

Emmanuel Care Services Ltd

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Emmanuel Care Services Limited is a care home which provides care and accommodation for up to three people with learning disabilities and mental health needs. At the time of this inspection three people were using the service.

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

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.

However, specific risks were not assessed with appropriate risk management plans in place to reduce or prevent the risk occurring. The systems in place to assess and monitor the quality of the service were not always effective in driving improvement and did not identify the shortfalls we found at our inspection. There was not enough activity of interest which were socially relevant and stimulating to people's needs. We have given a recommendation about supporting people with stimulating activities.

People received care and support that was personalised to their need and felt safe living at the home. Medicines were managed safely, and people were protected from the risk of infections. There was enough staff available to support people safely and the service followed safe recruitment processes. Accident and incidents were reported and recorded, and any lessons learnt were used to improve on the service.

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. The home environment was improved to ensure the design and decoration was meeting people's needs.

Before people started using the service their needs were assessed to ensure they could be met. Staff received support through induction, training and supervision to ensure they performed their roles effectively. People were supported to maintain good health, eat sufficient amounts of food for their health and wellbeing and access healthcare services.

Staff supported people in a caring way and their privacy and dignity was maintained. People's diversities and rights were respected, and they were involved in making decisions about their care and support needs.

People's independence was promoted and they were encouraged to perform chores they had the capacity to do.

People were supported to maintain relationships important to them. People's communication needs had been assessed and met. People and their relatives told us they knew how to make a complaint but there had not been a reason to do so.

The management team demonstrated a commitment to provide high quality care and knew they had to be honest, transparent and open when things went wrong. People's views were sought to improve the quality of the service. The service worked in partnership with key organisations and health and social care professionals to deliver an effective service. Staff knew of their individual responsibilities, they told us they felt supported in their role and were happy working at the home.

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 requires improvement (4 July 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 March 2019. Breaches of legal requirements were found, and a warning notice served on 16 May 2019 for the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this comprehensive inspection to check the service had followed their action plan and to confirm they now met legal requirements.

Enforcement

We have identified breaches in relation to risk management and effective systems for monitoring the quality of the service.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 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 ●

Emmanuel Care Services Limited

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 a single inspector.

Service and Service Type

Emmanuel Care Services Limited 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.

Notice of inspection

This inspection was unannounced and carried out on 19 December 2019.

What we did before the inspection

Before the inspection, we reviewed information we held about the service since our last inspection. This included information received from the provider as required by law to report certain types of incidents and events. We sought feedback from the local authorities who commissioned care from the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and a relative to seek their views about the service. We spoke with two members of staff including the registered manager and the deputy manager. We reviewed a range of records including three people's care plans, risk assessments and medicines records. We looked at one staff file in relation to recruitment, induction and supervision and four staff training records. We also looked at records relating to the management of the service including surveys, health and safety records, minutes of meetings and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We sought feedback from other health and social care professionals and a relative for their views about the service.

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 inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to assess and mitigate risks to the health and safety of service users, ensure the proper and safe management of medicines and maintain a clean environment. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had acted to improve on the quality of the service; however, was still in breach of regulation 12 in relation to assessing risks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of avoidable harm. Risks to people were not always identified, assessed and had appropriate risk management plans in place. At this inspection, we found that one person could access the local community independently. The registered manager informed us this person maintained certain relationships in the community which they had cautioned them about, but they had not adhered to their safety cautions. The person's risk assessment or management plan did not include this information to ensure appropriate guidance was in place on how staff should support them manage any potential risks.
- On the day of our inspection, we found that the same person had gone to a place of worship to practice their faith; they spent most of their day at this place of worship which was far from the home. However, the service had not carried out any risk assessment with management plans to mitigate any potential risks. Neither did the registered manager and staff know the name or the place they worshipped.

This was a continuous breach of regulation 12 (Safe care and treatment) of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this issue with the registered manager and the deputy manager. During our inspection, the deputy manager found a document which showed the name of the place of worship. They told us they would update their records accordingly and we will check on this at our next inspection.

