what each person could do for themselves and staff described how they supported people to be as independent as possible.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we spoke with one person who told us they had not been home in many years. We heard how they had recently planned a trip home to see family with the support of the registered manager.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 individualised care and support from staff who knew them well. We looked at the care and support records for four people living at the service. Support plans were informative and described the person's skills as well as the support needed from staff and/or other services. This enabled staff to support people in the way they wished to live full and active lives.
- Support plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress. They contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take.
- Staff described how they supported people to manage their own personal wellbeing and develop life skills. One person said, "Staff understand my needs and they seem well trained in what they do. I have no trouble communicating with the staff."

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.

- The registered manager was aware of the Accessible Information Standard and described how people's communication needs were assessed upon admission to the service and regularly reviewed.
- The provider had developed a number of easy read guides and was able to provide information in different formats depending on people's needs. This helped to ensure that people had access to the information they needed in a format they could understand.

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 preferred to stay in their room and expressed themselves as wanting to be left alone. The service respected this but also monitored those people and assessed their wellbeing on an ongoing basis as they recognised, they were socially isolated.
- Other people were more independent and we saw were able to come and go as they wished.
- Staff told us how they supported some people to go shopping, go out for meals and/or take part in activities in which they had expressed an interest.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint and felt comfortable raising concerns if something was not right. One person said, "Talking with staff is easy and I know who is in charge. If I had a problem, I would just talk to the manager and it would be dealt with." A relative said, "If I had a problem, yes I would know who to talk to." Another said, "I have only ever been unhappy once. When the home changed hands and I was not informed. They apologised."
- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received.

End of life care and support

- Riviera Court was not supporting anyone with end-of-life care at the time of the inspection. Most of the people living at Riviera Court were younger adults and did not have life limiting conditions. As such end-of-life care planning had not been formally discussed with all the people living at the service. However, where conversations had taken place, people's support plans held detailed information about the person's care and support needs. This helped to ensure people's wishes and needs would be respected in an 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems were either not embedded into practice or not undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk, management of medicines, recruitment, MCA and infection prevention and control.
- Poor judgements and decision making had led to the sharing of people's and staffs' confidential information with an external consultant, without seeking their consent or permission to do so first. This meant people's and staff's confidential information was not being managed or held in accordance with the General Data Protection Regulation 2018, (GDPR).
- It was not clear the management team fully understood the regulatory requirements of their role in upholding people's human rights. For example, we found an external consultant was undertaking detailed reviews of people's care and support, providing advice and instruction without people's knowledge, permission, or accountability. This risked compromising people's basic rights.
- Governance systems had failed to identify that CCTV was not being used in accordance with the services policy and best practice guidance. We also noted the service's CCTV policy which had been signed by staff, contained information that was not accurate and referred to another care provider.

Robust systems and processes were not in place to demonstrate the provider had effective oversight of the service. 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 committed to providing good quality care and were responsive to the feedback we gave them, immediately addressing any shortfalls we highlighted.
- Since taking over the service in November 2022, the provider had made a number of positive changes and we saw how they were investing in all aspects of the service. We heard how these changes had had a positive impact on the people living at Riviera Court and the staff team.
- The registered manager had focused on improving people's living environment and building a strong staff team with the same vision and values. Which was to provide good quality compassionate care and support.
- Staff were clear about roles and responsibilities and knew the people they supported and their care needs well.

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

- People were happy with the way the service was run and with the support they received. One person said, "The place is well run. Staff understand my needs and I feel calm and relaxed when I am here [meaning Riviera Court]."
- The registered manager promoted a positive culture within the service, which was open, inclusive, and mostly empowering [see effective section of this report].
- The registered manager had a clear vision for the service and described how the whole team worked in a person-centred way. It was clear the management team and staff were passionate about achieving the best outcomes for people. A healthcare professional said, "I was overall impressed with the staff management and their philosophy."
- Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and increasing opportunities.

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 registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management team shared information with external agencies such as healthcare professional's when things had gone wrong as well as liaising with families where appropriate to do so.

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

- People were involved in the decisions they wanted to be involved with and were consulted on changes in the service.
- The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care or providing support.
- Staff told us they felt appreciated, valued, and listened to.

Continuous learning and improving care; Working in partnership with others

- Whilst relatives had not been formally asked for feedback, they felt involved in people's care and told us they had developed good relationships with the management team and staff. One relative said, "I am involved in all my mum's care. My relationship with the home is excellent, they are really good."
- The service worked in close partnership with key health and social care services to support people to continue to remain well and improve outcomes for people. One healthcare professional said, "Whenever I visit, I am asked for my feedback. They are always trying to improve. I would send my own family member there."
- Staff sought advice when appropriate and challenged poor practice.
- The registered manager described how they met regularly with other managers within the providers group of services. This enabled them to share ideas; best practice and keep up to date with changes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who lived at the service were not protected against the risks of harm as risks to people's health and safety had not been identified or mitigated. People were not always protected from the risk of harm as they were living in an environment. Regulation 12(1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system in place to assess, monitor and improve the safety and quality of the service. Regulation 17 (1)(2)(a)(b)(c)(d)