

TLC CARE HOMES CLACTON RESIDENTIAL LIMITED

Wellwick House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Wellwick House is a residential care home providing accommodation and personal care. The service was supporting six people at the time of the inspection. The service can support up to six people who have a learning disability and who may be living with autism.

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

Right Support

- People were supported by staff to pursue their interests and to take part in activities within the local community. However, there were occasions where there were not always enough staff to ensure people could get out as planned and agreed.
- People did not receive their medicines as they should.
- The service is a large house which enables people living there to access the local community and its amenities. The premises did not feel unfriendly, intimidating or institutionalised.
- People were able to use communal areas as they wished and to have privacy for themselves if they chose to be alone.
- People had a choice about their living environment and were able to personalise their bedrooms.
- Staff enabled people to access healthcare provision and services as needed.
- Staff communicated with people in ways that met their needs despite not having received formal training in specific communication language programmes such as Makaton or Picture Exchange Communication System [PECS].

Right Care

- Risks to people's safety were not always mitigated to ensure people were kept safe. Not all staff used Personal Protective Equipment [PPE] effectively, although this improved on the second day of inspection. There was a risk people may not always receive good quality care and support as staff had not received specialist training relating to the needs of the people they supported or formal supervision.
- People received care and support that was kind and caring. Staff protected people's right to privacy.
- Staff understood how to protect people from harm and abuse. However, where internal investigations were completed, improvements were required to ensure these were robust.
- People's care plans reflected their needs and the level of support to be required by staff. Relatives confirmed they had been involved with their family member's care plan and were aware of the information recorded. Improvements were required to ensure people's end of life care plans were more robust.

Right culture

- The service's quality assurance, monitoring and oversight arrangements were not robust and required improvement.
- Not all staff felt valued and supported.
- Staff were not aware of the ethos and values of the provider or the principles of 'Right support, Right Care and Right Culture'.
- Staff were responsive to people's needs.

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

Rating

This service was newly registered with us in July 2020 and this is the service's first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk and medicines management, staff training, supervision and the provider's governance arrangements at this inspection. We have made a recommendation about recruitment practices.

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 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 ●

Wellwick House

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 Health and Social Care Act 2008.

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

The inspection was completed by one inspector.

Service and service type

Wellwick House 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 and included an 'out of hours' visit to the service.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections.

During the inspection

We spoke with three people who use the service about their experience of the care provided. Most people who used the service were unable to talk with us and used different ways of communicating including using Makaton, objects of reference and their body language. We spoke with the registered manager, former deputy manager and six members of staff. We also spoke with the area manager for Wellwick House. We reviewed four people's care files and three staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training and supervision data, complaint and compliment records. We also looked at the service's quality assurance arrangements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Additional information relating to the service's quality assurance arrangements was sought. We spoke with one person's relative and received responses to our questions via email from two relatives.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medication Administration Records [MAR] did not provide assurance people using the service received their medication as they should.
- We found unexplained gaps on the MAR forms for two people, giving no indication of whether they had received their medicines or not, and if not, the reason why was not recorded. This meant we could not be assured people received their medication in line with the prescriber's instructions.
- Where a variable dose of medication was to be administered, the specific dosage given was not recorded. This meant there was a risk that people using the service could receive too much medicine.
- Weekly and monthly medication audits were last completed in April 2022. The above medication shortfalls were not identified for corrective action. The provider's representative told us an internal investigation would be completed.

Assessing risk, safety monitoring and management

- Not all risks to people's safety and wellbeing had been identified.
- Risks to people using the service were not being managed to reduce the risk of exposure to or harm from substances categorised as 'hazardous to health' under the Control of Substances Hazardous to Health [COSHH] regulations. Potentially harmful substances used within the service were not stored appropriately or safely within the visitor's toilet or the laundry room. Although we immediately brought this to the registered manager's attention, swift action was not taken by staff to remove all items. The registered manager had to repeat their request to staff for these items to be removed.
- The security of the premises was compromised on two occasions when we visited Wellwick House. Staff failed to check and verify the inspector's identification to ensure this was accurate. This was brought to the immediate attention of the area manager and registered manager.
- The service's Legionella risk assessment was completed in November 2020. Recommendations were highlighted for improvement. No information was recorded to demonstrate these had been actioned.
- Evidence to demonstrate current and emerging risks presented by the pandemic had not been identified for all individual staff members. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions or from ethnic minority groups had not been assessed.