- Where other risks were identified, these were assessed, and had appropriate risk management plans in place. Potential risks were identified in areas including medicines, personal care, continence, nutrition and behaviours that required a response.
- Risk management plans included guidance for staff on how to minimise or prevent risks occurring. For example, behaviour management plans included the use of positive behaviour support and de-escalation techniques such as speaking with people calmly to mitigate this risk.
- Staff we spoke with knew of individual risks and told us of the support they provide to ensure people remained safe. This included maintaining behaviour management charts to record and identify trends and ensure appropriate support was in place for people where required.
- There was detailed guidance in place for staff on how to manage health related risks such as seizures.

Staff maintained records of when people experienced a seizure to ensure appropriate healthcare support was in place for them.

- The service had improved on their health and safety procedures. Each person had a personal emergency evacuation plan in place which provided guidance to staff and emergency services the level of support they would require to evacuate safely in the event of an emergency or a fire.
- Each member of staff had a set of keys they hold with them whilst on shift to ensure people could be easily evacuated in the event of an emergency or a fire.
- Cleaning products were now being stored within the requirements of Control of Substances Hazardous to Health (COSHH). These were locked away safely to ensure people were not at risk of coming into contact with such harmful substances.

Using medicines safely

- Medicines were now managed safely. Medicines were kept in a locked medicines room which was clean and clutter free. There was enough space available to ensure medicines were safely prepared. Daily room temperatures were taken to ensure medicines remain effective when used.
- Prescribed creams and shampoos were stored in a locked cabinet to prevent the risk of harm to people.
- Each person had a medicines administration record (MAR) which included their photograph, list of medicines, frequency, dosage, how people would like their medicines taken and the reasons for taking them. This ensured people were supported to receive their medicines safely.
- The number of medicines in stock matched the numbers recorded and there were no gaps on the MARs.
- People's medicines were now being prepared safely. Staff told us they had improved on their medicine's administration practices and that each person's medicines was prepared, administered and recorded separately. They said they only support one person at a time to avoid the risk of medicines errors.
- Where people were prescribed 'as required' medicines (PRN) for example to help manage their behaviours, there was a PRN protocol in place for staff on when they could administer these medicines.
- People were supported to have their medicines reviewed regularly with appropriate healthcare professionals to prevent the risk of overprescribing and to ensure people were only taking medicines they needed.

Preventing and controlling infection

- People were protected from the risk of infections. The home environment including the bathroom, kitchen and communal areas had improved and all appeared clean. A relative informed us things had improved and their loved one's appearance was better.
- The two washing machines which were kept in the kitchen and used to wash soiled clothing had been removed to an outdoor space to prevent the risk of cross contamination.
- Staff told us people's clothes were now washed separately to prevent the risk of the spread of infections and cross contamination.
- The provider had an infection control policy in place and all staff had completed infection control training. Staff told us they used personal protective equipment such as gloves, aprons and wash their hands regularly to prevent the spread of diseases.

Staffing and recruitment

- There was enough staff available to support people safely. The registered manager informed us staffing levels were planned based on people's assessed needs. A staffing rota we reviewed showed the number of staff on shift matched with the numbers planned for. Where people required additional staff support for example for appointments or activities, additional staff was available to ensure their needs were met.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed. These checks included two references, right to work in the

United Kingdom and a criminal records check.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination.
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager and the community learning disability team (CLDT). The service also had a whistleblowing policy and staff said they would not hesitate to escalate any concerns of poor practices when required.
- Finances were managed safely. Where required, people were supported to manage their money safely including people who could manage their own money. Records showed the level of support people received and how their money was spent.
- The registered manager knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and CQC. There had not been any allegation of abuse since our last inspection in March 2019.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to work within the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

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.

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.

- People's rights were protected because staff sought their consent before supporting them. All staff had completed MCA training to ensure they understood the need to work within the principles of MCA.
- The registered manager informed us people could make day-to-day decisions for themselves including for example the food they ate and clothes they wore.
- However, where people were unable to make specific decisions about their care and support needs, for example, about their personal care, medicines or a locked front door, mental capacity assessments were carried out and with best interest decisions in line with the Act.
- On the day of our inspection, staff were supporting two people to attend a best interest meetings to ensure decisions about their care and support were made in their best interest and their needs safely met.
- Where people were deprived of their liberty for their own safety and DoLS authorisations were in place, any conditions of the authorisations were being met; these were also kept under review.

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

- The home environment had been improved to meet people's needs. This included the bathroom, kitchen and the toilet downstairs. For example, the toilet seat had been fixed and the bath was no longer discoloured.
- Handrails were fitted to the stairs to support people mobilise safely when accessing alternate floors and to

prevent the risk of a fall.

