

CareTech Community Services Limited

CareTech Community Services Limited - 34 Porthill Bank

Inspection report

34-36 Porthill Bank
Porthill
Newcastle Under Lyme
Staffordshire
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Tel: 01782612223

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

CareTech Community Services Limited - 34 Porthill Bank is a care home which provides care and accommodation for up to 6 people with a learning disability or autistic spectrum disorder. At the time of inspection five people lived at the home.

While the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance, the practices in the service were not always meeting the principles. Registering the Right Support principles ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. In the majority of the cases people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We received mixed feedback from visiting relatives regarding their family member's safety. One relative spoke positively and expressed that their relative was safe and received excellent care. However, two other relatives said they did not feel their relatives were safe due to incidents that had occurred in the home. Staff deployment and arrangements for one to one observation for people were not always robust to ensure one to one support for each individual was maintained. The provider had no arrangements to protect staff from risks of being bitten. We received mixed feedback regarding the staffing levels in the home and the level of oversight provided to care staff by management.

While staff had continued to receive a range of training and supervision, the providers' systems and processes for supporting staff to gain relevant competences for their role were not robust. Not all staff had received induction and training in a timely manner. The manager had assessed people's needs and provided staff with guidance on how these needs were to be met. However, staff had not always consistently followed the plans to prevent incidents between people. There was no registered manager. A new manager had been employed and they were also managing two other services. People's relatives raised concerns regarding the management support at the home. People and their relatives had not been supported to share their end of life care preferences. We made a recommendation about end of life care.

Staff considered positive risk-taking approaches to enhance people's independence and well-being and new how to report safeguarding concerns. People were supported with the safe use of medicines. Staff had received training in safe medicines management and had access to national guidance and best practice. Staff had been safely recruited and employment checks carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. They sought consent before delivering care. Some improvements were required to ensure

documentation was kept on how the use of restraint was in the best interest of people where it was required to keep people safe. We made a recommendation about mental capacity assessment and best interest records for the use of restraint.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. While people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent, this was not always consistently met.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. Staff consulted with specialist professionals and reviewed people's needs regularly. There were arrangements to maintain regular communication between relatives and staff. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident their complaint would be listened to and acted upon quickly.

The manager and the deputy manager showed they were committed to improving the service. They displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection:

The last rating for this service was good (published 05 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have found evidence that the provider needs to make improvements. Please see safe, effective, caring, responsive and well-led sections of this full report. We have identified breaches in relation to staff training. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

CareTech Community Services Limited - 34 Porthill Bank

Detailed findings

Background to this inspection

The inspection

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

The service did not have a manager who was registered with the Care Quality Commission. This means that the registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team

This inspection was conducted by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

During the inspection, we spoke with two people who used the service. We spoke with three people who lived at the service and three relatives, we asked them about their experience of the care provided. We spoke with the manager, the deputy manager, locality manager, and four members of staff.

We looked at three people's care records including accident and incident records. We looked at three staff files in relation to recruitment and to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection. We walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We also spoke with staff and relatives via telephone to seek their views about the care.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- The registered provider assessed people's safety and well-being to protect them from personal and environmental risk. People's individual safety and well-being were assessed and managed to protect them from personal and environmental risks. People had risk management plans and care plans to guide staff on how to support them against ongoing risks to self and others. However, improvements were required to ensure staff followed risk reduction plans consistently to reduce incidents of potential harm to other people including care staff.
- People were provided with one to one support and two to one support to maintain their safety and reduce harm to themselves and others. However, we found significant incidents where two people who were meant to be on one to one supervision had been involved in physical altercations with other people who were also meant to be on one to one supervision. Records of incidents and our observations during the inspection, showed some of the incidents had happened when staff had briefly left people unattended. Systems for relieving staff from one to one duty were not robust. At times this had exposed people to risks of physical confrontations and of leaving the building without staff knowledge. The manager informed us that following the incident of a person going missing, a new safety system was fitted and they reviewed the whole service. They added that staff will make arrangements with the team leaders and deputy manager who will provide cover for breaks to reduce these risks.
- Staff had documented accidents and incidents and where required they had taken action to protect people and reflected on their practice. However, the provider had not established risk reduction measures to reduce the risk of staff being bitten by people. We found a significant number of incidents where staff had been bitten. There was no evidence to demonstrate what the provider had considered good practice guidance in relation to risks of biting. Following the inspection, the manager informed us they would be reviewing their practices and seeking guidance.

