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Medihands Clifton

Inspection report

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Date of inspection visit:
13 June 2019
20 June 2019

Date of publication:
16 July 2019

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
Medihands Clifton is a residential care home. At the time of our inspection the service was providing personal care and support to 12 older people with mental health needs. The care home can accommodate up to a maximum of 14 people in one adapted building.

People's experience of using this service
Most people remained positive about the quality of the care and support they received from this service. A person living there summed up how most people felt about the service in one quote, "This is a good care home and I'm happy living here…The staff treat me well and know what I like and don't like."

However, we found the service was not always safe, effective or well-led? This was because people were not supported by staff who had ongoing training, the provider did not always follow relevant national guidelines regarding the safe storage of medicines and their governance systems were not sufficiently robust to pick up all the issues we identified during this inspection.

Nonetheless, despite these failings, we found the service remained caring and responsive.

People received their medicines as prescribed and were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient numbers of staff whose suitability to work in adult social care had been checked were available to meet people's needs. The premises were clean and staff followed relevant national guidelines regarding the prevention and control of infection.

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. People were provided with a well-balanced meals that meet their dietary needs and wishes. People were supported to stay physically and emotionally healthy and well.

People continued to be cared for and supported by staff who were kind and compassionate. People were encouraged to make decisions about the care and support they received and have their choices respected. People's privacy was respected and their dignity maintained. People were supported to be as independent as they could and wanted to be.

The service remained responsive. People received personalised care that was tailored to their individual needs and wishes. People had access to a range of activities and entertainment that reflected their social interests. People were aware of the providers complaints policy and how to raise any concerns or complaints they may have. People nearing the end of their life received compassionate palliative care.

The service continued to have the same manager registered with the Care Quality Commission (CQC) who people using the service and staff spoke positively about. The registered manager promoted an open

culture within the service and always sought the views of people using the service and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection
The last rating for this service was good (published 24 December 2016).

Why we inspected
This was a planned inspection based on the previous rating of good.

Enforcement
We have identified two breaches in relation to the unsafe storage of medicines and the ongoing training of staff. This was because we found the cupboard where medicines were kept had been left open in an unlocked office on both days of our inspection. We also found most staff had not refreshed their training for at least three years in relation to most areas the provider identified as relevant to their roles. This included mental health awareness, safeguarding adults, food hygiene, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, equality and diversity, and end of life care.

We have also made a recommendation about staff training on the subject of positive behavioural support to help staff prevent or appropriately manage behaviours considered challenging.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	**Requires Improvement**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Medihands Clifton

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
One inspector carried out this inspection.

Service and service type
Medihands Clifton is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (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 CQC. 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 two-day inspection was unannounced on the first day. Inspection activity started on 13 June 2019 and ended on 20 June 2019.

What we did
Before this inspection, we reviewed all the information we had received about the service since their last inspection. This included any statutory notifications the provider had been required to send us. This information helped us plan our inspection.

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.

During the inspection we spoke with seven people who used the service about their experience of the care provided. We also talked with six members of staff including, the registered manager, three support workers, the support services manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also looked at a range of records that included six people's care plans, multiple medication administration record sheets and five staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines as prescribed, but the provider did not always ensure the proper and safe use of medicines.
- People confirmed staff supported them to take their prescribed medicines when they should; however, the provider did not always follow relevant national guidelines regarding the safe storage of medicines. For example, on both days of our inspection we found the cupboard where medicines were kept had been left open in an unlocked office with the keys still in the cupboard door.
- All five staff who regularly worked in the care home were expected to administer medicines on behalf of people who lived there. The three permanent members of staff who had worked at the service for over a year had not updated their safe management of medicines training for over three years. In addition, the competency of all staff to continue managing medicines safety had not been assessed annually, contrary to relevant national guidelines regarding safe management of medicines training and the providers own medicines policy. This meant people were at risk of not receiving their medicines as prescribed because staff knowledge and skills to continue doing so safely and competently had not been kept up to date or routinely assessed by their line manager.
- Furthermore, although people's care plans included detailed information about how they needed and preferred their prescribed medicines to be administered, this did not include clear protocols for staff to follow regarding the proper use of 'as required' behaviour modification medicines.

