

Adjuvo Care Essex Limited

Adjuvo Care Essex Limited - Halstead

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Adjuvo Essex Care Limited – Halsted provides accommodation and personal care for up to 12 people with a learning disability and autism. At the time of the inspection seven people were living at the service.

The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy 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.

People's experience of using this service:

Staff understood the risks to people and the measures in place to keep them safe, however safeguarding concerns were not always raised to the appropriate authorities and investigated. People's medicines were not always managed safely.

Measures were in place to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs and ensure they had maximum choice and control in their lives. This included supporting people to access a wide range of activities in the community that reflected their specific needs and interests.

The environment was not always well maintained and repairs were not actioned in a timely manner.

The training processes in place did not always ensure staff had the right skills and experience, and were suitable to work with people who used the service.

Staff were not always caring and did not always promote people's dignity and independence

People received personalised care responsive to their needs, but did not always have access to health care services in a timely manner. People had access to food and drink based on their individual choice and preferences.

Staff did not always understand their role and lacked confidence in the manager. There was a poor culture within the service. Staff and relatives did not feel the service was well led. There was a lack of oversight by the manager which meant issues, such as safeguarding matters, medicines errors and issues were not always identified and managed.

Rating at last inspection: Requires improvement (Report published 09 October 2017)

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

Follow up: Our previous inspection in August 2017 (published October 2017) identified improvements were needed in relation to the overall management of the service and systems in place to account for how funding for people had been allocated and spent. The service was rated requires improvement. This was because there had been a lack of oversight of the service by the provider and the manager to ensure the service delivered was of a good quality, and safe. They did not have systems in place to identify what was working well and what needed to improve.

During this inspection we found the required improvements had not been made. We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

Following the inspection visits, the provider has provided evidence on the action they have taken to mitigate immediate concerns, such as completing a Personal Emergency Evacuation Plan for one person and fire safety works, which has lowered the risk to people

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 not always caring

Details are in our Effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

Inadequate ●

Adjuvo Care Essex Limited - Halstead

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection took place on 17 and 29 January 2019 and was unannounced. The team consisted of two inspectors.

Service and service type - Adjuvo Care Essex Limited – Halstead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). A person was in the process of making an application with CQC to become the registered manager. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also

reviewed previous inspection reports.

During our inspection, we were unable to talk to people in the service so observed the support provided by staff. We spoke with five relatives and seven members of staff including the manager, regional manager, manager from another service and care staff. We looked at records in relation to people who used the service including three care plans and seven medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives gave us mixed feedback on whether they felt people were safe. One relative told us, "I do feel my relative is safe." Another relative told us, "I don't feel my (person) is safe. I wanted to find another place for them to live and now we have." We spoke to the manager about this feedback and they were aware of the previous issues and concerns raised.
- The provider had a safeguarding procedure for staff to follow. Staff had been trained to understand the signs of abuse and how to report incidents. However, the manager had not always reported safeguarding concerns to the local authority, or CQC when they were identified. Records showed that where concerns were raised, robust investigations had not always taken place to establish what went wrong.
- Information was available in the service in an easy read format to help people understand how to keep safe and how to raise concerns.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks, in relation to physical and verbal behaviours, health conditions, activities and community access. The assessments contained detailed guidance for staff on how to mitigate these risks, in the least restricted way
- However, relatives told us, staff did not always understand and manage risks to people well. One relative told us, "My [relative] had three seizures in one day. Staff did not recognise they had had the seizures, it was only when they bit their tongue that staff realised and got support." Another relative said, "I know there are risk assessments are in place, if staff read them then they tell staff how to support my [relative] However, not all staff read them so don't always understand them and my [relative's] needs." We found another incident where staff had not followed a risk assessment, allowing a person to access and chew on an item despite it being a known risk. The manager told us that staff had stopped carrying out checks for this person despite it being part of the risk mitigation. This has now been reintroduced following the incident.
- Risk assessments relating to the environment were not always in place or actioned to mitigate risk. This included Personal Emergency Evacuation Plans (PEEP) for use in case of an emergency. A PEEP was not in place for a person who recently moved into the service. This was brought to the attention of the manager on 17 January 2019 and was checked again when we returned to the service on 29 January 2019. This had still not been completed and again the manager was asked to urgently complete it. This was subsequently completed on 29 January 2019.
- The provider has systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
- Fire safety arrangements placed people at potential risk. A fire risk assessment and checks to fire alarm system were completed and identified works were needed. At the time of inspection, this work had not been completed. Due to our concerns about people's safety we referred our concerns to the local authority Fire

