

Potensial Limited

Cornish Close

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cornish Close is a service registered to provide accommodation, care and support for up to six people accessing a respite unit. There are also five bungalows on site and people with their own tenancies also receive personal care and support from staff at the service. People receiving a service have a learning disability and or mental health needs.

At the time of this inspection there were four people accessing the respite unit, two of whom lived there on a long term basis. Eleven people were being supported in four bungalows. One bungalow was empty at the time of this inspection and was being refurbished. Two people were planning to move from the respite unit and into the vacant bungalow. They were being involved in the process of refurbishing the property so that the home met their needs and personal taste.

The respite unit at Cornish Close 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. People living in the bungalows received personal care and support from staff based on individual needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post at the time of this inspection who was present during the inspection .

This was our first inspection of Cornish Close since the change of provider in June 2017. We judged that the service required improvement. We identified one breach in regulation during this inspection.

Staff received the training and support to effectively meet people's needs, although we identified that supervisions had not been undertaken with staff in line with company policy. Observations of staff competencies were completed although annual appraisals had not been undertaken. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not received adequate supervision or feedback about their performance.

People enjoyed living at Cornish Close and felt safe. There had been issues with the general public accessing the grounds of Cornish Close, especially late at night. The provider was working with the housing association to stop this from happening, whilst also making sure that people living at Cornish Close were kept safe and

not restricted from leaving.

A safe system for recruiting new staff was in place. The number of staff on duty in the bungalows depended on people's needs and the activities people planned to participate in during the week. Care and support in the respite unit was provided to people continuously over a 24 hour period.

Medicines were administered as prescribed. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. At this inspection we saw that equipment was maintained and serviced in line with national guidelines.

Person centred care plans and risk assessments were in place to guide staff on the support people needed and how to reduce any identified risks. Where applicable, care plans were in place to support specific health conditions, for example diabetes and dysphagia.

People's health and nutritional needs were met by the service. People told us they were involved in helping to set weekly menus and sometimes shopped for food if this was their choice. The food was good and the menus showed that people were offered variety and choice in their meals.

Not all aspects of the premises were well maintained. The provider was working with the housing association to address the repairs needed. There was inappropriate storage of some cleaning equipment and materials in two of the bungalows bathrooms. We brought this to the registered manager's attention.

People's individual needs were considered when re-designing and re-decorating the premises. People were involved in choosing how they wanted to decorate their own bedrooms. Two people were waiting to move into the vacant bungalow and had been involved in the refurbishment of the property to make sure it met their needs.

Information about people's preferences, culture, likes and dislikes was recorded. A description of people's preferred daily routines was held on their support plans and replicated on an electronic care planning system. Staff had access to this and could see updates from the registered manager or team leaders and record daily progress notes on the system.

It was not always clear if people had been involved in reviewing their care plan, or if they wished to be involved. Whilst we were assured from speaking to people that they were happy with the support and able to discuss this with staff, this was not always documented.

The registered manager had auditing systems in place to monitor the quality of the service, although they had not identified the infrequency of supervisions undertaken with staff. Other quality checks and audits were carried out at the service by other managers in the group. The provider shared information about incidents that had occurred in other services so that lessons were learned and to minimise the risk of a reoccurrence in other services.

A recent incident had occurred at the respite unit where staff had needed to contact the police and the provider had not notified CQC of this event, as is the law. We reminded the registered manager of their statutory obligations and the occasions when a notification was required. We will continue to monitor this aspect.

People were given the opportunity to provide feedback about the service as the registered manager had newly recently introduced 'service socials' in September 2018. These were informal gatherings where people

could tell managers what was working and what needed to be improved. A second 'service social' was planned for November 2018.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs and keep them safe.

There were systems in place to identify and reduce the risks to people living at Cornish Close.

Staff had been safely recruited and knew how to protect people from harm.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Supervision and appraisal of staff performance had not been undertaken in line with company policy.

Staff received training to maintain and develop their skills to meet people's needs.

People's individual needs were considered when re-designing and re-decorating the premises.

Is the service caring?

Good ●

The service was caring

Staff treated people in a caring and compassionate manner and spoke affectionately about the people they supported.

People's privacy and dignity was respected.

Staff were attentive to people's needs and showed a good understanding of their likes and dislikes.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

The level to which people were involved in reviewing their care

was not always clear.

Care plans contained information relating to people's health so that staff could better support them.

The service supported people well with their social and recreational needs

Is the service well-led?

The service was not consistently well led

Audits and checks identified action needed to improve the service, although the infrequency of supervisions had not been addressed.