All the issues described above about medicines demonstrate they were not always being managed safely by the provider. This represents a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People had risk management plans in place that ensured staff had access to all guidance they needed to reduce the identified hazards people might face and keep them safe. For example, this included risks associated with people's mental health, eating and drinking, behaviours that may be considered challenging, taking their medicines as prescribed and travelling independently in the wider community.
- Staff demonstrated a good understanding of the risks people might face and how to prevent or manage them. Several staff told us risk management plans were easy to follow. For example, one member of staff said, "It's very clear in people's care plans what we [staff] need to do to keep them safe."
- However, although staff were aware of the signs to look out for and the action they needed to take to prevent or deescalate people's behaviours that were considered challenging; the registered manager confirmed staff had not received any relevant training to help them in this aspect of their role.

We recommend the service finds out more about positive behavioural support training for staff, based on current best practice, in relation to meeting the needs of people whose behaviour might be considered challenging.

● Furthermore, we found risk management plans were not available for staff to follow when faced with identified risks associated with people's mobility needs. We discussed our concerns with the registered manager who agreed to develop risk management plans that would help staff prevent or minimise the risk of people with mobility needs falling. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

● There were plans in place to help staff deal with emergencies, including fire, adverse weather conditions or damage to the premises. For example, we saw personal emergency evacuation plans (PEEP's), which clearly set out what support people would need to safely evacuate the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises with people using the service.

Systems and processes to safeguard people from the risk of abuse

● People were supported to understand how to keep safe and to raise concerns if abuse occurred. One person told us, "I feel safe living here. I would tell the manager straight away if I didn't."

● The provider had effective safeguarding policies and procedures in place.

● Staff knew how to recognise abuse and respond to it, despite most staff not having up to date safeguarding adults training. One member of staff told us, "I would tell the local authorities safeguarding team in Kingston and the CQC if I was worried about how the people living here were being treated."

● The provider had dealt with recent safeguarding concerns promptly and had correctly reported the alleged abuse to the local authorities safeguarding adults team, as soon as it had been identified.

● There was one safeguarding concern open at the time of our inspection, which had been reported to the police and was currently being investigated.

Staffing and recruitment

● People received safe care and support from adequate numbers of staff who were suitably to work in an adult social care setting.

● Staff were available when people needed them. For example, we observed staff respond quickly to people's requests for assistance or to answer their questions. One person told us, "There's always at least two staff on during the day and one at night, so you can always get hold of someone if you need them."

● The provider operated robust staff recruitment procedures. This enabled them to check the suitability and 'fitness' of all new employees, which helped them make safer staff recruitment decisions. These pre-employment checks included looking at all new staffs proof of identity, right to work in the UK, previous work experience and performance, health and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Preventing and controlling infection

● People were protected by the prevention and control of infection.

● The service looked and smelt clean. The provider had recently been awarded the top food hygiene rating of 5 stars by the Food Standards Agency.

● The provider had clear infection control procedures in place to keep people safe from the risk of cross contamination.

● Staff had access to personal protective equipment and knew how to prevent the spread of infection, despite most of them not having up to date infection control or food hygiene training. One member of staff told us, "I've not had any infection control or food hygiene training recently, but I know there's a cleaning rota which ensures the home is always clean."

Learning lessons when things go wrong

● The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not supported by staff who had ongoing training.
- All staff completed a comprehensive induction before they started working at the service, which ensured they were trained in all the areas the provider identified as relevant to their roles.
- However, records showed long serving members of staff were not routinely updating their existing knowledge and skills. For example, most staff had not refreshed their training for at least three years in relation to mental health awareness, safeguarding adults, food hygiene, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, equality and diversity and end of life care. This was confirmed by the registered manager and staff. One member of staff told us, "My induction taught me everything I needed to know to do the job when I first started, but to be honest I haven't had much training since."

Mechanisms were clearly not in place or being effectively operated to enable staff to continually update their existing knowledge and skills and ensure it remained relevant. This placed people at risk of being supported by staff who no longer had all the right up to date knowledge and skills to continue effectively meeting people's needs.