Service on 29 January 2019. Following the inspection, the regional manager told us remedial works would be completed immediately. We received confirmation on 05 February 2019 this work had been completed

Staffing and recruitment

- Sufficient numbers of staff were employed to meet people's needs and ensure they had maximum choice. However, relatives gave us mixed feedback on whether there was enough staffing to meet their relatives needs. One relative told us, "Generally, there are enough staff but my concern is how many staff are good at managing my (person) and supporting them. When there has been a lack of staff, my relative has often got the less experienced staff. The problem is the team isn't big enough." However, another relative told us, "I'm always aware there is another member of staff available. They never seem to be stretched."
- Relatives told us there was not always consistent staff on duty and there had been a high turnover of staff affecting care delivery. One relative told us, "When my [relatives] regular staff aren't in, there is an increase in their behaviours including hurting themselves. I raised issues about the impact staff changes were having on them."
- The provider maintained a rota and ensured there were enough staff on shift based on peoples assessed needs. Processes and procedures were in place to cover shifts where needed. One staff member told us "If we are short, we will try and get a regular member of staff in to cover the shift before we go to agency staff, but we will if needed."
- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed.

Preventing and controlling infection

- Staff received appropriate training in infection control and told us they understood and followed infection control procedures. One staff member told us, "Yes, we have had training in infection control. In the kitchen we have certain boards for certain foods, we have plenty of gloves to use."
- The environment was mostly clean and fresh. However, one person's bathroom smelt damp and the air vents in people's bathrooms required cleaning as there was a build up of dust. In another person's bathroom, the floor was stained and had not been cleaned.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. Medicines were kept securely however, there were some missing signatures on the Medicines Administration Records (MAR) Medicine records showed that staff were incorrectly recording the amount of medicines given to people. Despite this, when we completed a stock check of medicines we found that stock levels held were correct.
- Correct procedures were not always followed for people who may lack capacity to make decisions about taking medicines when medicines may need to be administered without their knowledge or consent. One person received their medicine in food and had been assessed as lacking capacity for taking medicines. Staff had not followed the providers own policy and procedures for covert medication to involve a pharmacist to assess if administering medicines in food or drink was safe.
- Staff told us they were trained and assessed as competent before they administered medicines. One member of staff told us how they were supported where they had failed their competency. They commented, "I had a recent competency assessment. I left a tablet in a blister pack and the manager took me off medication. However, the manager was very good about it. Initially they wanted me to go through my training again, but because I had only just done it, they let me do the competency again and I passed it."
- Where people exhibited behaviours that may challenge others and put people at risk of harm PRN (as and when needed) medicines had been prescribed by their doctor. Protocols and procedures were in place for staff so they knew how to respond to people and administer their PRN appropriately. One staff member told

us, "If I worked with someone I hadn't supported for a while and they needed PRN, I would ask another support worker what the person may show in behaviour if they are in pain. Also, in people's profiles, there is information about people's behaviours and the steps we need to follow to reduce these without medication. This means we know when to give PRN medicines but only as a last resort."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Following an incident where a seizure matt had failed to work, and had not picked up a persons seizures, new processes were bought in to prevent re-occurrence. The manager sought guidance from manufacturers and introduced detailed guidance for staff to follow to ensure that equipment was sufficiently checked and working as it should. Following this, records showed there were no other known instances of the equipment not working.