Staff were positive about their role and considered both the registered manager and their immediate team leaders were approachable and offered good support.

Management information and feedback from people and other stakeholders was used to improve the quality of the service.

Requires Improvement 

Cornish Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 and 22 November 2018. The first day of inspection was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. Notifications tell us about any incidents or events that affect people who use the service.

We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any comments and feedback received were reviewed and used to assist and inform our inspection. We did not receive any negative information or concerns about the service.

We made observations of the care and support provided at Cornish Close, including interactions between people using the service and staff throughout the inspection. We spoke with five people who used the service, the registered manager, the area manager and four care staff. We looked at the care files of four people who used the service and records relating to the management of the home including training records, medicine administration records, quality assurance systems and maintenance records.

Is the service safe?

Our findings

People living at Cornish Close were protected from potential abuse. People we spoke with told us they felt safe and our observations of the service supported this. Care staff we spoke with demonstrated that they knew what action to take to protect people from the risk of abuse and how to report any concerns they had to senior staff. We found that the provider identified, documented, responded to and reported (incidents of potential) – allegations of abuse, ensuring people were sufficiently protected from risk.

The buildings at Cornish Close were located on one site in the middle of a residential area and the site was accessed on occasions as a 'cut through' by members of the public. The provider was working with the housing association at the time of this inspection to restrict access to the general public in order to keep people safe.

The service had systems in place to identify and reduce the risks to people living in the respite unit and for those people living in their own homes. People's care plans included risk assessments that informed staff how to keep people safe due to specific health conditions or equipment they used; environmental risk assessments were also undertaken and these were replicated on electronic care planning systems that staff had access to. Following a recent audit by the local authority we saw that the service had improved the way that incidents and accidents were recorded.

There were enough staff to meet people's needs. On the days we inspected, people's needs in the respite unit were supported by a mixture of permanent and agency staff. The registered manager told us agency staff were only used when all other methods of staffing the service had been exhausted, for example if permanent and bank staff could not cover shifts. The company used the same agency and tried to use regular agency staff who had been to the service before, to provide continuity of care to people. We asked to see the system for planning staff rotas. Rotas reflected who was on duty at any given time on the respite unit and in the bungalows. The registered manager had increased night time support on the respite unit to two waking night staff so that there were enough staff to safely meet people's needs.

We looked at the arrangements in place for the safe storage and administration of medication and saw that this was safe. Where the service had identified medicines errors additional training or observations had been undertaken with staff to make sure they were confident and competent to administer medicines.

Medication can become ineffective or unsafe to use when stored at temperatures that are too high. We saw that the service was recording both the temperatures of the medicines fridge and the room where medicines were stored in the respite unit and these temperatures were within safe ranges.

We noted a gap in a MAR chart in relation to the application of a cream earlier in the day and queried this with senior staff. Checks made with the person and the member of staff on their return assured us that the cream had been applied but the MAR had not been completed. We notified the registered manager about the delay in completing the MAR who assured us staff would be reminded of their responsibilities in documenting all administration of medicines and the importance of doing this immediately following the

administration or application.

The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services. During the inspection we looked at four staff personnel files to check that safe recruitment practices had been undertaken. We reviewed these files to check they contained the required information including, a full work history with reasons for gaps, photographic identification checks, health information, a minimum of two references from previous employers and checks from the Disclosure and Barring Service (DBS). We found that the personnel files contained all the required information. The service had introduced a more values-based approach to recruitment and had involved people using the service to do this. We identified that robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

During our tour of the home and bungalows we checked to see that areas were clean and that good infection control practices were employed. Staff had access to personal protective equipment (PPE), such as aprons and gloves. We observed staff wearing these appropriately when serving meals or providing personal care. On the days we visited Cornish Close we found the service to be clean with no unpleasant smells.

Fire safety and evacuation procedures were in place and regular testing of the respite unit's fire alarm was undertaken. There were systems in place to ensure that regular checks of the water systems in the respite unit were undertaken to prevent the risk of a scalding incident. There were also systems in place to monitor and mitigate the risk of legionella in the home's water supply, including a risk assessment.

A choking incident had occurred at another service in the group and we saw that lessons had been learnt from the incident. The provider had circulated information and guidance. Processes were in place to reduce the risk of a similar incident happening at Cornish Close. The registered manager had taken appropriate measures and involved relevant professionals to ensure that people were kept safe from the risk of choking.

Is the service effective?

Our findings

An assessment of need was undertaken on individuals referred to the service to confirm that those needs could be met by the service. The registered manager or other senior member of staff met with people, their relatives and other health and social care professionals to assess care and support needs. A support plan was then developed using the information gathered to ensure people received the care and support in the way they preferred.

