

Teignbridge House Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Teignbridge House is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

Since the last inspection we found improvements had been made in the monitoring systems to improve the safety of the home. However, during this inspection we found some areas where further improvements were needed. We identified concerns over risks associated with the control and management of infections. People were not always being protected from risks associated with their healthcare. We also found that systems for highlighting accidents did not always ensure these were robustly collated, investigated or audited.

There were sufficient suitably trained and competent staff to meet people's needs safely. Some aspects of staff recruitment could be improved to ensure staff were entirely suitable for the job. Actions were taken promptly after the inspection to improve their recruitment procedures for all future job applicants.

Actions had been taken since the last inspection to improve the management of medicines and we found medicines were now being managed safely.

People's needs had been assessed and care plans had been drawn up and were regularly reviewed. A new computerised care planning system was in the process of being put in place. People were involved and consulted about all aspects of the service. People told us they were confident they could raise any concerns or complaints, and these would be listened to and addressed.

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. People were offered choices in all aspects of their daily lives. They were offered a varied and nutritious range of meals to suit all dietary needs and preferences.

People told us they were happy with all aspects of the service. They told us the staff were kind and treated them with respect. Comments included, "It's top notch" and "People are looked after lovely". There was a lively and fun atmosphere in the home, with a range of activities and outings to suit each person's interests.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 August 2018). We found two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found there had not been enough improvements made and the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Teignbridge House Care Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two adult social care inspectors

Service and service type

Teignbridge House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity took place on 15 August 2019

What we did before the inspection

We reviewed the information we had received about the service since the last 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.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff plus a deputy manager and the provider (who is also the registered manager).

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We did not use the Short Observational Framework for Inspection (SOFI), although we did spend time observing people and staff in the communal areas at various times during the day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us further evidence of policies and procedures and management records, and also evidence of actions taken promptly after the inspection to address matters we found.

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 requires improvement. At this inspection this key question has remained as 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.

Preventing and controlling infection

- We identified concerns over risks associated with the control and management of infections. For example, we found information in one person's file that suggested they had been colonised by a specific bacterium. The person's file did not however indicate where this was or have in place instructions or a risk assessment for staff on how to manage this safely. General information was available for staff on the bacteria concerned.
- Guidance and risk assessments were not in place to support staff to minimise risks associated with infections when caring for catheters.
- The service's laundry area was highly cluttered with non-laundry items and was not easily cleanable to reduce risks of cross infection. The senior staff told us there were preparations in hand to repaint the flooring in this area, but this did not address the number of items stored in this area or poor condition of the walls.

This is a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections. We identified a cleaning material did not have an associated data sheet available. This would indicate what actions to take should the cleaning material be accidentally misused. The senior staff told us they would immediately remedy this.
- Arrangements were in place for the management of clinical waste.
- The kitchen had been inspected by the local Environmental Health department in October 2018 when they were given a hygiene rating of 'Very good'.

Learning lessons when things go wrong

- Systems for highlighting accidents did not always ensure these were robustly collated, investigated or audited. For example, where people had fallen, accident forms were completed by staff. However, those we saw had not been 'signed off' by the registered manager. Falls were then recorded in the service's diary. Senior staff told us they 'looked at these regularly', but there was no documented recording of this process. We saw one person had fallen three times in the preceding fortnight. There had been no analysis undertaken of the falls or how future falls could be prevented. One fall had been recorded on an accident form but not in the person's daily notes.

This is a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were always supported by senior staff on duty, and members of the management team were on call in case of further advice being needed. Information on emergency management systems were available.

Assessing risk, safety monitoring and management

- People were not always being protected from risks associated with their healthcare. Not all people living with long term health needs, such as epilepsy, or coeliac disease had clear care plans or risk assessments in place to guide staff on how to manage these risks.
- Where plans were in place, such as for diabetes, they guided staff on what actions were needed to keep people safe. For example, one person was living with diabetes. The person had been risk assessed as being able to manage their own diabetic medicines in part, which they described to us. We then looked at their records, spoke with staff and the homes cook. All of these people were aware of the person's needs and understood how to support the person to reduce risks associated with their condition. For example, the cook told us how they followed the advice of the diabetic nurse and training they had been given in helping the person manage their sugar levels.
- The person's blood sugar was being monitored by staff four times a day. We identified the service was not testing blood glucose monitoring devices to ensure their accuracy. Senior staff told us they would be seeking to do this in future.
- Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition.
- The service had a fire precautions (workplace) risk assessment in place. This had been implemented in 2013 and updated yearly since. The assessment showed it had been updated in 2019, but the assessment had not indicated a person living in one room was a smoker. After the inspection the provider acted promptly to update their fire risk assessment in respect of this matter.
- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses to ensure they were safe, clean and hygienic. Pressure relieving mattresses checked during the inspection were set to the correct weight settings for the person to ensure they were effective.