This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were given opportunities to review their individual work and development needs. Records showed staff regularly had individual supervision meetings with the registered manager, including an annual appraisal of their working performance over the last year, as well as group meetings with their fellow co-workers. This was confirmed by staff. One member of staff said, "I do feel supported by the manager and often meet with her to discuss how I'm getting on."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

● People consented to the care and support they received at the service. People's consent was respected by staff. One person told us, "Yes, staff do ask me if its ok before they do things for us and usually do what I ask them."
● Staff were aware of their duties and responsibilities in relation to MCA and DoLS, despite most staff not having up to date MCA and DoLS training. For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks. One member of staff said, "I would never do anything to a person without first speaking to them about it and explaining what I was about to do."
● Care plans detailed people's capacity to make their own decisions.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in this person's best interests in order to keep them safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and support needs were assessed prior to them using the service. These initial assessments were used to develop people's care and risk management plans, which were regularly reviewed and updated to reflect any changes in people's needs.
● Staff were also aware of people's diverse support needs and preferences. Several staff told us people's care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet their needs and wishes.
●This helped ensure people contained to receive care and support that was planned and delivered in line with their identified needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to access food and drink that meet their dietary needs and requirements.
● People told us they remained happy with the overall quality of the meals they were offered at the service. One person told us, "The meals are very good here", while another person remarked, "The food is lovely. Definitely edible".
● People's care plans included assessments of their dietary needs and preferences, which indicated their dietary requirements and food and drink likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay physically and emotionally healthy and well.
● People's care plans detailed their emotional and physical health care needs and conditions, which set out clearly for staff how these should be managed.
● Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPNs), dentist, opticians, dietitians and consultants overseeing people's specialist physical and emotional health care needs.

Adapting service, design, decoration to meet people's needs
● People lived in a suitably adapted and reasonably well decorated care home that meet their needs.
● The premises were kept free of obstacles and hazards which enabled people to move freely around the

care home and the garden. Several people told us the care home was a "comfortable" place to live. One person said, "It does feel very homely living here…The owners had the lounge redecorated recently, so that's brightened up the place a bit."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People had their human rights and diversity respected and were treated equally and with compassion.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described staff as "caring". One person said, "The staff are really nice", while another person remarked, "Staff treat us right here".
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. This was despite most staff not having up to date equality and diversity training. One member of staff told us, "I know a couple of people who live here don't eat certain types of meat for religious reasons, so we always make sure we prepare a vegetarian meal option for them."

- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence
- People had their privacy and dignity respected and were supported to be as independent as they could and wanted to be. People told us staff respected their privacy and dignity. One person said, "Staff know the name I liked to be called." In addition, staff did not wear uniforms that suggested they were care staff working a in a residential care home when they supported people in the local community.
- Staff spoke about people they supported in a respectful and positive way. One member of staff told us, "I always make sure any visiting health or social care professionals see people in private in their room", while another member of staff stated, "I wouldn't dream of entering someone's bedroom without seeking their permission first".
- Throughout our inspection we observed several people come and go as they pleased and travel independently in the wider community. We also saw a person prepare their own lunchtime meal in the kitchen. One person told us, "I often go out on my own shopping for food or clothes", while another person remarked, "I take myself to my day centre and sometimes I have lunch out on my own at a local café".
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to make decisions about the care and support they received and have their decisions respected.
- People told us staff listened to them and acted on what they had to say. One person said, "We have lots of

house meetings to decide what will be on the weekly meal menu", while another person remarked, "I decide when I get up and go to bed, and what I want to wear. The staff never interfere with that". This was confirmed by staff we spoke with, for example one member of staff said, "We always ask people what they would like to eat at meal times and what activities they might enjoy doing."

● The service used people's individual needs assessments and care planning reviews, and group house meetings to ensure people were able to routinely make informed decisions about the care and support they received. People were also given a guide to the care home when they first moved-in which contained detailed information about the standards of care and support they could expect to receive.

● Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan to show they agreed with its contents.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

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

- People received personalised care that was tailored to their individual needs and wishes. One person said, "Staff know me and what I like", while another person told us, "It's alright living here…The staff look after me how I want them too".
- Each person using the service had a care plan. These plans were person-centred and contained detailed information about people's unique strengths, likes and dislikes, and how they preferred staff to provide their personal, social, medical, health care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- People, and where appropriate their relatives and professional health care representatives, were encouraged to help staff develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated accordingly to reflect this. One person told us, "The staff sometimes ask me about my care plan and what I would like to put in it."