Supervision meetings provide an important opportunity for staff to discuss their progress and any learning and development needs they might have with a senior member of staff. Although staff told us they felt supported by managers on a day to day basis there was little evidence that this support was achieved through individual supervision sessions and an annual appraisal. Company policy was that supervisions should take place every eight weeks to offer support to staff and allow a confidential forum for discussions around any work-related issues they might have. The supervision matrix we were sent following the inspection reflected that supervisions had only started in June 2018 and were ad hoc. Three members of staff had not received a supervision all year. Staff had not received an annual appraisal.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received adequate supervision or feedback about their performance.

Staff who joined the team started the Care Certificate if this was appropriate. The Care Certificate is a nationally recognised set of standards. It is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. People were cared for and supported by staff who had relevant training and skills. Staff spoke highly of the amount of relevant training they could access. Staff had completed mandatory training in safeguarding, moving and handling and medicines administration. They had also completed more specific elements of training, relevant to people's individual needs. We saw that the service sourced aspects of training from other professionals to meet people's needs, such as from psychologists and social workers.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people were able to consent to care, decisions made in relation to this were documented and kept on care plans. For example, we saw that one person did not want to be checked on during the night as this disturbed their sleep pattern and they had signed their care plan to reflect this decision. Staff we spoke with had received training in the MCA and described how they would promote people's choices whilst providing care in the least restrictive way. They were aware that people had the right to decline care but would keep senior staff informed if this was the case.

Whilst the registered manager had made appropriate submissions in relation to the Deprivation of Liberty Safeguards (DoLS) they were not aware of those people using the service who had a Lasting Power of Attorney (LPA) in place. An LPA, for either finance, health and welfare or both allows a nominated representative to make relevant decisions on behalf of an individual. The service should record this information so that they know who can legally make decisions on behalf of people, what those decisions are or who to involve in any best interest decisions where an LPA is not in place. This issue had also been identified in the Area Manager's quality audit of 19 October 2018 but actions to address this had not been taken by the registered manager at the time of this inspection. We discussed this with the registered manager who assured us that improvements would be made in this regard and we will check this on our next inspection of the service.

The service tried to promote healthy options with the home cooked meals they prepared for people. We saw that a range of healthy option cook books were available for people to look at and these were used to help choose meals for weekly menus. We spoke with one person who liked to be involved in choosing the meals that staff prepared and cooked for them. Meals were agreed in advance and then people shopped accordingly, with support from staff. If someone did not like or want the main meal on offer then they were able to choose an alternative meal if they wanted to.

People living at the service were supported by staff to health appointments, such as to the GP or to hospital appointments. Other health professionals attended the home to review people and update any plans in place. People's changing needs were well documented and relevant health professionals were involved, for example we saw input recorded in care plans from district nurses, speech and language team, social workers and the police.

During our inspection of the respite unit and bungalows we noted that some bathroom areas in the bungalows were cluttered with the storage of boxes of gloves and other items. A bathroom used by people living in one of the bungalows was also being used to store mop heads in. We brought this to the registered manager's attention as these practices were not person centred.

There were some improvements needed to the respite unit. A shower room on the top floor was out of use due to an ongoing leak and a bath on the ground floor had been condemned and was waiting to be replaced. This did not negatively impact on people at the time of this inspection as there were only four people living in the respite unit. However, this may not be the case if the unit is full at any time in the future. We were assured these repairs would be addressed.

We saw that the service considered people's individual needs when re-designing and re-decorating the premises. People were involved in choosing how they wanted to decorate their own bedrooms. In one of the bungalows a new kitchen was on order. One person told us they liked to help in the kitchen and be involved in preparing meals. This had been considered and a low-level sink and worktop area had been incorporated into the new kitchen design.

Two people were planning to move from the respite unit and into a vacant bungalow and were being involved in the process of the refurbishing the property so that the home met their needs and personal taste.

Is the service caring?

Our findings

This was a caring service. All the people we could speak with were complimentary of staff and the registered manager. They enjoyed the company of the staff team and considered Cornish Close 'a great place to live'. We observed staff using people's preferred name and supporting them in a polite and courteous manner. Staff chatted freely to people and there was plenty of good humour and positive interactions between staff and people living at Cornish Close. Staff told us they wanted to improve people's lives with the care and support they provided.

The caring qualities of staff were observed during the inspection. Conversations overheard and interviews held with members of staff showed us that staff knew the people they supported and their likes and dislikes.

