Edith Healthcare Limited

Edith Healthcare Ringwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
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: Edith Healthcare Ringwood is a domiciliary care agency that provides personal care and nursing care to people in their own homes. At the time of the inspection, they had been operating for just over a year and 15 people were using the service. The registered manager was the only registered nurse currently employed by the service and was supported by six care staff.

People's experience of using this service: The registered manager had not ensured that all of the required checks had taken place before staff were employed.

The systems in place had not been fully effective in assessing, monitoring and improving the quality and safety of the service.

Whilst there was a culture of openness and transparency within the service, there was no robust system in place to record safety concerns, incidents or near misses such as falls or medicines errors.

Best practice frameworks for the safe management of medicines needed to be further embedded.

Some aspects of the premises were not entirely suitable for the purpose for which they were being used. We have asked the registered manager to undertake a robust risk assessment and continue to review this to assure themselves that they are meeting their obligations under Health and Safety at Work Legislation.

People were supported to have maximum choice and control of their lives and staff supported them in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of care workers available to meet people's needs and the service they received was reliable with good continuity of care.

Systems and processes were in place to safeguard people from the risk of abuse.

Good practice guidance was followed to ensure infection prevention and control processes were implemented.

People felt their needs were met effectively and everyone was happy to recommend the service to others.

Staff felt well supported and received an induction and regular training opportunities to keep their knowledge up to date.

People's nutritional needs were met.

Staff liased with other health care professionals to help ensure people received timely and effective

healthcare.

People were supported by staff who were kind and caring. People received regular and consistent care workers which meant they were able to develop meaningful relationships with them.

Staff displayed a genuine desire to enhance people's wellbeing and spoke of the importance of making a difference to people's lives and helping them to remain in their own homes.

People had a choice about all aspects of their care including the preferred time of their care calls and the level of support they required. Relatives praised the way in which staff worked in partnership with them to meet people's needs.

Staff helped and encouraged people to stay independent. Each person was treated with respect and the support they received helped to maintain their dignity.

All of the staff we spoke with were knowledgeable about people's individual needs and were able to talk at length about people's preferences and preferred routines. This helped to ensure that people received care that was personalised and responsive to their individual needs.

The care being provided was having a positive impact on people and there were examples of staff going above and beyond to support people.

People and their relatives had been asked to share their views about the quality of care they received. They were confident that any concerns or complaints would be listened to and acted upon.

Feedback about end of life care was positive. End of life care planning was an area which could be further developed to ensure these provided a fully person centred record of people's known wishes and preferences.

The registered manager and staff worked well together to ensure the effective day to day running of the service.

It was a central part of the registered manager's vision for the service that it retained a strong emphasis on person centred care and this was a strength of the service.

People, relatives and staff were positive about the leadership of the service and told us the registered manager was approachable and supportive.

The registered manager supported the development and learning of staff which meant people received effective support from staff.

The registered manager continued to practise as a registered nurse and undertook periodic shifts in clinical settings to continue to practice their skills, knowledge and experience as a registered nurse. However, we have made a recommendation that they ensure they have access to ongoing and regular clinical or professional supervision and that a suitable programme of mentorship is in place and documented.

Why we inspected: The inspection was a scheduled inspection based upon our methodology for newly registered services.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have taken at the end of this report.

Follow up: Going forward we will continue to monitor this service and plan to reinspect in line with our re-inspection schedule for those services rated 'Requires Improvement'.

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

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 effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well led Details are in our Well led findings below.	**Requires Improvement**

Care Quality Commission

Edith Healthcare Ringwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Our inspection was completed by one inspector.

Service and service type:
This service is a domiciliary care agency. It provides personal and or nursing care to people living in their own homes.

The service had a manager registered with the Care Quality Commission who was also the registered provider. This means that they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection.

What we did:
The inspection site visit was on 29 April 2019. We visited the office location to see the registered manager and to review care records and policies and procedures. Following the inspection we contacted people by telephone and asked them about their experiences of using the service.

Before the inspection, we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people and a further five people's relatives by telephone. We spoke with the registered manager, a care coordinator and three care staff.

We viewed the care and support records for four people and other records relating to the management of the service such as audits, training and recruitment records and policies.

Following the inspection, we obtained feedback from three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe which increased the risk that some people could be harmed.