Meeting people's communication needs

- People's information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard. 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.
- Staff understood the Accessible Information Standard. For example, we observed that staff knew people very well and communicated with them effectively.
- People's communication needs were identified, recorded and highlighted in their care plan.

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

- People were encouraged and supported by staff to participate in vocational and leisure activities at home and in the local community which reflected their social interests and needs.
- Records showed several people regularly attended a day centre, did voluntary work for a charitable organisation, had lunch out and went shopping locally. People also went on group days out to the coast and there were barbeques in the garden during the summer. We saw a variety of board and card games in the lounge, which several people said they enjoyed playing with staff. One person told us, "I don't get bored here. I'm always out and about in New Malden, and when I'm at home I like to knit." Another person remarked, "I sometimes play board games with the staff which I like or watch television".
- Care plans reflected people's social and vocational interests and needs.

● The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them at the care home whenever they wished. One person said, "I sometimes go out and visit my friends who live locally and sometimes they come and see me here."

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.

● People said they were aware of the providers complaints policy and how to raise any concerns or complaints they might have. For example, one person told us, "I did keep a copy of the complaints procedure the manager gave us recently in my room, which I lost, but I do know I could talk to the manager about anything I wasn't happy about." Another person said, "If I ever get fed-up living here I would tell the staff and I'm sure they would help me out."

● The registered manager had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.

● The provider had not received any informal concerns or formal complaints about the service within the last 12 months.

End of life care and support

● At the time of the inspection, no one was receiving end of life care.

● The provider had an end of life policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was now 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; and continuous learning and improving care

- The quality and safety of the service people received was routinely monitored by the provider. For example, the registered manager carried out regular audits of the service to check various aspects of its operation, including medicines management, care planning and staff training; however, we found these governance systems had failed to pick up a number of issues we identified during our inspection. For example, concerns relating to the unsafe storage of medicines and lack of ongoing training for staff.

We discussed these oversight issues with the registered manager who agreed to improve the effectiveness of how their governance systems were operated. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

- The service continued to have the same manager registered with the CQC who had been in operational day-to-day control of the care home for nearly ten years.
- There were clear management and staffing structures in place. The registered manager was normally supported by a deputy manager, but they had not worked at the service for the last six months.

We discussed this issue with the registered manager who told us the deputy manager's absence had adversely affected her ability to continue to manage the service well. They said this ongoing management issue would be addressed at a meeting scheduled to take place with the deputy manager next month. Progress made by the provider to resolve this matter will be assessed at their next inspection.

- People and staff spoke highly of the registered managers leadership approach. Comments included, for example, "I have a lot of time for the manager" and "The manager has worked here a long time. She's always there for us [staff] if we need any advice or help".
- During the inspection we observed a new member of staff ask the registered manager for advice and guidance about people's prescribed medicines and dietary requirements, which the registered manager did not hesitate to give on both occasions.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.

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

● We saw the service's latest CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

● The provider had a clear vision and person-centred culture that was shared by the registered manager and staff. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

● People told us the provider always sought and acted upon their views. For example, we saw the provider used a range of methods to gather people's opinions. This included regular meetings with people's designated keyworker and group house meetings with their fellow peers, as well as quarterly reviews of the package of care they received. One person told us, "I have lots of meetings with my keyworker and the other people who live here when staff ask us how we're getting on and what we think about the place."

● In addition, people using the service, and where appropriate their relatives and professionals representatives, were invited to participate in annual satisfaction surveys about the service. We reviewed the most recently completed satisfaction surveys and found all contained positive comments and feedback. This indicated people were in the main satisfied with the standard of care and support they received at the service.

● The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with the registered manager or team meetings with their co-workers. One member of staff told us, "We have regular opportunities to share our views about the service we provide at monthly team meetings. The manager is also very easy to talk to if you've got a problem."

Working in partnership with others

● The provider had good links with various local authorities and community health and social care professionals. This included peoples GP's and CPN's, mental health staff from Springfield University Hospital, community district nurses, social workers, chiropodists, and staff working at a local day centre.

● The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.

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 People's medicines were not always managed properly by suitably trained staff who had their competency to do so safely kept constantly updated and reviewed. Staff responsible for managing people's medicines did not always follow the correct policies and procedures regarding the safe storage of medicines. 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People using the service did not always receive their personal care from staff who had received ongoing training as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)