

Avery Homes (Nelson) Limited

Adelaide Care Home

Inspection report

35 West Street
Bexleyheath
Kent
DA7 4BE

Tel: 02083043303
Website: www.averyhealthcare.co.uk/care-homes/kent/bexleyheath/adelaide/

Date of inspection visit:
24 October 2019
25 October 2019
28 October 2019

Date of publication:
24 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Adelaide Care Home is a residential care home registered to provide personal and nursing care for up to 76 people living with dementia, sensory impairment or a physical disability across four separate units, each of which has separate adapted facilities. There were 69 people using the service at the time of our inspection.

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

The provider failed to involve some people, their relatives and professionals where relevant and had not maintained a record of decisions made in their best interests, in line with the Mental Capacity Act 2005. The provider had made DoLS reauthorisation application for six people to the supervisory body but had not followed up with them for over a year. As these had not been authorised at the time of the inspection. The provider had not always identified issues that we found at this inspection and acted upon in a timely manner.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. The provider had worked effectively in partnership with a range of healthcare professionals.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. The registered manager and staff understood what abuse was, the types of abuse and the signs to look for. Staff completed risk assessments for every person and they were up to date with clear guidance for staff to reduce risks. There were enough staff on duty to support people safely and in a timely manner. Staffing levels were consistently maintained to meet the assessed needs of people. The provider carried out comprehensive background checks of staff before they started work. Medicines were managed safely. Staff kept the premises clean and safe. The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again.

Staff carried out pre-admission assessments of each person's needs to see if the service was suitable and to determine the level of support they required. Staff received appropriate support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support. Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. The provider had strong links and worked with local healthcare professionals in a timely manner. The provider met people's needs by suitable adaptation and design of the premises. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments.

Staff asked for people's consent, where they had the capacity to consent to their care. Some 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 support this practice. Staff showed an understanding of equality and diversity. They supported people with their spiritual needs where requested.

Staff involved people or their relatives in the assessment, planning and review of their care. Staff respected people's choices and preferences. People told us staff treated them with dignity, and their privacy was respected.

Staff recognised people's need for stimulation and supported them to follow their interests and take part in activities. People responded positively to these activities. Staff had developed care plans for people based upon their assessed needs. Care plans were reviewed on a regular basis and reflective of people's current needs. People told us they knew how to make a complaint and would do so if necessary. The provider had a clear policy and procedure for managing complaints. The provider had a policy and procedure to provide end-of-life support to people.

Rating at last inspection – The last rating for this service was good (report published on 28 April 2017).

Why we inspected - This was a planned inspection based on the rating at the last inspection.

Enforcement – We have identified breaches in relation to the provider had not always worked within the principles of Mental Capacity Act (MCA). 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Adelaide Care Home

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

Two inspectors, a member of the oral health team and an expert by experience visited the service on the 24 October 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people. One inspector returned on 25 October and 28 October 2019 to complete the inspection.

Service and service type

Adelaide Care Home 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.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 sought feedback from the local authority. We took this into account when we inspected the service and

made the judgements in this report.

During the inspection

During the inspection, an expert by experience spoke with seven people and three relatives to seek their views about the service. We also spoke with eight members of staff, two activity coordinators, the deputy manager, the registered manager and the regional manager.

We reviewed a range of records. This included seven people's care plans, risk assessments and medicines records. We reviewed eight staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and procedures, health and safety checks, accidents and incidents, surveys, minutes of meetings and various quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us in relation to falls management, best interest decision making process, Deprivation of Liberty Safeguards and quality assurance. This was received, and the information was used as part of our inspection.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel safe living here as I feel I can trust people." Another person said, "Can't think of anything that would make it unsafe here, we have everything we need without the worry." One relative commented, "Definitely safe here, wouldn't be here if we didn't feel happy. On the first day, my [relative] said they felt safe and now my [relative] calls it home."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the CQC where necessary.
- Staff we spoke with told us they completed safeguarding training, and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to ensure that people were kept safe.
- The provider kept records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known.
- The provider worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as required.

Assessing risk, safety monitoring and management

- Senior staff completed risk assessments for every person. These included risks around manual handling, falls, eating and drinking, pressure sore and wound care. This meant that risks were mitigated to help keep people safe.
- Risk assessments were up to date with detailed guidance for staff on how to reduce individual risks. For example, where one person's skin had been identified to be at risk of pressure sores, control measures were in place which included the use of pressure relieving equipment.
- Arrangements to deal with emergencies was in place. Regular fire drills were carried out. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the home environment, mobility equipment, bedrails, hoists and the safety of electrical and gas appliances.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. One person told us,

"The staff are the same most days and always plenty to help." One relative said, "Staffing levels are very good, we can go and ask for help at any time."