Staffing and recruitment

● Before staff are employed, a range of recruitment checks should take place to ensure that they are of good character. Our checks found that one staff member did not have an enhanced criminal record check. This means that checks had not been made to ensure that the staff member was not barred from working with people in health and social care settings. This has now been obtained.
● All of the staff records viewed did not contain a full employment history.
● References had been obtained but in some cases, these were telephones references that had not been confirmed in writing. In one case, a reference had not been obtained from a staff members previous employer despite this involving work in a health and social care setting.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper person's employed.

● People told us there were sufficient numbers of care workers available to meet their needs.
● The staffing levels were determined by the number of people using the service and their needs.
● Staff told us that their schedules were realistic and had suitable travelling time factored in between visits.
● The provider had an electronic rostering system which alerted them should staff be more than ten minutes later undertaking a care visit allowing them to take remedial actions.
● People told us they had good continuity of care and that their care workers were reliable. For example, one person told us, "Most [care workers] come dead on time".
● None of the people we spoke with had experienced a missed visit.

Assessing risk, safety monitoring and management

● Care plans did not always contain sufficient information to ensure that staff were able to support people safely. For example, one person was living with epilepsy. Their seizure escalation plan contained conflicted information with that recorded on the person's medicines administration record. When asked, key staff were also not clear about the escalation plan. The seizure care plan also did not state at which point staff should call 999. We discussed this with the registered manager who has now updated the escalation plan and taken action to ensure that staff are aware of this.
● The same person's care plan did not reflect their risk of aspiration and the need for them to be correctly positioned.
● Another person's care plan contained conflicting information about the level of assessed risk with regards

to falls.
● The Care Quality Commission do not regulate the premises or office from which Edith Healthcare Ringwood operate. This is because, people's care and treatment is not provided there. However, some aspects of the premises were not entirely suitable for the purpose for which they were being used. We have asked the registered manager to undertake a robust risk assessment to assure themselves that they are continuing to meet their obligations under Health and Safety at Work Legislation.
● Other risks had been assessed and planned for.
● People had medicines risk assessments, moving and handling and bed rails assessments.
● Risks associated with lone working and the person's home environment had been identified.
● A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.
● Staff spoke positively about the availability of the registered manager and senior team to provide advice or support in the event of encountering new risks or concerns when visiting people, including outside of normal office hours.

Learning lessons when things go wrong

● Our discussions with the registered manager demonstrated a culture of openness and transparency in relation to safety.
● Care records provided evidence that following falls, actions had been taken to refer people for specialist assessments, for example, or to seek additional equipment to keep people safe.
● However, following such events such as falls or medicines errors, staff had not completed an incident form and there was no routine monitoring of incidents and accidents undertaken by the registered manager.
● Whilst the service did not experience high numbers of these type of incidents or accidents, it is important that these are consistently identified, investigated and used as opportunities to identify themes or trends.

Using medicines safely

● Not everyone receiving a service required help with their medicines. Where this was the case, people had a medicines support plan and medicines administration records created on a monthly basis. These contained the information required for the safe administration of people's medicines.
● Staff had been trained and assessed as competent to administer people's medicines.
● Medicines management was not always in line with best practice frameworks. For example, one person was prescribed a medicine to be take every second day, this had not been happening. The prescribed dose for this medicine was one or two tablets but staff were not recording how many were actually given. We noted a further omission on this persons MAR where staff had not signed to confirm that the medicine had been given. There was no record that this omission had been investigated so that remedial actions could be taken.
● The provider's medicines procedures required staff to record specific codes if medicines were not given and then record the reason why on the reverse of the MAR. On one of the MARs we viewed, we saw a number of examples where staff had not used the required codes but instead entered a dash or a cross and not recorded a reason why.
● Staff were not recording the reason why 'PRN' or as required medicines had been given.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us that staff provided their care safely. For example, one person told us how their regular carer was extremely helpful, they said, "She helps me get up, she holds me, helps me, she is the

best". A relative told us how staff were very gentle with their family member when undertaking moving and handling interventions.
● Policies in relation to safeguarding and whistleblowing were in place and staff received annual safeguarding training.
● Staff had a positive attitude to reporting concerns. They were confident the registered manager would act upon these. One staff member said, "There are lots of forms of abuse, neglect, sexual, emotional and depriving them of their rights. If I find a bruise, I speak to them, try and find out what happened, if they disclose something, I reassure them that I am going to listen and take it to the manager".