We recommend the provider consider current guidance on risk management and take action to update their practice accordingly.

- The provider had emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies. We saw an example where staff responded proactively after an emergency situation in the community. However, five of the staff had not received first aid training and staff were not trained in epilepsy awareness which meant we could not be assured they had the appropriate skills and knowledge.
- Staff we spoke with were aware of risks around people and the potential triggers and the measures they could take to reduce the risks.

Systems and processes to safeguard people from the risk of abuse;

- Staff were trained in safeguarding adults. They knew what to do if they were concerned about the well-being of the people who used the service. We received mixed feedback from people's relatives regarding people's safety. Comments included; "Yes [relative] is safe and very happy there. They want us to go and visit and [relative] wants to go back straight away when they come home. I feel confident because [relative] is safe and their personal care is always excellent.", "No. [relative] is not safe from themselves there. They are not safe from the other residents. I arrived before and the front door hasn't been locked." And, "There have been one or two incidents which have changed my mind about safety recently...staff members also on their phones in the home." We shared these comments with the manager who told us they were aware of the issue with the front door and a new system had been fitted. They also informed us there were ongoing reviews to people's environment and whether its suitable for their needs and those of others.
- Our review showed systems and processes to safeguard people from risks of abuse continued to be in place.

Using medicines safely

- People were supported to ensure they received their medicines safely. Our review showed people were adequately supported to ensure they had their medicines as required. Medicines were reviewed regularly during annual health reviews or when there were changes to people's needs. Care records clearly indicated the level of support each person required.
- Staff continued to receive training in the safe management of medicines and their competence were regularly checked. The manager addressed any medicines errors identified during audits and staff involved in medicine errors were supported to improve their competency.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a person-centred and timely way. Each person had one to one support and two to one support in the community. We saw evidence of activities that had been planned for people. However, relatives informed us there had been instances where staffing arrangements were not adequate and meant people could not undertake their activities. Records we reviewed also showed this. Relatives also raised concerns regarding inconsistencies of care due to high staff turnover at the home. 18 staff had left the service in the last 12 months for various reasons. We spoke with the manager who acknowledged, staff shortages were unavoidable due to staff sickness, and turnover however they had measures to ensure cover was provided to reduce adverse impact on people's safety and well-being. They added that alternative in-house activities were provided to people where it was not possible to carry out a community activity.
- Recruitment continued to be safe and managed well. Checks were made before new staff had commenced their employment. This was confirmed by staff spoken with.

Learning lessons when things go wrong

- The provider had protocols for identifying lessons that could be learnt following incidents or significant events in the home and across the organisation. Staff carried out debriefs and reflective discussions to identify where improvements could be made following significant events in the home. However, the system had not been implemented adequately to explore how the provider could protect staff from incidents of potential harm to explore themes and trends. As well as reviewing why incidents had continued to increase while people were supported under one to one supervision.

Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons. Staff had completed training in infection control

and food hygiene.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- The provider had not adequately established and operated a robust system for ensuring staff were provided with induction and training in a timely manner. We received mixed feedback from relatives regarding staff skills and competence.
- While training had been provided in various areas of care and a training policy and plan was in place, we found staff had not always received induction in a timely manner. One staff member had been at the service for a year and another for four months and had not received the induction the provider deemed mandatory for the role.
- The provider had not always ensured that training in areas they deemed mandatory for the role had been provided in a timely manner when staff commenced employment. Five of the staff had not received training in emergency first aid and 11 had not received epilepsy awareness training. Staff had been at the service for periods between eleven and four months. We would expect training to have been provided. In addition, these courses were specific to the needs of people living at the home. We spoke with the manager, the locality manager and the operations director who informed us some of the training shortfalls had been identified and they were in the process of booking staff training.
- The system for monitoring and recording staff training needed to be improved. The arrangements we found did not always give accurate information to show what training had been provided to staff and where there were shortfalls. The training matrix was not up to date, this was despite the fact it was dated as updated on the day of the inspection. This meant the manager and the provider could not accurately identify areas of non-compliance.

There was a failure to ensure that all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet the needs. However, people's relatives felt the service was not consistently meeting people's needs. Comments from relatives included; "No, they're not meeting their needs. They phase activities out because of lack of staff or because they're using agency. No more swimming.", "No, they've admitted that they cannot meet [relatives' needs]. It was a mistake that [relative] was placed there."
- We shared these views with the manager who informed us they had been instances where it was

necessary to cancel activities due to staffing issues or safety reasons however alternative activities were provided in the event people could not go out. They also informed us people's needs were assessed and reviewed to ensure they could be safely met at the home. Where it was not possible they were working with professionals to move people on.