We saw that the service had explored new ways for people to become actively involved in making decisions about their care, support and treatment. The service had organised a recruitment exercise and had asked people if they wanted to be involved in helping to choose suitable support workers. Some people living at Cornish Close had chosen to participate, had met the applicants and had taken part in ice breakers and team building exercises. Unfortunately none of the new recruits were employed at the service at the time of this inspection. One person living at Cornish Close who had taken part told us it had been a positive experience and the registered manager planned to repeat it in the future.

Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The service acknowledged that it was a requirement for all staff to do formal equality and diversity training and we saw that staff had received this element of training. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

The registered manager could evidence the help and support that had been sourced for a previous person who had stayed on the respite unit. The service had worked with local charities and organisations to find culturally appropriate food and social events that the person could attend.

Staff gave us examples of how they would promote independence, privacy and dignity. Staff could explain how they maintained people's privacy and dignity, for example ensuring doors were closed when providing personal care, people covered when providing personal care and explaining what support they were going to provide.

Where possible people were encouraged to do things for themselves. We spoke with one person who liked to help staff in the kitchen, by preparing meals and washing up. Choices were offered to people in their daily lives and people had different daily routines, based around likes and preferences.

We spoke with one person using the service whose preference was for female staff to carry out personal care tasks. Initially this had been problematic however, this had now improved as there were more females on

shift. The service had made sure a female member of staff was always available on site, whether in the unit or from one of the bungalows to help with personal care

Information held about people, including all care records were securely stored in locked cupboards and offices when not in use. This helped to protect the personal information held about people who used the service. Staff had access to the information stored on support plans and on an electronic software system, access to which was protected by use of passwords. We were assured that staff treated people's personal information confidentially and did not share unless relevant to do so.

Is the service responsive?

Our findings

There were personalised plans in place for people living at Cornish Close that provided staff with details of the support people needed, for example with personal care and mobility. We also saw care plans on file relating to specific health conditions, for example diabetes and epilepsy, so that staff were informed and better able to support people safely.

Information about people's preferences, culture, likes and dislikes was recorded on their support plans and replicated on an electronic care planning system. Staff had access to this and could see manager updates and record daily progress notes on the system. Staff we spoke with could give examples of how they met individual needs of people, for example relating to people's medical conditions, dietary requirements and personal care.

Professionals were complimentary of the care and support offered to people. The service liaised with other professionals involved in the care of individuals living at Cornish Close to ensure that care provided was responsive to people's needs. We saw examples of when the registered manager had contacted professionals working in the community learning disability services for advice and guidance in relation to challenging behaviours displayed by people using the service.

We looked at how people's current care needs were communicated between staff and saw communication exchanges took place each day in the form of handovers. The people who lived in the respite unit and in the bungalows at Cornish Close were discussed and any important information was shared with those members of staff providing care and support. Checks of medicine stocks and monies held for people were also done to help safeguard people's finances and reduce errors.

Care plans were reviewed by the registered manager or a team leader to ensure they accurately reflected people's needs and were in line with their preferences. We noted that there was still paperwork that related to the previous provider in some of the support plans we looked at. These should be updated to reflect the present provider and to make sure that people's current needs are reflected.

We saw a signed care plan detailing that one person did not want to 'keep going over their care plan', however it was not always clear if people had been involved in reviewing their care plan. There was nothing contained within these plans that indicated this had been discussed with them. One relative we spoke with told us they had not been involved in an annual review, which had happened previously. Whilst we were assured from speaking to people that they were happy with the support and able to discuss this with staff, this was not always documented.

We recommend that people and their representatives are consulted about being involved in planning care and reviews. The level of involvement requested should be recorded and reflected when reviews of care are undertaken.

The service listened to people and acted on their ideas where possible. In one of the bungalows at Cornish

Close we saw photographs of the staff working that week displayed on a weekly calendar. This was in response to a request from one of the people living there as they liked to know who was supporting them in advance.

The service supported people well with their social and recreational needs, with people completing activities of their choosing. People could access their activities in a group or individually, depending on what the activity was. People had forged links with the local community with visits to pubs, shops and cafes. Some people went out shopping for food after discussing and agreeing weekly menus with others. Individually people went to church, to a disco, sensory sessions, art club, or to the park. Photographs and craft items made by people at the service were displayed in their homes and in their bedrooms.

People's educational and employment needs had been supported. People had been assisted to explore and access work, usually on a voluntary basis, in areas of interest to them. One person helped in a local charity shop. People we spoke with told us this was important to them as it made them feel good and 'part of a team'.