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

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

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

- Since the last inspection, the service had been redecorated throughout, however, we found parts of the environment were not being well maintained which placed people at risk of harm. The manager told us they had raised maintenance issues with the provider but that these had not been fixed. Records showed that a bookcase in a person's bedroom had loose shelves and was at risk of falling over and injuring the person. This was reported twice, but no action had been taken to mitigate risk or undertake the remedial works. Other concerns found were broken radiator covers in people's rooms and carpets taped over causing a trip hazard. Staff also told us that a person's shower had not been fixed properly for six months despite concerns being raised of the impact to the person.

This was a breach of Regulation 15 The Health and Social Care Act 2008 (Regulated)

- In contrast, people's rooms were personalised, accessible, comfortable and decorated with photos. The manager told us people had been involved in choosing the decorations and objects in their rooms. One person's bedroom was decorated with in a way that reflected their personality and interests.

Staff support: induction, training, skills and experience

- Relatives gave us mixed views about the skills of the staff. One relative told us, "My [relative] is very autistic and some staff have a good understanding of autism but those that don't, won't talk to them in a way they understand and this can make them anxious." Another relative told us, "Staff don't understand autism even though a lot of people living there have it." Training records showed that not all staff had received autism awareness training. A member of staff told us, "When I first joined we didn't have the training we needed. I think we should have had the specialist training when we first started the job. I think the provider should have looked at people in the service and look at the training based on this, so we have a better understanding of people's needs."

- Staff told us that they completed the Care Certificate where they did not have experience or a qualification in care. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One member of staff told us, "Previously, I hadn't done any care and had not completed a National Vocational Qualification (NVQ) in care. However, I am now doing the Care Certificate."

- New staff completed an induction when they commenced working at the service. This covered areas including a tour of the home, policies and procedures and completion of the provider's mandatory training. Staff told us they had undertaken shadow shifts before being able to support people on their own. One member of staff told us, "I had my training in the first week, then an induction and then I did two or three full shadow shifts. The manager asked me if I was confident enough to work with the person I had been working

with. I was told any member of staff would help me if I needed it, but I knew support was there."

- Training was provided face to face by the training manager. Training included manual handling, health and safety, food hygiene, fire safety, MCA /DoLS, medication, safeguarding, epilepsy, buccal midazolam and positive behaviour support.
 - Staff told us competency assessments took place for medicines administration, however concerns were raised that these were not robustly completed. This is now being addressed by the regional manager.
- Supporting people to eat and drink enough to maintain a balanced diet
- Relatives told us people were able to make choices about food and drink. One relative told us, "Generally, I think people receive a good choice. Staff help people have a balanced diet." Another relative told us, "They are very good and careful at getting my [relative] involved in the cooking and they are given a good variety of food."
 - Staff had information available to support people with food and drink. Staff understood people's dietary needs. One member of staff told us, "We have the menu and the person I support goes by this to choose what they want. They will help get snacks if they want."

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

- Care plans contained communication passports for when people needed to access hospital in emergency. These included likes, dislikes, current medicines, medical history and plans of what to do if people were anxious.

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

- People's needs were assessed before admission to service. These assessments were comprehensive. They covered people's physical and mental health needs as well as their background.

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

- Relatives told us people were supported with their healthcare. Records showed that people had received an annual health check. Staff understood when to request a healthcare professionals support for someone. However, this was not always done in a timely manner. One person's relative told us they had had a discussion with the manager by telephone in December 2018 as the manager was raising health concerns. The relative advised this was probably due to a pre existing health condition. The manager was not aware they suffered from migraines or was taking medication for this. The relative told us the manager had advised they would discuss this further with the person's GP. We discussed this with the manager following the inspection and our conversation with the relative to confirm they had contacted the GP. They told us they had not. They have since arranged for the person to see their GP to review their medicines.