- The registered manager carried out regular reviews of people's needs to determine staffing levels.
- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The service had a call bell system for people to use when they required support to ensure that people's needs were met, and they were answered in a timely manner.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment history, references, criminal records, proof of identification, the right to work in the United Kingdom, and checks on the registrations of qualified nurses with their professional body.

Using medicines safely

- People said the support they received from staff met their needs. One person told us, "My medicines are given to me by the staff, I trust them to get it right." One relative said, "My [Relative] doesn't always want to take medicine, staff are very skilled at encouraging them."
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.
- The service followed the legal requirements for managing Controlled Drugs (CDs). The service had policies and procedures for the safe disposal of unused medicines. Unused medicines were disposed in a secure disposal bin and returned as appropriate.

Preventing and controlling infection

- The premises were clean and safe. Staff were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy.
- We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

Learning lessons when things go wrong

- The service had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the registered manager to improve safety and prevent reoccurrences.
- For example, a medicine and nutritional review had been carried out following incidents of falls for some people. Additional care plans were in place for people who were identified with special needs such as diabetes, swallowing difficulties and skin care.

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.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found for some people where they lacked the capacity to make important decisions for themselves the provider had not involved people, their relatives and professionals where relevant.
- The provider failed to maintain a record of decisions made in their best interests, in line with the Mental Capacity Act 2005. For example, in relation to sensory mat, medicines, and activity of daily living. .

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider was working within the principles of MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made DoLS reauthorisation application for six people to the supervisory body but had not followed up with them for over a year. As these had not been authorised at the time of the inspection.
- We brought the above to the attention of the registered manager, and they told us they would review all the people who required best interests' decisions and take appropriate action, including follow up with the DoLS authorisation body
- Following the inspection, the registered manager sent us supporting documents to show what action they had taken about people who required best interest decisions and DoLS authorisation renewals. We will follow this up at the next inspection.
- We saw some areas of good practice, the registered manager worked with the local authority to ensure the

appropriate MCA assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.

- Staff we spoke with understood the importance of gaining people's consent before they supported them.

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

- Staff carried out pre-admission assessments of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through training, supervision, and yearly appraisal to ensure they had appropriate knowledge and skills to meet people's needs. Staff told us they completed a week of comprehensive induction training when they first started work.
- People told us that staff provided care and support that met their needs.
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, administration of medicines and the MCA and DoLS. Staff told us they found the training programmes useful.
- Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support. For example, one member of staff told us, "The manager encouraged me to do an advanced training, which was for six months three days a week. After the training, I got promoted from senior carer to an advance carer." What is an advance carer?

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person told us, "I like living here as there is lots of food, meat and vegetables are my favourite."
- Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff about who needed soft or fortified diets. One relative said, "My [Relative] finds it hard to swallow, now food is pureed, and they have drinks in a beaker and they are thickened."
- The service protected people from the risk of malnutrition and dehydration. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. One relative commented, "I know my [Relative] has seen a dietician as they have put quite a lot of weight on since being here and changes have been made."
- People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed.

Staff working with other agencies to provide consistent, effective, timely care

- The service had strong links and worked with local healthcare professionals including a GP surgery, district nurses, occupational therapist, speech and language therapist and dietician.

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

- The service met people's needs by suitable adaptation and design of the premises. People's rooms were decorated and personalised to their needs. The home also had adapted communal bathrooms to support

people with limited mobility where required.

- People's bedrooms were personalised and were individual to each person. Some people had brought personalised items from home which had been used to make their rooms familiar and comfortable.
- The provider was carrying out refurbishment and redecoration in some parts of the premises, to improve people's living experience.
- We observed people moving freely about the home, with the addition of signage. Access to the building was managed to help ensure people's safety.