One person we spoke with was waiting for a new electric wheelchair and was using a manual wheelchair in the interim period. Due to this, they were reliant on staff being available to take them out into the community as they needed assistance to move the manual wheelchair. The service could demonstrate that they had altered rotas to try and ensure a member of staff available to do this so that the individual could continue with their usual routines. They were also working with the wheelchair service to try and resolve the situation as soon as possible.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We asked the registered manager for any examples on how they were meeting the Accessible Information standard. We saw an example of where information had been provided to people in an 'easy read' style, with the service user guide. This was written in simple sentences and included pictures that might help a person understand information about the service. The provider had previously used the services of a translator for a person using the respite unit so that they understood what was being communicated to them. We judged that the service was complying with the Accessible Information Standard.

A complaints policy was in place and although we saw that no formal complaints had been made to the service, a relative's verbal concerns had been treated as such and responded to appropriately. The relative received a copy of the complaints policy with the letter and was offered the opportunity to make a formal complaint as part of the response. We saw that compliments made to the service via cards and emails were also logged and documented, although we were not sure if these were shared with staff.

Whilst no one living at the service required end of life care the registered manager was a representative on the learning disability palliative care forum, a group containing other health and social professionals set up to look at how best to support people at the end of their lives. They planned to develop the service so that people's wishes could be upheld and they received dignified care when approaching the end of their lives.

Is the service well-led?

Our findings

This was our first inspection of this service under the new provider who had started to manage the service in June 2017. The provider had appointed a new manager who had registered with the Care Quality Commission. The registered manager was responsible for the whole of the Cornish Close service, which included the emergency respite unit and five bungalows within the same grounds.

Providers of regulated services such as Cornish Close are required by law to notify CQC of certain events which occur in the service, with the submission of statutory notifications. We saw a recent incident had occurred where staff had contacted the police. Records showed that the provider had not notified CQC of this event and we reminded the registered manager of the occasions when a statutory notification was required. We will continue to monitor this aspect.

We looked at the quality assurance systems in place to ensure people experienced safe and appropriate care. There were various audit systems in place carried out in the service although the infrequency of supervisions had not been addressed. There were audits at support worker level in the form of handover checks of medicines and people's finances. These checks ensured that any errors were quickly identified and rectified. The registered manager or team leader performed walk rounds of the respite unit and bungalows, carrying out environmental audits of premises and equipment. When errors had occurred or where identified processes were put into place to prevent a reoccurrence.

The registered manager and team leaders carried out unannounced night time checks on the service and night time check lists were completed to evidence these. Managers checked that staff were fit for duty and carrying out tasks expected of them. They also used these audits to check whether staff felt supported in their roles and verified staff knowledge with regards to practice, such as what to do in an emergency.

Further audits were undertaken by members of the provider management team, including a regional manager and a quality assurance representative. These audits identified to the registered manager where improvements were required. A recent audit had also identified the lack of supervisions completed by the service.

The staff we spoke with were positive about their role and said both the registered manager and their immediate team leaders were approachable and offered good support. Although staff we spoke with had not received supervision in line with company policy they did not feel this impacted on their supporting roles. They told us they often had daily contact with team leaders and could highlight any issues and discuss any problems with them when necessary.

The registered manager had acted in giving people living at Cornish Close the opportunity to provide feedback about the service, although these had only recently started in September 2018. The registered manager had wanted to avoid the word meeting and referred to them as 'service socials', so that people saw them as informal gatherings where they could tell managers what was working and what needed to be improved. A second 'service social' was planned for November 2018.

We saw positive written feedback from one person using the service who had commented as part of a service survey, "Staff have helped me move forward [and] build my confidence." Whilst they did feel 'quite involved' in their care and support they indicated that they wanted to be 'more involved' in the future.

We looked for examples of staff engagement and the registered manager told us that wider staff meetings were not well attended. We saw that smaller team meetings held with line managers worked better and staff were more engaged, discussed things relating to their area of work and the people they supported. The vision, mission and values of the provider Potens were shared with staff, who signed a 'Declaration to Challenge' themselves and other colleagues if company values were not followed to in practice.

The service demonstrated examples of working in partnership with people, their relatives, commissioners, and health professionals. The provider had worked with the housing association to secure funding for the adapted elements of the new kitchen. Whilst links had been made with professionals and the wider community the registered manager told us they recognised more could be done to build on and improve these links to further enhance the quality of people's lives.

The registered manager attended regional manager's meetings and shared information and incidents between services. This meant lessons were learnt and made sure that best practice was implemented for the benefit of people using the service.

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 18 HSCA RA Regulations 2014 Staffing
Personal care	Supervisions had not been undertaken with staff in line with company policy and annual appraisals had not been undertaken. Staff had not received feedback about their performance.