Not all risks to people's safety were mitigated and the provider did not ensure the proper and safe use of medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Medicines were stored safely and securely. Suitable arrangements were in place to ensure staff who administered medication were trained and had their competency assessed.
- The service helped keep people safe as risks relating to their safety and wellbeing were identified and recorded as part of their individual care plan.

Staffing and recruitment

- On the first day of inspection the service did not have enough staff, including for one-to-one support for people using the service. Staff told us attempts had been made to source staff, including contacting external agencies but had proved unsuccessful. This was brought to the attention of the area manager when they arrived at the service. Immediate steps were taken to deploy additional staff members to Wellwick House.
- Staff told us staffing levels at the service were not always maintained. The impact of this meant people using the service were not always able to take part in their choice of activities or access the community. On the second day of inspection, staff confirmed since our first visit to the service, staffing levels had improved and were being maintained.
- Relatives told us they had no concerns about staffing levels. Comments included, "I believe [name of person using the service] has good support and there is enough staff available for their needs" and, "There are always plenty of staff on duty."
- Suitable arrangements were not in place to ensure staff employed had all appropriate recruitment checks undertaken to ensure they were suitable to work with vulnerable people.
- Two out of three staff personnel files viewed did not record the prospective applicant's reason for leaving their previous employment. There was one written reference for one applicant and two staff member's Disclosure and Barring Certificate [DBS] were received shortly after they commenced in post. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider considers seeking advice from a reputable source to ensure their recruitment procedures are in line with regulatory requirements.

Preventing and controlling infection

- Improvements were required to prevent visitors from catching and spreading infections. Staff failed to request evidence of the inspector's proof of their negative rapid lateral flow test on both occasions when they visited Wellwick House.
- Not all staff used Personal Protective Equipment [PPE] effectively and safely on the first day of inspection. Not all staff were observed to wear a face mask and some staff repeatedly wore their face mask under their nose. This significantly improved on the second day of inspection.
- Relatives confirmed they were regularly given information relating to the Covid-19 pandemic. Comments included, "During the pandemic I was kept up to date with guidance for visitors" and, "We were always kept up to date with Covid-19 arrangements. We always completed a test [lateral flow test] when we visited and wore masks. The staff were always in full PPE."
- The service supported visits for people living at Wellwick House in line with current government guidance. Relatives were able to visit their family member and/or where appropriate people were able to visit their loved ones at the family home.
- The service was clean and odour free.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yeah, I'm safe." Relatives comments included, "I feel that [name of person using the service] is safe living at Wellwick House. There is no reason for any concerns for

their safety and wellbeing" and, "We have no concerns for [name of person using the service] safety."

- Staff were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm. Staff stated they would escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- Safeguarding concerns were reported to the Local Authority and Care Quality Commission to protect people from abuse and harm. Although a record of the issues was maintained and investigations undertaken, these were not robust, and improvements were required.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had up to date mandatory training in line with the provider's expectations, policies and procedures. Staff told us they completed online e-learning but not all felt this style of training supported their learning needs. There was no evidence to demonstrate staffs' understanding of training completed to ensure they had understood the content and were able to embed this in their day to day practice.
- No information was recorded within the staff training plan or individual staff files to demonstrate specialist training relating to the needs of people using the service had been considered or provided. For example, training relating to learning disabilities, autism, mental health and specific communication language programmes such as Makaton or Picture Exchange Communication System [PECS]. This meant there was a risk people using the service may not get the right care and support.
- Not all staff spoken with felt supported and valued by the organisation and registered manager. Staff comments included, "I don't feel very supported", "No, not all" and, "Sometimes, if we are short staffed the manager rarely helps, they sit in the office mostly."
- Staff had not received regular formal supervision in line with the provider's policies and procedures. Not all supervisors had received supervisory training, and this impacted on the quality of recording undertaken as part of the supervision process. Where issues were raised by staff or related to their conduct and performance, no information was recorded to demonstrate how this was being monitored by the provider or registered manager to ensure staff felt supported, to improve staff's practice and ensure lessons were learned.