- The provider continued to follow national guidelines. This included local safeguarding protocols, and National Institute for Health and Care Excellence guidance on various matters including mental capacity and medicines management.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection all people living at the home were subject restriction under 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.

- In the majority of the cases staff were working within the principles of the MCA. They had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before starting to provide any care or support.
- We discussed the need to ensure that MCA assessments were documented to demonstrate how staff had determined a person's capacity in respect of the use of restraint. This was because mental capacity assessments and best interest records had not been completed where restraint was used. The manager informed us they would address this immediately.

We recommend the provider consider current guidance on use of restraint and mental capacity assessments and take action to update their practice accordingly.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made sure people's dietary needs were met. People's nutritional needs had been assessed and nutritional care plans were in place. Staff had received training in food preparation and hygiene. All relatives shared positive comments about people's nutrition. Comments included, "Yes they meet [relative]'s nutrition, [relative] enjoys it and they work hard to meet their dietary requirements, they swap foods if they don't like it", and , "Oh yes, [relative] eats anything and I have no complaints about the food."
- Staff supported people to contact their social workers, psychiatrists and GPs including arranging hospital appointments. A health care professional we spoke with gave positive feedback about the staff's ability to work with them collaboratively. A relative told us, "They do request involvement from health care professionals. They have persevered to get [relative] to see the Doctor."
- Staff took into consideration assessments or additional guidance from community healthcare

professionals to ensure people's health needs were met. The manager and staff were aware of the processes they should follow if a person required support from any health care professional. In addition, each person had a health action plan which was used to assess and plan health needs and appointments.

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

- The provider and staff designed and adapted the home to ensure it met their needs and preferences. People were provided with adequate space to spend time on their own if they wished to do so. In addition, furniture and fittings were designed to ensure people's safety. We noted some areas required maintenance and attention and the manager told us they were aware of this and had reported to their maintenance department. However, people were safe and not exposed to significant harm due to the shortfalls.
- Out of hours support was available to provide support to staff and people.

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; 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; Respecting and promoting people's privacy, dignity and independence

- The service took consideration of people's human rights. People's relatives told us their family members were treated with kindness and respect. Comments included, "Staff seem to be kind and my relative is happy there.", "Yes I do think they are kind, very much so."
- Staff had formed familiar relationships with the people they supported. They understood, and supported people with their choices and preferences.
- Staff had received training on the importance of treating people with dignity and respect and there was a policy which supported this practice. Staff supported people to maintain their personal hygiene. While concerns had been raised about activities being affected by staff shortages we found significant effort had been made to ensure people could access and explore their local community.
- People's records were kept securely to maintain privacy and confidentiality in the office. Care records seen had documented people's preferences and information about their backgrounds.
- People were supported to develop independent skills in the community. We found examples of how staff supported people to improve their independence and confidence including regular use of public transport and trips in the community.

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

- People and their relatives were involved in the decision-making process. However, we received mixed views regarding people's ability to express their views and the level of communication in the home. One relative told us they did not feel involved or their views taken on board. However, evidence we saw showed people's relatives had been given the opportunity to share their views about the care and regular lines of communication had been set including weekly emails and weekly phone calls. People were also supported to follow their hobbies and favourite activities in the community.
- People's preferred routines were included in their files, staff were able to tell us the routines and we saw them following them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met

End of life care

- There was no one receiving end of life care. While there was a policy on supporting people to discuss their end of life wishes, we found people and their relatives had not been given the opportunity to express their wishes.

We recommend the provider consult best practice on end of life care planning and review their practices.

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

- The provider and staff had arrangements and plans for people to take part in activities of their choice in the home and in the community. However, we received mixed feedback from relatives regarding people's access to activities. Comments included, "They encourage various activities but [relative] doesn't spend a lot of time around the house." And "They don't seem to offer activities beyond what we suggest and some activities are affected by staff shortages." We shared the comments with the manager who informed us in the majority of the cases people were supported with activities. However, at times it was unavoidable, activities were cancelled if people's anxiety was high and at times due to unforeseen staff absence. While this impacted on people it was to maintain people and staff's safety.
- People's relatives visited regularly to spend time with their family members. We saw evidence to show people's relatives were contacted and contact arrangements were in place via telephone or weekly emails.