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

- Staff recruitment practices had not always been thorough, for example both staff files we looked at did not contain a full employment history. Gaps in people's work history had not been identified or explored, which could leave people at risk of being supported by people who were unsuitable. Senior staff told us they would ensure this took place in future. After the inspection they told us this had been actioned promptly.
- Pre-employment checks from the Disclosure and Barring Service (police) had been undertaken before new staff started work. Where staff had a record of criminal behaviour, senior staff confirmed this would have been discussed before the person was employed. However, this had not necessarily been recorded. The service also did not keep a record of interview questions or responses, which would be supportive of good equality and diversity practice. After the inspection we were given a copy of a recording tool they plan to use for all future staff interviews.
- There was a stable core group of staff who had worked in the home for many years and provided a consistent service. However, they had experienced difficulties recruiting new staff to fill some vacancies. These shifts were filled by agency staff. Where possible they used agency staff who had visited previously and knew the home well. Agency staff we met during the inspection spoke positively about the home. Comments included, "This is a very good home and I would recommend it to people. There are not many places I would recommend but I would recommend this place".
- People told us, and staff rotas showed there were enough staff to ensure people had access to the care that met their needs and protected them from risks. One person told us the staff always helped them promptly when they needed help and said the staff were "Brilliant! Absolutely brilliant. I am very happy here".

- Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped to assess whether they were unhappy or uncomfortable.
- People's feedback overall told us they felt safe. One person told us "Yes I absolutely feel safe and well looked after."
- Staff were aware of their responsibilities to protect people from abuse and to report concerns over people's safety and wellbeing and had received training in safeguarding adults' procedures. People felt able to report concerns to the management team or their relatives and were confident these would be addressed. Policies were in place to guide staff on actions to take to report concerns.

Using medicines safely

- At the last inspection we found some aspects of medicine storage and management were not safe. At this inspection we found the concerns had been addressed. Medicines were being stored, administered and disposed of safely, and people received their medicines as prescribed. Medicines were stored in each person's room, in locked cupboards.
- Guidance was in place regarding 'as required' medicines and safe systems for the recording of the placement of long-term pain-relieving patches. This helped ensure medicines were placed in different sites, to protect people's skin. Good systems were in place to assure the regular cleaning of 'spacer devices' for inhaled medicines.
- Where people wanted to have control over their medicines this was risk assessed. One person had an inhaler prescribed for themselves, and another for the service to use 'as required.' We saw this was being used regularly, with the person also using their own inhaler. This meant the service did not have a clear idea of how much of this medicine the person was actually taking. Senior staff agreed to raise this with the person and their GP.
- Systems were in place to audit medicines. Not all staff gave out medicines, and no-one did so without training. Records for medicines administration were completed, and also recorded the administration of homely or 'over the counter' remedies.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home to ensure the home was suitable and could meet their needs fully. Before people moved in the registered manager visited them, and the person and their family or representatives were encouraged to visit the home if possible.
- A pre-admission assessment we looked at was completed well. It included an assessment of the person's needs, as well as personal information about their interests and how they liked to spend their time. Information was also obtained from other sources where possible, such as hospital and/or the funding authority.
- A member of the care staff team had protected time each week to draw up new care plans and to review and update all care plans regularly. Care plans provided information about all areas of people's needs and gave sufficient information and detail to ensure care staff understood how people wanted to be supported.
- People told us they were very happy with the care they received. They told us staff knew the care and support they needed. Comments included, "It's top notch" and "People are looked after lovely".

Staff support: induction, training, skills and experience

- Staff received induction at the start of their employment and ongoing training in topics the provider had identified as essential to meet people's needs effectively. A member of staff told us, "The training is Ok. We get annual updates for most topics".
- Most of the training was delivered through on-line computer-based training. Staff completed worksheets to test their knowledge and understanding of each topic. Some topics such as, moving and handling and first aid were provided by a specialist training company. Staff were also offered training from external agencies such as the local hospice.
- Staff told us they were well supported. They received regular supervision sessions that were planned at intervals throughout the year. The deputy manager told us staff received supervision, "As often as we can".