Preventing and controlling infection

● Good practice guidance was followed to ensure infection prevention and control processes were implemented. Staff had access to personal protective equipment (PPE) and people told us this was worn in practice.

Good

Is the service effective?

Our findings

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Feedback from people indicated that they were very happy with the care provided. They felt their needs were met effectively and everyone was happy to recommend the service to others. For example, one person said, "Everything is alright, I have never had such a good service". A relative told us, "I have absolute confidence in the care". A social care professional told us, "[Registered manager] is really friendly, there have never been any issues with the care".
● We saw some recent feedback from a relative which read, "[Edith Healthcare] are a very professional outfit, each carer is very conscientious and thorough with a happy outlook… [Edith Healthcare] are certainly an agency [commissioner of care] need to keep hold of, they don't come along that often".
● People's care and support plans covered a broad range of needs and overall. provided sufficient information about how identified needs were to be met.

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 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 service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Most people were able to make decisions about how their care and support was provided and staff described how they empowered and encouraged people to do so.
● The importance of offering choice was commented on by many of the staff we spoke with.
● Staff had undertaken training on the MCA and were able to describe some of the implications of the Act for the people they were supporting.
● Mental capacity had been considered as part of the care planning process and mental capacity assessments documented when required.

● We did note that where people had appointed a legal representative to manage either their financial matters or health and welfare, copies of the legal documentation had not been retained within the service.

Staff support: induction, training, skills and experience

● People told us that staff were knowledgeable, competent and suitably skilled. For example, one person told us, "The training is definitely good… I am very pleased".
● New staff received an induction to their role and responsibilities. One staff member told us, "When I came we talked about what I had to do, I had two weeks shadowing and met every client with someone else to introduce me. They told me about each person and their routines".
● The registered manager told us that staff with no prior experience in care would be supported to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.
● Training was a mixture of face to face and online courses and covered the following subjects; safeguarding people, the Mental Capacity Act, medicines management, infection Control, emergency first aid and moving and handling. These were all refreshed on an annual basis.
● The registered manager held qualifications to train staff in moving and handling and first aid and also held coaching sessions for staff on specific topics such as safeguarding and mental capacity which included scenarios to support learning.
● Clinical skills training was currently being delivered by the registered manager to the staff team. This included the care of artificial feeding regimes, stoma care, catheter care and the administration of emergency medicines to manage seizures. As a registered nurse, the registered manager assured us this training was delivered in line with guidelines from the NICE and we saw this was followed by competency assessments. Moving forward, however, we recommend that the registered manager seek to implement a system to check and evidence their ongoing competency to deliver this training.
● Staff spoke highly of the support they received from the management team. One staff member said, "I have supervision every few months, we go through a list of questions and each client, talk about concerns or ideas, or concerns for yourself or how to improve, it's 100% useful.

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

● Where this was part of the agreed care provision, staff supported people to have access to food and drink of their choice.
● Care plans contained some limited information about people's food likes and dislikes and there was scope to expand upon this.
● Where there were concerns about a person's nutrition, we were told that food and fluid charts were used to monitor this, although no one using the service required this level of support when we inspected.

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

● Staff told us how they would recognise if peoples' health or wellbeing was deteriorating and they spoke of the importance of seeking medical advice to address this. For example, staff described the signs which may indicate that people may be experiencing a urine infection.
● The registered manager told us they worked closely with community nursing teams. For example, once assessed by the community nurses and a care plan put in place, the registered manager provided the day to day care of people's wound care.
● Staff had also liaised with other health care professionals to help ensure they received timely and effective