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

- People's care records were well written and comprehensive. They were designed in a person-centred manner and reflected a person-centred approach to care. Records had been reviewed and reflected people's needs. Relatives told us, "Oh yes we get involved in the review, I get invited by the social worker.", and, "We are invited to meetings at the house." Staff we spoke with were able to describe people's care and support needs in detail.
- All the records we reviewed took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and positive behaviour support. They also included guidance on how to support people including specialist guidance from professionals.
- Staff were aware of the protocols for making referrals to specialist professionals or raising concerns if people's needs changed. Professionals we spoke with confirmed this.

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.

- The manager had assessed people's communication needs as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. People's communication needs were assessed, and staff were aware of each person's needs and how they could meet these. Posters had been designed in 'easy read format' to assist people's understanding. Staff had been trained in the use of objects of reference and alternative aids to support people who could not communicate verbally. These are also known as Picture Exchange Communication System (PECS). PECS allows people with little or no communication abilities to communicate using pictures.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people's relatives when they started using the service. This was shared with people and in 'easy read format'. All the relatives we spoke with knew how to raise concerns. One relative told us, "No, I never had to complain. I will raise things with staff and management though if I'm not happy about something".
- We saw complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The manager told us they had used the learning from complaints to reflect on staff practice.

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

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

- Improvements were required to some of the systems for monitoring risk and regulatory requirements. The home did not have a registered manager and there had been two changes of managers since the last inspection in November 2016. The provider had appointed a new manager who had been in post for four weeks at the time of the inspection. They told us they intended to apply to register with CQC. The manager had spent their initial weeks getting to know people who lived in the home and staff.
- The new manager was responsible for managing three services. They informed us they were based at the home one and half days a week and a deputy manager and team leaders were in charge in their absence. Two relatives felt the service was not well managed. They raised concerns over the management arrangements. They told us, "The place has deteriorated in the last 18 months.", "Weekends I have concerns about management. Daily care is great, and [relative]'s team is on hand in the week. I am not happy about the manager managing other services. Porthill is complex and I would feel more confident if more management were on site." And, "I don't think staff are adequately supported and given guidance by management, they continue to share managers, and this has caused problems in the past, they don't seem to learn." Before the inspection we had received similar concerns regarding the lack of management presence. We shared relatives' comments with the manager and the locality manager during the inspection and after the inspection and they informed us they felt the arrangements in place were adequate to provide managerial cover and support to staff.
- The manager continued to carry out a variety of audits such as medicines audits, accident and incidents analysis. Incidents needed to be analysed to identify the impact for the service and on other people in the home. This would support a holistic approach to identifying themes and trends especially regarding people's compatibility to live together and staff training requirements.
- The provider was meeting their responsibility to inform us of certain events which occurred in the home. The rating from their most recent inspection was on display both in the home and on the website for the service.

Continuous learning and improving care

- Systems for promoting continuous learning and improving care were in place, however they were not consistently implemented to monitor shortfalls, learn from previous incidents and to sustain improvements made.
- The provider carried out internal compliance checks and kept an action plan, however they had not always

identified concerns regarding staff training and shortfalls in risk management. For example risk management systems had not identified trends around staff leaving people unsupervised and addressed concerns regarding the risk of staff being bitten by people.

- The manager had carried out reflective practice such as debriefs to learn from incidents. They kept a record of positive outcomes that had been achieved in the home by people and their staff. Staff were involved in charity events and supported local research related to health and social care.

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

- Staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to. There were regular staff meetings where challenges and planned developments were discussed between staff and the manager.
- The registered provider carried out surveys every year. We also saw evidence to show people's relatives were regularly contacted via weekly emails or weekly phone calls.
- The provider and their staff continued to support local charity initiatives through volunteering and promoted inclusion through their community activities. In addition, the provider recognised their staff's performance and contribution through internal staff awards.

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

- In the majority of the cases the provider's arrangements and systems assisted in the planning and promotion of person-centred care. However, they needed to consistently implement the systems to monitor staff learning needs and ensure staff followed care plans consistently.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.
- The management team and staff were open and transparent with the inspection process. They had submitted notifications to the Care Quality Commission. We noted apologies had been offered where things had gone wrong and significant events were shared with other organisations.
- There was good partnership working with the relevant healthcare professionals and stakeholders to ensure the service provided good quality care.

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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to provide staff with appropriate support, training, professional development, as is necessary to enable them to carry out the duties they are employed to perform and, in particular, to maintain necessary skills to meet the needs of the people they care for and support. This was because staff had not received training specific to the needs of people living with a learning disability and autism.</p>