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). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS were in place for people using the service to keep them safe from harm, however, one application had not included the use of covert medication. We told the manager and this was rectified immediately. The manager understood their responsibility to apply for DoLS as needed and understood their responsibility to

inform CQC.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related capacity assessments and decisions had been properly undertaken.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff told us staff did not always promote people's dignity and independence. One relative told us, "My [relative] lost control of their bladder following seizures. I saw staff change their sheet but they put this on a wet bed with a wet duvet." One member of staff told us, "For the person I support, we have taken some of their skills away as there is so much they could do. I spoke to their family and found out some interesting things about them, which I didn't know but we have just been doing it for them." Another said, "I came in yesterday, and a support worker was feeding someone. I said they are not a baby, and can do it themselves, we are here to promote their independence. The same carer was doing it again today. I did not raise with the manager as nothing gets done when I do so I dealt with it myself." We spoke to the manager about this and they told us they would investigate the incident
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Ensuring people are well treated and supported; equality and diversity

- We observed being staff being kind to people. Observations showed people were involved in activities they wanted to do. One person was playing with some bricks, another listening to music, a third person was going out for coffee, and another person had been for a drive. One person had made and decorated a gingerbread house. People had a structured timetable, and from people's demeanour, we could see they were enjoying their activity.
- People were supported to receive care and support from others. When and where people needed support beyond the remit of the provider, an advocate had been sought. A noticeboard in the service gave people information of how to contact independent advocacy. A visiting professional also told us that the manager advocated for people where required.
- People, relatives and staff were not always positive about the attitude of staff. All staff told us that they would not place a member of their own family in the service. For example, one staff member told us, "I wouldn't feel happy for my relative to be here, because of some of the staff. I wouldn't trust them. Sometimes I feel they forget why they are here." However, a relative told us, "The staff are caring and they do the very best they can."

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

- Relatives told us they were involved in people's care. One relative told us, "Staff always tell me if there has been any changes to my [relative] and their needs." Support plans were written in large print and symbols to make them easy for people to access. Information was available to people from advocacy services, if required.

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- People's needs had been assessed before they moved into the service. Detailed care plans had been developed to ensure people's needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care.
- People's care plans were detailed and had clear information about specific needs, personal preferences, routines and how staff should best support them. One person's support plan referred to their likes / dislikes and routines, such as. 'doesn't like loud noises, such as coughing, or others eating around them and dislikes, being ignored. Staff were aware of people's individual needs and wishes. Support plans had been regularly reviewed and updated to reflect people's changing needs on a monthly basis.

● People were able to follow a variety of interests and activities externally to the home. People were accessing the community during the inspection and records showed that activities were personalised. such as accessing swimming pools, bowling, local attractions and rides. However, relatives told us they did not always feel that there were enough activities in the service. One relative told us, "There is a lot of activity outside of the home, but I am concerned about the lack of activities within the home. Too often my [relative] is just left with the carer and I would like to them doing more in the home." Another relative told us "My [relative] spends a lot of time on their computer, they (staff) don't seem to do anything else with them." A staff member told us that they felt one person was bored in the service, "I think (person) is bored as only so much you can do in the community."

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service in an easy read format. The complaints log contained both complaints from people using the service and staff. We spoke to the manager about this who said that they would review how these were recorded and separate them out to make it clearer what was a formal complaint, and where issues needed to be followed up and investigated.
- Records showed formal complaints made by relatives had been dealt with, and where required action had been taken by the provider to prevent similar issues happening again.
- Relatives told us they were able to raise complaints or concerns. One relative told us, "I haven't had to make a complaint, but I would feel comfortable raising anything with the manager if I needed to."

End of life care and support

- The service was not supporting anyone who was receiving end of life care. There was no documentation in people's care plans to reflect arrangements for their end of their life to ensure their final wishes were met.

We recommend that the provider seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care, which meets

recognised published guidance and guidelines including those published by the National Institute for Health and Care Excellence (NICE).