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

- Staff supported people to access healthcare services. One person told us, "Recently, I was having trouble with my teeth and a dentist came to see me here, and it got sorted." Another person said, "All I have to do to see a Doctor is to ask the staff and they will arrange for the Doctor to come; it couldn't be easier."
- A GP visited the home regularly to review people's health needs and as and when necessary. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their dentist and GP in people's care records.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

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

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

- Staff showed an understanding of equality and diversity. People and their relatives told us they were happy with the service and staff were kind and treated them with respect.
- Staff we spoke with confirmed, people were supported with their spiritual needs where requested. One person told us, "I have a Christian faith and my pastor visits. They have a service here frequently led by different local churches. It's very good."
- People's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care. The service was non-discriminatory, and staff supported people with needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- Staff involved people or their relatives in the assessment, planning and review of their care. One person said, "I know I have a care plan and I know what it is." One relative told us, "The family have seen the care plan and we have discussed it with staff, we can see it whenever we like and can ask for things to be added."
- Staff respected people's choices and preferences. For example, staff ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day.
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and their privacy was respected. One person told us, "Staff are very caring; they help with getting me up and making me presentable for the day."
- People were supported to maintain their independence. We saw people with various mobility aids mobilising independently in the home. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One person said, "I look after myself a lot now and can walk about on my own, but when I need help like having my back washed there is always someone around to help."
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- We noticed people's bedroom doors were closed when staff delivered personal care.
- People were well presented, and we saw examples of staff helping them to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

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 were met through good organisation and delivery.

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.

- Staff communicated with people in the way they understood. For example, staff used white boards, pictures, pen and paper to communicate with some people who required support with this.
- The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

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

- Staff completed care plans, which described people's likes, dislikes, life stories, career history, their interests and hobbies, family and friends, and communication needs. Staff told us this background knowledge of the person was useful to them when interacting with people.
- Care plans were reviewed on a regular basis and were reflective of people's current needs. When people's needs changed and if they required, additional care plans were put in place with staff guidance to meet people's needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.

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 supported to maintain and develop relationships with those close to them. The home also organised social events and relatives were invited to promote relationships. One relative told us, "We can turn up to visit whenever we want. Staff are so welcoming."
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. One person told us, "I go to all the activities; it stops me getting bored and we have a laugh." Another person said, "We went this morning to gentle activities downstairs; we are learning how to try and help ourselves stay fit."
- One relative commented, "So much to do here and I can join in if I am visiting. I have seen other residents go out on an outing." Another relative said, "There are activities, bingo, painting, singing and today there will be the 'pub' in the afternoon, so much going on."

- The provider employed two activities coordinator who arranged various activities daily. These included one to one activity for people who are bed bound, singing, drawing, flowers, games, quizzers, bingo and outings.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. One person told us, "I would talk to the staff and I believe they would listen to me." Another person said, "I speak to the manager, if there is a problem. She comes to see us in the morning, she is the one who get things changed." One relative commented, "If we have a concern, we speak to the manager, if it's a minor concern a nurse who will sort it out."
- The provider had a policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The provider maintained a complaints log which showed when concerns had been raised. The registered manager investigated and responded to any complaints in a timely manner and where necessary they held meetings with the complainant to resolve their concerns.

End of life care and support

- People received appropriate end-of-life support. People's end-of-life preferences had been discussed with them, and additional care plans developed to ensure their preferences in this area were met.
- Staff completed end-of-life care training and they worked with the local hospice, where appropriate, to ensure people's end-of-life needs were met.
- People had valid Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate.

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.

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

- We found some improvements were needed, in relation to monitoring some aspects of the best interest decision making process.
- The provider had not always identified issues that we found at this inspection and acted upon in a timely manner. However, following the inspection feedback, the registered manager promptly acted upon.
- Notwithstanding the above, people and their relatives told us the service was well managed, and the care and support was meeting their needs. One person told us, "I know who the manager is, she pops in to say hello, she is very friendly." One relative said, "[name] is the manager; she is very approachable."
- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. One member of staff said, "I enjoy my job and am passionate about helping people, we work well together as a team."

Continuous learning and improving care

- The service had a system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments, food and nutrition, infection control and night visits by the management team.
- As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were up to date when people's needs changed.
- The service introduced an electronic care records management system and process, they had a backup support mechanism in place, to mitigate any unforeseen system failures.

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 had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered manager understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

regulatory requirements

- There was a clear management structure at the home. Staff were aware of their roles and of the management team. They told us that the unit managers and the registered manager were approachable and were regularly present in the home.
- Staff described the leadership at the service positively. One member of staff said, "The manager is very supportive, listens and open to ideas." Another member of staff told us, "The way the manager treat is very good, she always encourages to do good work."
- We observed people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

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

- The provider sought people's views using satisfaction surveys. We found most of the responses were good and staff had acted to make improvements where people had made suggestions.
- The registered manager held regular meetings with staff where they shared learning and good practice, so they understood what was expected of them at all levels.
- Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, any changes or developments within the service.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, dieticians, GPs, district nursing, Speech and Language therapists and hospital staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to work within the principles of Mental Capacity Act.