healthcare. For example, staff had liaised with an dietician to obtain sugar free nutritional supplements for one person who was living with weight loss but also diabetes. We were told that this person was now putting on weight and thriving.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● Everyone told us they were supported by staff who were kind and caring. One person told us their care workers were, "Very, very kind". A second person said, "They are very nice and caring, they do everything for me, you couldn't have nicer people".
● People received consistent care workers which meant they were able to develop meaningful relationships with them. For example, one person told us, "I enjoy the banter, I appreciate that…we have a few laughs, it's a happy ship". A relative told us, "They [care workers] are very friendly, they put you at ease, they are always very happy people…..they are friends, I trust them explicitly".
●Staff displayed a genuine desire to enhance people's wellbeing and spoke of the importance of making a difference to people's lives and helping them to remain in their own homes. For example one staff member said, "The clients, I realise they like to talk, they spend a lot of time alone, it's important to have the patience to hear what someone is saying, not just do the practical support". Another care worker said, "[Person] is the biggest character, they were quiet when first met them, it was nice to get to know him, he has really improved, in my break we watch [TV programme] together, he's a great guy to be around".
● Staff cared not only for the person, but also about the wellbeing of their family members and this was a strength of the service. Staff had recognised that one relative was struggling with their caring role and looked exhausted. They had sought a referral for this person to access a sitting or respite service. A relative told us, "If I ask them to do something for me, there is absolutely no question, it will be done".

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

● People told us that they had a choice about all aspects of their care including the preferred time of their care calls, the level of support they required and whether they received their care from a male or female member of staff.
● Relatives praised the way in which staff worked in partnership with them. For example, one relative said, "I have a big part in my [family members] care, we [and the care workers] work as a team. If I say might it be better to try it this way, they say yes, I have had a lot of input into making [family member's] care work…they are flexible around my needs".

Respecting and promoting people's privacy, dignity and independence

● People and their relatives confirmed that staff helped and encouraged them to stay independent. A staff member said, "[Person] used to use the commode, but the main goal was getting them back to using the toilet, we let him make the decisions and did not force him but he has achieved this".

● Each person felt they were treated with respect and the support they received helped to maintain their dignity. A relative spoke of the attention staff took to ensuring their family member looked "All spruced up and clean".
● Staff demonstrated a clear understanding of how to provide care in a manner that was mindful of people's privacy and dignity. One staff member told us, "I always seek consent, tell them what I am doing.. ensure it is private, all windows closed, all material close to hand and that [person] is comfortable".

Is the service responsive?

Good

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people's individual needs and were able to talk at length about people's preferences and preferred routines. This helped to ensure that people received care that was personalised and responsive to their individual needs.
- All of the people we spoke with praised the way in which staff met their individual needs. A relative told us, "They [care workers] win her round, they don't bully her, but know how to approach her. [The registered manager] has taught them the best way to do things". A relative told us, "They are very flexible, if [family member] wants to go to bed early, they change the time of the visit".
- Whilst staff were found to be knowledgeable about people's preferences and communication needs, this was not always evident in people's care plans and daily records which were largely task orientated. Care plans would also benefit from including more information about people's personal and social histories and their cultural or religious needs.
- We were told of several examples where the support being provided was having a positive impact on people. One relative told us that staff had been instrumental in achieving improvements in their family members mobility. Another relative had written to the service to say, 'The turnaround, [names removed] have seen in mum since you have arrived has been outstanding, the extra miles you are all prepared to go to to engage with mum is very commendable…you have set the bar high". We spoke with this relative who told us how staff had taken time to have 'knitting lessons' from their family member as a way of bonding with her. The relative said, "They didn't have to do that".
- There were other examples of staff going above and beyond to support people. For example, staff stayed for additional time with one person who was anxious due to local fireworks. They ensured that they were available to meet and greet people on their return from hospital to help them settle. In their own time, staff obtained shopping for people, picked up their prescriptions or brought them fish and chips.
- There was evidence that the registered manager and staff team had worked hard to overcome barriers and develop effective communication and relationships with people's families in difficult circumstances. This had enabled all those concerned to develop a trust and have faith in the care being provided.
- The registered manager understood the importance of providing information to people in a format that helped them to understand this and to support their needs. For example, staff had used visual prompts to assist one person living with dementia to remember their daily routines. This was in line with the 'Accessible Information Standard'. This framework was put in place from August 2016 and made it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given.

Improving care quality in response to complaints or concerns

● People were confident that any concerns or complaints would be listened to and acted upon. For example, one person told us, "Definitely I could go to [Registered manager] about anything, but I am very happy with the care". Another person said, "I am sure [registered manager] would do something if I was concerned… she would do the right thing".
● A complaints policy was in place. No complaints had been received since the service first started to provide care.