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- Staff and relatives told us that the service was not always well managed. One relative told us, "The manager is excellent but is overloaded with work and always has issues going on and so doesn't always have the time to deal with problems I have." Another relative told us, "The service isn't well led but the manager tries their best." Staff told us, "Things happen in the home but the management doesn't deal with the problems." Another member of staff told us, "You can go to the manager about problems or issues, but nothing gets done." A new regional manager had been in post 6 weeks and was offering support to the manager and service to identify concerns.
- The manager told us the staff team did not always work well together. They told us, "There isn't a good culture in this home. I would not put a relative here if I had to because of the culture." The manager told us she was aware of the culture and had been trying to change it. Records identified there was a high number of staff using the complaints form to make complaints, predominately about other staff, on behalf of people using the service.
- At this inspection we found the quality assurance processes continued to be ineffective. The lack of robust quality assurance meant people were still at risk receiving poor care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. The manager was not completing audits and issues identified on inspection had not been picked up on. The manager told us, "Since coming into post, there has been a lot to catch up with and I had printed the blank audit forms off to start to complete but have not started these yet." The previous registered manager had completed a medication audit in May 2018 which had highlighted similar concerns to those identified in the inspection. Additionally, a provider audit was carried out on 14 November 2018 covering health and safety, environment and recruitment. A number of actions were highlighted as of high importance but no action had been taken. We discussed this with the manager who confirmed that an action plan had now been put together to address the outstanding issues and issues identified during the inspection.
- Staff did not always have a clear understanding of their role and what was expected of them. Since the last inspection, there has been a change in the staffing structure. Staff and relatives told us they felt this was ineffective. One staff member told us, "The system of key worker doesn't work in the home. The key worker has the same role of team leader but you could have three on shift at the same time but not know who is in charge." The manager and regional manager acknowledged this and told us they were reviewing the roles of the keyworker, and looking to reinstate a deputy manager.

Our previous inspections in December 2016 and August 2017 identified improvements were needed in

relation to the overall management of the service. This was because there had been a lack of oversight of the service by the provider and the manager to ensure the service delivered was of a good quality, and safe. They did not have systems in place to identify what was working well and what needed to improve. During this inspection, we found a continued lack of sustainability and improvement in the management of the home

This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager lacked oversight of what was happening in the service. Due to personal circumstances, the manager had been risk assessed as not being able to work directly with people using the service. This was confirmed in conversation with a person's relative who told us, "There is no leadership on the floor, but staff are trying their best."
- Relatives and staff told us they thought highly of the manager but felt they lacked support. One relative told us, "The manager doesn't get support from the staff on the floor. When they had a deputy manager it was better."
- Staff told us they were not aware of the core principles set by the provider, which had been presented to staff. One staff member told us, "The new company came in with a lot of promises but they have failed to keep them and keep moving the goal posts. One person I support had their bathroom broken, and the manager spoke to the owners, but it was never fixed properly. It showed us that they didn't care about the person by not getting it fixed."

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

- People and relatives had completed a survey of their views, An action plan had been created, and actions had been addressed. The service was in the process of sending out a survey to relatives during the inspection.
- Staff received supervision and appraisals of their performance. Staff told us they had team meetings but there were not always well attended. The manager told us that a recent team meeting for staff had not been attended by any staff. The manager said that action would be taken to address this with staff

Continuous learning and improving care

- Incidents did not prompt learning to improve care. For example, we saw from the communication with a relative and the former regional manager that a number of concerns had been raised about the conduct of a member of staff. Whilst most concerns had been followed up on, no analysis had been made to check the staff member was still fit to be able to work in the home. The current regional manager told us that following concerns raised during the inspection, action had been taken by the provider to suspend this member of staff pending investigation to safeguard people.
- Where audits were not in place in the service, issues were not being identified so improvements could not be made.

Working in partnership with others

- The service was connected to the local authority's training programme that was supporting learning disability services. The regional manager told us that the service would be getting more actively involved in this.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to

share vital information about people's health and to improve the transition process between services. At the time of the inspection, this had not been used for anyone living there.

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 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess monitor and improve the quality and safety of the service did not work effectively. Regulation 17 (2) (a) (b)