

Independence Homes Limited

Foxley Lane

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Foxley Lane is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 8 people.

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

Right Support

The service did not always make sure people received care and support in a safe and clean environment. Risks to people's safety had not been fully mitigated and people were at risk from infection and hygiene risks. Staff did not always support people with their medicines to achieve the best possible health outcome. Information about some of the medicines people took was not accessible to staff when required, which might have delayed when they received this. Records of medicines stock were not always accurate so staff could not be assured they had the right quantities in stock. However, we saw people received their prescribed medicines at the right time. The provider could not be assured staff supported people to achieve their aspirations and goals. Staff had not met regularly with people to assess and review people's progress in achieving positive outcomes.

The service supported people to have the maximum possible choice, control and independence. The environment was well equipped, well-furnished and mainly well-maintained to support people to meet their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. People benefitted from the interactive and stimulating environment. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People did not always receive kind and compassionate care. We saw staff did not always use positive, respectful language when interacting with people or when discussing people with others. Staff did not always engage with people when they were supporting them.

Staff understood people's cultural needs and provided culturally appropriate care. Staff understood and responded when people needed space or privacy. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication

needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

Staff turnover at the service had been high so people were not always supported to receive consistent care from staff who knew them well. The service lost a significant number of staff after it became a legal requirement for all care staff to be vaccinated against COVID-19. New staff were quickly recruited. However, new staff had not been given enough support to develop their knowledge and understanding of people and their needs so did not know people as well as they could. People's quality of life was being impacted by some staff who did not demonstrate the values, attitudes and behaviours required to support this. The provider was addressing these issues with a programme of improvement aimed at supporting people to achieve positive outcomes in all aspects of the care and support they received.

People received the care and support they required as staff had been trained to meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection

The last rating for this service was good (published 11/10/2019).

Why we inspected

We received concerns in relation to; poor leadership and management at the service, poor communication with relatives, poor staff culture, high turnover of staff, new staff poorly trained, staff slow to seek support for people with deteriorating healthcare needs and people not being engaged or stimulated. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. When we inspected we found there was a concern with the dignity and respect shown to people so we widened the scope of the inspection to include the key question of caring.

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

We have found evidence that the provider needs to make improvement. Please see the safe, caring and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to dignity and respect, safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always caring.

Details are in our caring 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 ●

Foxley Lane

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Foxley Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies such as the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including a manager recently brought in to support the service and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records and three people's medicines records. We looked at staff files in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at recruitment records for two staff, training data and quality assurance records. We spoke with five relatives and received feedback from two professionals who regularly visit 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 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.

Preventing and controlling infection; assessing risk, safety monitoring and management

- The service did not always follow effective infection, prevention and control measures to make sure people were protected from infection and hygiene risks. People were not supported to wash or sanitise their hands prior to eating meals. We found a toilet seat cover and chair seat coverings in poor condition which would have been difficult to keep clean and hygienic.
- The correct procedures for preparing and storing food had not been followed. We found an opened packet of meat in the freezer that had not been labelled or marked with the date of opening. This put people at risk of infection from poor food hygiene.
- A window in a first floor bedroom had not been restricted to prevent it opening wide enough for a person to fall from. This was a risk as a fall from height from this window could seriously injure or harm a person.

We found no evidence that people had been harmed from the issues we found above. However, the provider could not fully demonstrate that preventative action and measures were taken to reduce safety risks to people. This put people at risk of harm. This was a breach of Regulation 12 (Safe and Treatment) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed a window restrictor had been fitted to the window on the first floor. The toilet seat cover had been replaced with a suitable new chair and new furniture had been ordered for the service. Staff have been given specific prompts and instructions to support people to wash their hands before meals. The management team at the service have expanded their daily checks to make sure all records relating to food safety and hygiene have been completed accurately.

- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home from those that were important to them.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

- Staff assessed people's sensory needs and did their best to meet them.

Using medicines safely

- The service had not maintained accurate and accessible information about people's medicines. Records completed by staff of stock checks did not match the quantities of medicines we saw at inspection. This was a risk to people because medicines may not be available for them to manage their medical conditions, when required.
- We also found protocols for people in relation to their 'as required' medicines (PRNs) were not immediately accessible to staff. This was a risk to people because staff unfamiliar with a person and their communication needs might miss signs they were in need of this medicine thus potentially delaying relief for the person.

We found no evidence that people had been harmed. However, systems in place were not robust enough to demonstrate that safe administration of medicines was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed they had undertaken a stock check of all medicines and introduced a new daily management check to make sure this information was accurate and up to date. Protocols for people's PRNs had been placed in their records so these were easily accessible to staff, when required.