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

- People received a choice of meals to suit their individual dietary needs and preferences. When people moved into the home the cook met with them to find out their likes and dislikes and the things they could not eat. This information was reviewed with the person every three months. The cook also sought people's views on the menus and standard of meals through a quarterly questionnaire.
- A relative told us their loved one was at risk of weight loss and said, "The food is good. The staff try to get her to eat whatever she wants. She has a supply of snacks in her room". People had drinks next to them where they were sat. They were offered a choice of drinks regularly throughout the day.
- We observed people at breakfast and lunchtime. People told us they enjoyed their meals. Comments

included, "The meals are excellent" and "It's good. If there is anything you don't like you can have something else". We saw people being offered choices.

- If people needed support to eat we saw this was done at their own pace. Staff were attentive and noticed when people needed encouragement or assistance. A member of staff gave a person with poor sight their meal and explained, "You have liver and bacon, carrots and mashed potato". They noticed another person was struggling and offered discrete support.

- Menus provided a choice of meals throughout the day. If people did not like any of the planned meals that day, they were offered an alternative of their choice.

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

- Staff worked closely with other agencies to ensure people's changing needs were met. The service worked with local hospitals when people were being discharged to ensure they received the right information. They also worked with local funding authorities when people's needs changed. A relative told us the person had recently been reassessed by the local authority because they needed more assistance. The person had moved to a more suitable room and the person was now receiving the right level of support.

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

- The home was well maintained and comfortably decorated and furnished. People were able to move around safely. There were stair lifts to assist people to go up or downstairs. Bathrooms and toilets were equipped with handrails and hoisting equipment. People were encouraged to furnish their rooms to make them feel homely.

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

- People were supported to access appropriate healthcare services promptly when needed. Staff contacted local medical services for advice and supported appropriately. A person told us they had fallen the previous day. Staff had contacted their GP immediately and the GP had visited the person. They told us "The doctor examined me thoroughly".

- People were supported to attend appointments and check-ups. A person told us, "I will be taken to the dentist in the next couple of weeks. The chiropodist is visiting next Monday. The optician visits regularly".

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. There were no people who were subject to an authorisation to deprive them of their liberty at the time of this inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people told us the staff were always kind. Throughout our visit we saw staff treating people in a caring and attentive manner. A relative told us, "The staff here are lovely. They give Mum a kiss. She loves that".
- One person told us they felt unwelcome at the service. We discussed this with the service's management team. They told us about the actions they had taken at the time the matter had initially been raised, and how they had sought to reassure the person. They told us they would give the person further reassurance and ensure they feel entirely welcome and wanted in future.
- Staff spoke with compassion when talking about their jobs. They knew people well and understood their individual needs. Staff told us the staffing levels in the home were good, and this meant they had sufficient time to provide care in an unhurried manner. They had time to sit and talk with people. A member of staff told us, "I just love this job. I just love helping people. I love listening to their stories". They also described how they had sat and held the hand of a person who had fallen while they waited for a paramedic to call.
- People told us the staff were attentive and thoughtful. Staff noticed when they needed assistance. For example, a person told us a member of staff had noticed they had been sorting out paperwork and throwing things away they no longer needed. The member of staff saw this and went and found them a larger waste paper basket.
- People and staff described a happy, friendly atmosphere. Relatives told us they knew all the staff well and always felt welcomed. We heard about lots of fun and laughter. A member of staff told us, "I like to make people laugh - act the fool sometimes. It's like a family here".
- Each person was treated as a valued individual, regardless of their backgrounds, beliefs, or disabilities. A member of staff told us, "I try to put myself into the person's shoes".

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

- Staff knew each person well and understood the things that mattered to them. Staff knew people's likes, dislikes and preferences.
- Throughout our visit we saw staff offering people choices. At lunchtime staff repeatedly went around to each person asking if they wanted any sauces or condiments. Staff asked people, "Would you like.." and took time to wait for people to respond. There was good eye contact, and staff took care to listen to people and allow people to give their opinions.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. Support was offered in a discrete manner.