- An under stairs storage area used to archived records was now safely secured to prevent easy access or the risk of fire.
- People's bedrooms were decorated and personalised to their needs.

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

- Before people moved into the home, their physical, mental and social care needs were assessed by the registered manager to ensure they could be met.
- Information from the initial assessment along with referral information from the local authority was used to help develop people's care and support plans.
- Where required other health and social care professionals such as care coordinators were involved in these assessments to ensure the service was suitable and could meet individual needs.

Staff support: induction, training, skills and experience

- Staff were supported through induction and training. All new staff completed a week-long induction including the Care Certificate which is the benchmark set for the induction standard for new care workers.
- Staff also completed training considered mandatory such as safeguarding adults, medicines, infection control, health and safety, food safety and MCA. Other training such as awareness of mental health, autism, dementia, learning disability and managing violence had all been completed to ensure individual needs were met.
- Since our last inspection in March 2019, all staff including the registered manager had completed refresher training courses to update their knowledge and skills.
- Regular supervisions were carried out in line with the provider's policy and staff told us they felt supported in their role.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing. People's nutritional needs had been assessed with appropriate guidance for staff on how to support them safely.
- Where possible staff supported people to purchase, prepare and make healthy meal choices.
- Staff knew the level of support people required for their nutritional needs to be met. They told us specific meals they prepared to meet people's health and cultural needs. This was consistent with information in their care plan.
- Monthly weight checks were maintained, and people's weight was stable. A relative informed us their loved one had put on weight due to unhealthy meals being served. However, the registered manager had reassured them that more healthy meals were now being provided.

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

- People were supported to access healthcare services and had been registered with the GP. Healthcare professionals including opticians, dentist, psychiatrist, neurologist, chiropodists and the community learning disability team (CLDT) were involved in treating and supporting people. Where required, people were also supported to attend hospital and other health appointments.
- The service shared information with relevant healthcare services. A hospital passport was used to provide hospital and emergency teams relevant information for example, about people's health, medicines, communication, behaviour, likes and dislikes. To ensure their needs were safely met whilst receiving care and treatment.
- Records showed that staff worked in partnership with key health and social care professionals to plan and deliver an effective service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said they or their loved ones were happy living at the home. A relative told us they knew their loved one was well cared for because they do not show any signs of anxiousness or anxiety when around staff.
- At this inspection, the registered manager and other staff referred to people respectfully by calling them by their preferred names.
- Staff understood people's diverse needs and supported people in a caring way. Where people chose to practice their faith, this was respected. Staff supported people to eat food from their cultural background or engage in activities that were culturally suitable to them. For example, by watching movies of their cultural origin.

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

- People and their relatives had been consulted about the care and support. People and their relatives told us they were involved in making decisions about they or their loved one's care and support needs.
- Care plans included information about people preferences; their likes and dislikes and how they should be supported. Staff told us they promote choice to ensure people could make day-to-day decisions for themselves, for example, about the food they ate or clothes they wore.
- Key worker sessions were used to encourage and support people to make decisions and set goals in areas including activities, personal care, finance and medicines. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Relatives told us their loved one's privacy and dignity was maintained.
- Staff told us they promoted privacy and dignity and encouraged people to lock their bedroom doors if they chose to, shut bathroom doors during personal care ensured two people were not using the bathroom at the same time. Staff said they also prompt people to maintain their dignity especially in communal areas.
- Information about people was kept confidential. Staff told us they shared information only on a need to

know basis. Computer screens were password protected and confidential documents such as care plans were kept securely.

- People's independence was promoted. Care plans included things people could do for themselves and those they needed staff support with. For example, people were also encouraged to put themselves to bed, prepare meals or tidy up their room where they were capable of doing these chores.
- Where required, healthcare professionals such as occupational therapists had been involved to improve on people's independence and activities of daily living skills such as shopping and laundering.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection the provider had failed to provide care and support to meet individual needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had acted to improve the quality of the service; however, the actions they had taken had not been enough in ensuring appropriate structured activities were in place in supporting people's mental health and behavioural needs.