Staff did not receive specialist training relating to the needs of the people they supported or regular formal supervision. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- No evidence was available to demonstrate newly employed staff had received an orientation induction to the organisation and Wellwick House. Staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

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

- People were supported to have enough food and drink throughout the day. People told us they were happy with the meals provided.

- People were supported in planning and choosing their meals, assisting with food preparation and routine shopping.
- Mealtimes were flexible to meet people's needs. Where appropriate people received support to eat and drink in a way that met their personal preferences. People could choose where they wished to eat and whether to eat alone or with others including staff.
- Relatives were positive about people's nutritional needs being met. Comments included, "[Name of person using the service] dietary needs are always met" and, "The staff take good care of [person using the service] dietary requirements."
- People's nutritional needs were assessed and recorded.

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

- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large lounge, separate dining area and room for 'in-house' activities. Adaptations and equipment were in place in order to meet people's assessed needs.

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

- People were supported to have their healthcare needs met. Relatives told us they were kept informed by the service about their family member's ongoing healthcare needs and wellbeing. Comments included, "I'm kept up to date with [name of person using the service] healthcare needs and with any upcoming appointments. I may call if I don't hear the outcome" and, "We always know of medical appointments and the outcome."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People were supported to attend annual health checks and primary care services when needed.
- Hospital passports were in place in the event people needed to be admitted to hospital. This document provides useful information about the person and their health needs.

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 had variable levels of understanding of the Mental Capacity Act 2005, including Deprivation of Liberty Standards.
- Staff were observed during the inspection to uphold people's rights to make decisions and choices.
- Where people had been assessed to lack capacity to make significant decisions about their health and

welfare, records did not routinely reflect who had been involved to make decisions in their best interests.

- People's freedom was restricted only when necessary and staff made applications for a Deprivation of Liberty Safeguards authorisation where needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- People told us they liked living at Wellwick House. Where people were unable to speak to us, we observed people had a good rapport and relationship with staff and were relaxed in each other's company. During our discussions with staff, it was clear staff knew people very well.
- Relatives were positive about the care and support provided for their family member. Comments included, "Overall, I am happy with the care and support for my family member", "We are completely satisfied with the service in looking after our relative" and, "We are very happy with the care and support [person who uses the service] gets from the service."

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

- Staff understood people's different communication needs and how to communicate with them in an effective way.
- People were enabled to make choices for themselves. One person was able to make simple choices about how they spent their day, the food they ate and the clothes they wore. Staff recognised that in relation to the latter, too many choices could have a detrimental impact on the person's wellbeing. Therefore, staff provided two choices of clothing for this person.
- Staff supported people to maintain links with those that were important to them. For example, one person using the service visited their family once weekly and had a sleepover at home once a month.

Respecting and promoting people's privacy, dignity and independence

- Relatives provided positive feedback and stated staff treated their family member with care, kindness and recognised their right to privacy.
- People were supported to be independent. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. For example, although one person was unable to independently complete all tasks relating to their personal care, they were supported to wash their hands, brush their hair and teeth and to dry themselves after a shower or bath. Another person was able to independently complete their own personal care, including a wet shave with minimal staff prompts and interventions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff.
- Daily care records viewed provided basic information. The records documented a task-based description of how people spent their day, with little information to demonstrate how people's needs were being met. Information did not account for how people's one to one funded hours were being utilised both 'in-house' and in the community.
- Staff told us one person using the service was judged to be at the end of their life. A pictorial and easy read 'end of life plan' had been completed with their family to record their wishes about what they would like to happen when they died. However, no specific information was recorded detailing the care and treatment being or to be provided to ensure they had a comfortable, dignified and pain-free death.
- An end of life plan was completed for other people living at the service with the support of their family. No information was recorded detailing the care and treatment to be provided to ensure they have a comfortable, dignified and pain-free death. For example, no information was recorded and considered relating to people's physical, comfort, mental and emotional needs. The registered manager told us this would be reviewed.
- Relatives confirmed they were actively involved in the development of their family member's care plan. Relatives comments included, "We are aware of the care plan and any changes" and, "I have been involved with the care plan for [name of person using the service]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication care plan reflected their preferred method of communication.
- Staff knew about people's different communication needs and how to communicate with them. For example, one person's care plan recorded a list of shortened words used by them to aid their communication with staff and others. The person also used 'objects of reference' and Makaton to help them to effectively communicate. Makaton is a language programme designed to provide a means of communication to individuals who cannot verbally communicate. An 'object of reference' is used to represent an item, activity or place as a means of communication. A list identifying the 'objects of reference' and Makaton signs used were not recorded and should be considered.