- People were supported by staff who followed systems and processes to administer and store medicines safely
- People could take their medicines in private when appropriate and safe.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people, and those important to them, about their medicines.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- Every person's record contained a clear summary profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A relative told us, "I have spoken to safeguarding and I am satisfied with the outcomes from the investigations and that mistakes got made."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us if they had any concerns about a person they would report this immediately to the registered manager.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 remained the same. 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

- Staff completed a comprehensive assessment of each person's physical and mental health prior to them moving in to the service.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People, those important to them and staff reviewed plans regularly together. Relatives told us they participated in reviews and meetings about their family member's care and support needs and records supported this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and human rights.
- Updated training and refresher courses helped staff continuously apply best practice
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff could describe how their training and personal development related to the people they supported.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. A relative told us, "[Family member] has a specialist diet. I was not happy with the menu... I wrote a list of food that he can have and will eat. They have acted very quickly to address the issues and I am happy with that."

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

- People's care and support was provided in a well-equipped, well-furnished and mostly well-maintained environment which met people's sensory and physical needs. A relative told us, "[Family member's] room is nice, her house is nice and I don't want to move her."
- Some areas of the home would have benefitted from redecoration, for example old water damage from a

sky light on the ceiling had left some peeling paintwork. A relative told us the environment, "could do with a lick of paint." The provider confirmed a redecoration plan for the service was in place.

- The environment was homely and stimulating. Pictures and artwork created by people were displayed around the home.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed. We saw staff undertook a range of health monitoring checks to help people keep healthy and well.
- People were supported to attend annual health checks, screenings and primary care services. Relatives were kept updated and informed of the outcomes of these visits. A relative told us how their family member was recently supported by staff to access primary care services and how pleased they were that staff kept them updated and informed throughout the whole process.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were reviewed by the registered manager to check they remained appropriate.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting and promoting people's privacy, dignity and independence

- People did not always receive kind and compassionate care from staff. We saw instances during our inspection where staff did not use positive, respectful language when interacting with people. For example, a staff member asked a person, "Are you miserable this morning? Are you a bad guy? Are you a good guy or a bad guy this morning. You're a bad guy."
- We saw instances where staff spoke about people in front of them, using language that was not kind or compassionate. For example, one staff member asked another to take a person, who was vocalising, to the sensory room and said, "stay there for a while until [person] stops screaming."
- We saw instances where staff did not engage with people when they were supporting them. For example, we saw a staff member support someone to leave the communal lounge but did not speak to them to explain what they were doing, where they were going and why.
- We saw when people were in the communal lounge staff did not always chat with them or check how they were or if they needed anything. A relative told us, "It's the staff that are letting things down. I was in there three hours and there was very little interaction." Another relative said, "They (people) just sit and watch TV. The same people always looking at the telly. There is no interaction. Yesterday I saw a person and a staff member sitting in the same room but no interaction at all."

The provider had not made sure that people were treated by staff with dignity and respect at all times. This put people at risk of receiving care and support from staff that were not always caring or compassionate. This was a breach of Regulation 10 (Dignity and Respect) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The management team met with staff and shared our findings with them so they were aware how their behaviours had put people at risk. The provider had additional resources brought in to the service to support the management and staff team which included training and support for staff on how to actively support and engage with people and how to model positive behaviours. People's care records were being updated to include improved information for staff on how to positively interact with people when providing care and support.

- There were instances when we saw staff showed warmth and respect when interacting with people. For example, a person was being supported by a staff member with an aspect of care that made the person anxious. The staff member was kind and acknowledged, in a compassionate way, the discomfort this might

cause the person.

- When staff did interact with people they were patient and used appropriate styles of interaction with people and on these occasions people were engaged and stimulated.
- There were also occasions when staff were focussed and attentive to people's emotions and support needs and showed genuine interest in their well-being and quality of life. A relative told us, "When we go and visit [family member] and see how she is we always talk to the staff and this gives us a good understanding about how they are with her and if they know her well. [Staff member] is superb and [staff members] really stand out for us and they can't do enough for her. They are always seeing how they can make things better for her."
- Each person had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence
- Staff knew when people needed their space and privacy and respected this.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. For example, one person had been able to state their choice how they wished to practice their faith which staff had respected.



Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Change at the service had not always been managed effectively. The provider had been slow to identify that the quality of care and support people received had deteriorated due to significant changes at the service.
- For example, in November 2021, eight staff left the service after it became a legal requirement for all care staff to be vaccinated against COVID-19 unless exempt. New staff were quickly recruited. However, the provider did not do enough to make sure these staff were supported to learn and develop their knowledge and understanding of people, so that people would continue to experience the level of care and support they were used to. A relative said, "It's a shame as I like the staff and I have no issue with them but they are not suitable for Foxley Lane. The changes in staff team have led to things going downhill." A staff member told us it had been challenging to work with new staff members. They said, "You have to explain a lot and they need the time to learn and get used to it."
- Effective measures had not been put in place to make sure new staff worked well with existing staff in line with the culture and values of the service. We found staff did not always work well together and there was a lack of respect amongst some of the staff team towards each other. We saw an incident where two staff members spoke and behaved disrespectfully to each other whilst supporting people. These were senior staff members and they did not display appropriate behaviours and act as role models to others in this instance. A staff member told us, "Lots of recent staff changes so this has been tough. It's been up and down."
- The management team at the service were not always effective challenging staff when they displayed negative behaviours at work. We saw one staff member made themselves unavailable to support people during the lunchtime meal and the deputy manager was going to step in to cover their duties rather than challenge them on this. On another occasion we saw, despite the deputy manager giving staff clear instructions about their duties for the day, the staff team were disorganised when supporting people to get ready to go out for an activity. People became confused and unclear as to whether they would be going out for this activity and staff did not reassure them that they were. A relative told us, "I think [registered manager] lets the newer staff take over and take advantage...[registered manager] does so much in the office though and can't see what the staff are actually doing, as so much is going on."
- The provider had not fully understood the impact of changes at the service at the time and as a result immediate support and resources had not been made available to the relatively new management team at the service to help them manage and reduce their impact on people, staff and others. This had resulted in

relatives losing confidence in the provider. A relative told us, "I am looking at other services now as I am not happy...I think the new management team came in and there wasn't a sufficient staff handover and core staff left and so no-one really to support the new staff...I feel the handover was poor and there was a lack of help from head office for the new management team. Shortage of staff hasn't helped at all."

- Staff were not always committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff had not consistently held 'key worker' meetings with people so there was a lack of up to date information about people's progress in meeting their goals and aspirations. This meant the provider could not be fully assured people were achieving positive outcomes at the service.
- Other areas of the provider's governance processes were not always effective. The provider's audits and checks of the service had not picked up and fully addressed issues we found at this inspection relating to managing risk, effective infection prevention and control, accurate records relating to people's medicines and staff attitudes and behaviours.
- Prior to this inspection the provider had been made aware of the concerns relatives and staff had about changes at the service and their impact on people. In response the provider developed a service improvement plan and had identified actions the service needed to take in response. This included improving the quality of records, communication with relatives and providing additional support and resources to the management and staff team at the service.
- We saw the management team had made some improvements already including improving care records and communication with relatives. However, the management team were still working through this plan at the time of our inspection and acknowledged more work still needed to be done to make the improvements needed for people using the service, in light of the issues we found at this inspection.

The provider's governance processes and oversight of the service had not always been effective. This put people at risk of receiving unsafe and poor quality care which put them at risk of harm. This was a breach of Regulation 17 (Good Governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The provider confirmed additional senior management support had been put in place to provide oversight, monitoring and support to the management team, to make the required improvements at the service. This included weekly meetings, quality checks and regular visits from the operations manager and another experienced home manager to provide coaching and support to the management and staff team to help them embed a positive culture at the service focused on people achieving positive outcomes.

- Notwithstanding the issues we found, the management team were approachable and took a genuine interest in what people, staff, family and other professionals had to say. A relative told us, "[Registered manager] is lovely...she is a sweet person and I think she does care about people." Another relative said, "I think [deputy manager] is very good and trying very hard. He communicates with me and he is trying to get people to do more activities. Since he's come in he is an improvement."
- Staff felt respected, supported and valued by the management team. A staff member told us, "[Registered manager] is approachable. She is friendly with staff and understands people's needs. She interacts with them. She's quite hands on." Another staff member said, "The manager is very supportive."
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and those important to them, were working with managers to develop and improve the service. People had been supported to attend 'residents meetings' and staff made sure people could participate and state their choices using their preferred method of communication. Minutes from the most recent meeting showed discussions had been held with people about ways in which staff could improve the quality of support they provided to help people achieve positive outcomes. A relative told us, "I have a lot of meetings with [the registered manager] and we have a plan about how we are going to move forwards. I was very pleased about this."
- The provider had held formal meetings with relatives to listen to their views, discuss issues and their comments were actioned by the provider. One area relatives wanted improved was communication with the staff team. Relatives told us communication between them and staff had improved recently. A relative said, "I think there have been some improvements since January and communication is better."

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider had workshops and meetings planned with all staff at the service immediately after this inspection as part of their 'positive engagement programme'. These sessions have been designed to help improve staff understanding and awareness about how they can support people improve their quality of life through positive engagement and active support.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. A healthcare professional told us, "My experience of working at the service is that [people] are usually prepared for their treatments on time, they appear well-cared for and are generally in good spirits."

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 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider was not ensuring service users were treated with dignity and respect (10(1)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe Care and treatment The provider was not doing all that is reasonably practicable to mitigate safety risks (12(2)(b)) The provider was not managing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated (12(2)(h))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience

of service users in receiving those services)
(17(2)(a))

The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided
(17(2)(c))