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

- The service had in-house activities or supported some people to attend the day centre. The in-house activities included watching television, going on a ride, a walk, shopping, art and crafts and games. Staff informed us one person had an iPad which they watched movies on.
- Care plans stated people should be supported with structured activities to help for example with their recovery. However, for one person, we found that they spent most of their day in the community without much structured activities.
- Two people attended a day centre two and three days a week respectively. The registered manager told us that people's placement at the day centre was being reviewed and they would soon not be supported by the day centre. This meant the home would be fully responsible for engaging people in activities which were of interest or stimulating to them. We found that activities people were engaged in were not always interesting or stimulating to them.
- Staff told us they had introduced new activities such as a basketball game and the registered manager informed us they played a basketball game with service users themselves. Despite this, relatives told us more could be done to engage people in activities that were of interest to them.

We recommend the provider to seek support and guidance from reputable sources about providing structured activities that are stimulating and of interest to people.

- People were supported to maintain and develop relationships with those important to them. Where relatives were involved, they were updated about people's wellbeing and involved in making decisions. Relatives had the option to visit people at the home or take them away to spend time with them where this was possible.

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

- Each person had a care and support plan in place. The care plans contained important information about the support people required with their personal care, nutrition, medicines, behaviours, continence and

social care needs. It also included any allergies and things people liked or disliked.

- Care plans provided staff guidance on how each person's needs should be safely met. Staff knew people well and gave examples of the specific support they provided to ensure individual needs were met.
- People had choice and control of how they would like to spend their day and their preferences were respected.
- Care plans were kept under regular reviews to ensure people's changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

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 had been assessed and met. People and their relatives confirmed information was presented in formats that met their needs.
- Where required people had a communication passport which included information on how people communicate, and the support staff should provide. For example, one person communicated using words, gestures, sounds, objects and movement. Where required, records including care plans and activity planners were presented in easy read and pictures to support people's understanding.
- Health care professionals from the CLDT were involved in supporting people communication effectively. For example, one person was being supported to use signs and gestures to communicate.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy about the service. The provider had policies and procedures on how to make a complaint and what people or their relatives should expect in response to complaints.
- The service had not received any complaints since our last inspection in March 2019. The registered manager told us they would address all complaints in line with their policy and procedure.

End of life care and support

- At the time of this inspection, no one using the service required end of life support. The registered manager told us where required, they would ensure they worked with the person, their relatives and health and social care professionals to ensure the person was supported and their end of life wishes met.
- Records showed people and their relatives did not wish to discuss end of life care and support at this time.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective quality assurance systems were in place and records were not always consistent. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had acted to improve the quality of the service; however, their actions had not been enough and was still in breach of regulation 17 in relation to maintaining an effective quality assurance system and acting on feedback to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place for assessing and monitoring the quality of the service was not robust and did not always drive improvements. A quality control report we reviewed was completed 'from May to August 2019'. The quality report covered areas including care plan and risk assessment, health and safety, infection control, medicines and staff training. However, this check did not identify the lack of appropriate risk assessments and management plans where this was required.
- There was a registered manager in post who knew they had to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. They had displayed their last inspection report rating. However, at this inspection the registered manager continuously challenged actions we had taken against them at our last inspection despite they were not meeting the regulation.
- The lack of robust quality assurance meant people were at risk of receiving poor quality care, and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.

This was a continuous breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values and told us they upheld these values when supporting people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 engaged with people, their relatives and other health and social care

professionals to plan and deliver an effective service.

- Staff told us they could speak in an open and transparent manner about the service and their views were listened to and used to improve the service provided.
- The registered manager told us they knew of their responsibility under the duty of candour that they had to be open, honest and take responsibility when things went wrong.

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

- People's views were sought both formally and informally about the service. A feedback questionnaire had been completed in April and October 2019. Results from the survey showed people and a relative who completed the survey were satisfied with the level of care and support in place.
- Residents meetings and key worker sessions were also used to gather feedback from people to improve on the service delivery.
- Staff meetings were held to update staff of best practices and to gather their views about the service. Topics discussed at these meetings covered areas including people's care needs and management plans for the service. Staff told us they found these meetings useful as it gave them opportunities to feedback on the service.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned them and other health and social care professionals including the CLDT to provide joined up care.
- The service currently worked in partnership with a day centre to support people with activities of interest.

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 12 HSCA RA Regulations 2014 Safe care and treatment Potential risks to people were not always identified, assessed and had appropriate risk management plans in place to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor and assess the quality of the service were not always effective in driving improvement.