- Staff told us they had not had specific training relating to Makaton or Picture Exchange Communication System [PECS] to support people who did not communicate verbally.
- Information for people using the service had been produced in different formats to help them understand information. For example, about COVID-19 restrictions and how to make a complaint if they had a concern.

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 able to maintain relationships that matter to them, such as with family members and other people who were important to them.
- Staff told us lockdown measures during COVID-19 had impacted on people's access to activities in the community, but these were being resumed since the restrictions had been lifted.
- People could spend their time as they wished and wanted. Arrangements were in place to enable people using the service to have the opportunity to take part in leisure and social activities both 'in-house' and within the local community. People were supported to go for walks, visit the local park, to visit cafes and take part in sports activities. Some people were supported to attend college. Where appropriate and safe, people were encouraged to undertake household chores, such as assist with their personal laundry, Hoover, lay the table for dinner and do routine food shopping.
- Plans had been made for people to go on holiday. One person told us they were shortly going to Great Yarmouth and in September 2022 one person was scheduled to go to Centre Parcs.
- Relatives spoke positively about their family member's participation in leisure and social activities. Comments included, "I'm happy with the activities. [Name of person using the service] tells me when they go for an outing which they enjoy" and, "Our relative has a great social life."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people and those acting on their behalf to use if they had a concern or were not happy with the service. This was provided in an appropriate format for people using the service, for example, pictorial and 'easy read'.
- Relatives told us they were confident that any complaints raised would be listened to, taken seriously and acted upon by the provider and registered manager. Relatives told us, "If there were any concerns about the service, I would make a complaint. I am confident my concerns would be taken seriously" and, "If we had a problem, we know who to contact."
- We were unable to view the services complaint log as the registered manager was unable to access the information. At the time of writing this report, no information has been forwarded to the Care Quality Commission.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care; 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

- An external assessment was completed in January 2022 and this involved a review of the service in line with the Care Quality Commission's fundamental standards and Key Lines of Enquiries [KLOES].
- The management team confirmed that information was collected in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals to help identify and manage risks to the quality of the service and to help drive improvement.
- The arrangements to assess and monitor the service were not effective. This meant there were missed opportunities to mitigate risks and to monitor trends and lessons learned. The provider had failed to identify the concerns and areas for improvement found as part of this inspection from their own quality assurance processes. This lack of oversight placed people at risk of not receiving good outcomes. For example, none of the audits relating to health and safety or the environment had picked up that COSHH items were not being stored correctly. Medication audits were last completed in April 2022 and therefore had not identified what we found during this inspection. Shortfalls relating to staff training and supervisions had not been identified.
- Staff told us that concerns relating to staffing shortfalls were only being addressed because of the inspection.
- Since the service was registered in July 2020, significant changes at the senior level of the organisation had occurred. This impacted on Wellwick House. The current changes being undertaken to transfer existing information to a paperless system [electronic] meant the registered manager was unable to locate several key documents, for example, the service's last three infection, prevention and control audits or complaints information. This meant we could not be assured effective auditing arrangements were in place.

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

- The registered manager divided their role between another of the provider's 'sister' services together with Wellwick House. The registered manager stated they were able to manage both services as they were able to delegate some tasks and responsibilities to the deputy manager at the 'sister' service. However, managing both services was impacting on the provider's and registered manager's ability to achieve compliance with

regulatory requirements.

- Staff were unaware of the providers values and objectives but instinctively worked within these principles. Staff were not aware of the 'Right support, right care and right culture' principles that should underpin their day to day working practices.

Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their day to day roles and responsibilities as they were assigned allocated tasks each day, including the name of the person being supported to have one to one support.

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

- Arrangements were in place for gathering people's, and those acting on their behalf, views of the service. These were completed in 2021 and provided positive comments.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. There were no action plans completed to evidence how issues raised were to be addressed, dates to be achieved and if actions had been resolved or remained outstanding.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks to people's safety were mitigated and the provider did not ensure the proper and safe use of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive specialist training relating to the needs of the people they supported or regular formal supervision.