End of life care and support

● Staff were not providing end of life care to anyone at the time of our inspection, however, they demonstrated a commitment to do so should be this be required through joint working with local health care professionals.
● Where end of life care had been provided, feedback about this had been very positive with one relative writing to say, 'Thank you again for being with us during Mum's last days here at home, the kindness and compassion you showed not only to mum but the rest of us made things so much easier. You and your team have a wonderful gift of being able to offer care and support in such difficult circumstances'. Another relative had written, "[registered manager] and the team did an amazing job…as a family, we have been very lucky in meeting all the lovely people who looked after mum".
● Staff had not had specific training on end of life care, but since the inspection the registered manager has confirmed that two staff have been booked on specialist training at a local hospice.
● End of life care planning was also an area which could be further developed to ensure these provided a fully person centred record of people's known wishes and preferences.

Requires Improvement

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Some quality assurance checks such as spot checks of the competency of care workers were carried out on a regular basis. Medicines audits took place and we saw evidence that the registered manager was reminding staff of the importance of following policies and procedures in relation to medicines management. Clinical and health and safety audits also took place.
- However, the systems in place had not been fully effective in assessing, monitoring and improving the quality and safety of the service and needed to be further embedded.
- For example, whilst a recruitment audit had been undertaken in December 2018, this had not identified and rectified the concerns our inspection found.
- Care plan reviews and audits were undertaken but had not been fully effective at identifying shortfalls within risk management documentation. A more robust system has now been put in place to address this.
- The registered manager was generally aware of their responsibility to report events to the CQC, although we did note that one notification of death had not been submitted as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- It was a central part of the registered manager's vision for the service that it retained a strong emphasis on person centred care and this was a strength of the service.
- They clearly knew people well and this helped them to have an understanding of their needs and of the challenges and achievements of the service provided. They told us, "If I can't see [people] at least once a week I have grown too big".
- The commitment of the registered manager was commented on by many of the relatives and staff we spoke with. One staff member said, "She interacts with clients, follows up on things, makes sure we are doing things right…she goes the extra mile".
- People and relatives were positive about the leadership of the service and told us the registered manager was approachable and supportive. One relative told us, "[Registered manager] purposely came to meet me…I see her quite often and she often does the care herself which is good, she checks I am alright". Another relative said, "I have had confidence with [registered manager] since day one".
- Relatives felt that communication was excellent. For example, one relative said, "[Registered manager] always lets me know what is happening…they keep me informed. I am very pleased, [registered manager] is

on top of things".
● Staff were also positive about the registered manager. One staff member told us, "[registered manager] is my first point of call, she always deals with any issues I have raised. I feel comfortable with the open door policy, there is nothing I can't tell her. She always keeps us up to date, I've never been to a shift and been surprised". Another staff member said, "If there was an issue, 100% I could go to her, if you are hesitant that's a bad thing, but here it's not like that, she leads us all well, she is always willing to learn".

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

● People and their relatives had been asked to share their views about the quality of care they received. For example, satisfaction surveys had been completed. The feedback from these had been very positive with one relative writing, "To sum up in three words, professional, respectful, compassionate, thank you!"
● The registered manager and staff worked well together to ensure the effective day to day running of the service.
● Staff used a secure message platform to effectively share information about people's needs or changes in their wellbeing.
● Team meetings were held periodically. These were used to discuss issues such as confidentiality, keeping people safe and areas for improvement such as in record keeping and medicines management. It was clear that these meetings were collaborative with staff being asked for their views about what could be done differently or better to improve the service provided.

Continuous learning and improving care

● There was evidence that the registered manager supported the development and learning of staff, which meant people received effective support from staff. For example, two of the senior team had been enrolled on a leadership and management course.
● The registered manager continued to practise as a registered nurse and undertook periodic shifts in clinical settings to continue to practice their skills, knowledge and experience as a registered nurse.
● They had joined social media groups for other registered managers and told us they met with another local registered manager for peer support, however, this was not currently documented in anyway.
To further support their continuous learning and development, we recommend that the registered manager ensure they have access to ongoing and regular clinical or professional supervision and that action is taken to ensure that a suitable programme of mentorship is in place and documented.

Working in partnership with others

● Staff worked alongside GP's, community nurses and other healthcare professionals such as occupational therapists to ensure that people received effective and co-ordinated support which enhanced their wellbeing and independence.
● Where staff had identified that people needed additional care, the registered manager had worked with social workers and commissioners to try and achieve this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that all of the required checks had been completed before staff were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper person's employed.