- Staff understood the importance of supporting people to wear the clothes they liked, and to ensure their clothes were always clean and well-laundered. Staff noticed when clothing was stained and encouraged people to change their clothes to maintain their dignity.
- People told us their laundry was well cared-for. They were confident that laundry was always returned to the correct person. A laundry person was employed who ensured personal items were marked with the person's name to minimise the risk of items going missing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had a plan of their care needs in place covering all aspects of their needs. The plans contained sufficient detail to ensure staff knew how the person wanted to be supported and were regularly reviewed and updated. At the time of this inspection the plans were paper-based. However, the service was in the process of moving towards the introduction of computer-based care plans. Staff had recently been given hand-held devices to record their daily notes. Training on the new care planning system was about to be provided in the next few days.
- Agency staff told us they did not read the care plans when they worked in the home for the first time. They knew where they were held and were confident they could look at them if they needed to. They were given verbal information about people's needs at the start of each shift and other staff were always willing to answer any queries. The deputy manager who told us the new computer care plans will give all staff, including agency staff, immediate access to care plans through the hand-held devices in the future. There were brief guides to the support each person required in people's rooms and they told us they will consider ways of improving access to essential information in the interim period before the new computer care plans are introduced.

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.

- Around the home we saw notices printed in large, easy to read print. We were assured that people would be given copies of documents and information in a format they could understand, including other languages if English was not their first language.

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

- An activities organiser had responsibility for making sure people's social needs were met. They met with each person to find out about the person's life history, families, friends and interests. They had drawn up detailed personal profiles which they used to plan weekly activities on an individual and group basis. People told us they enjoyed the activities offered and said there was always plenty of things to do.
- Information was displayed around the home giving information about forthcoming group activities. These included games, arts and crafts, visits from entertainers and animal organisations, music and relaxation. People regularly went out. A person with poor mobility and hand control told us how staff gave individual

support to enable them to participate in some activities such as bingo.

- Staff were enthusiastic about the activities provided and worked closely with the activities organiser to make sure there was something of interest for each person to enjoy. A member of staff told us, "There are plenty of activities here. I do think they all get involved in things going on here. The staff here are quite fun, so if there are no activities booked the staff here will do daft things".
- Staff told us the provider was always willing to purchase any items or equipment that people might enjoy or benefit from. Staff knew that some people with dementia loved animals. The provider purchased an interactive cat which moved and purred like a real cat. They found that one person particularly enjoyed this cat, and they had found the person was much happier and calmer when they held the cat. We met the person who told us all about the cat, and we saw they clearly enjoyed the interactive cat.
- Visitors told us they were always made welcome whenever they visited. They were offered drinks and also invited to make their own whenever they wanted.

Improving care quality in response to complaints or concerns

- People told us they were confident they could raise any concerns with the registered manager or a member of the management team. They were confident these would be addressed. Where concerns had been raised in the past, people told us these had been addressed satisfactorily.

End of life care and support

- People received compassionate care at the end of their lives. Staff had received training on palliative care from a local hospice.
- The service had a resource file available with information for staff about end of life care. Information about people's end of life wishes were available in people's care plans.

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 improvement. At this inspection this key question has remained the same. 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

- The monitoring systems in place had not identified all the shortfalls in the quality and safety of the service to support action where improvements were needed.
- Since the last inspection a number of improvements had taken place. New monitoring systems had been implemented and a new computer care planning system was about to be introduced. Despite these improvements, during this inspection we noted some areas where monitoring systems had failed to identify potential risk. We identified concerns over risks associated with the control and management of infections. People were not always being protected from risks associated with their healthcare. Systems for highlighting accidents did not always ensure these were robustly collated, investigated or audited.
- The service had purchased some policies and procedures. Some of these had been 'updated' in 2019, but had spaces where the name of the service had yet to be filled in. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The home was managed by the registered manager, who was also the provider, and two deputy managers. People and staff told us the home was well managed. A member of staff told us, "Things run smoothly. Routines are worked out well. I am confident things are getting done".
- The views of people living in the home, and their relatives and friends had been sought in various ways including regular questionnaires. Their comments had been welcomed and acted upon. For example, people had commented about problems with their laundry in the past. A laundry assistant had been employed and actions had been taken to ensure people's laundry was well cared-for and returned to the correct person. During this inspection people told us they were happy with the laundry service.

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

- There was an open and positive management team who promoted a warm and happy atmosphere in the home. Staff told us they were well supported and enjoyed working there. Comments included, "It's a nice place to work Everybody does their best", "[Deputy managers] manage the home well" and "I love it. It's such a nice place to work". Staff received regular supervision and could speak with the registered manager or deputy managers at any time for advice or support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider has notified us of all accidents' injuries and significant events that may affect the running of the home.
- Where allegations or concerns have been raised they have shared these with the appropriate authorities. They have worked with those authorities to ensure matters have been properly investigated and actions taken where necessary to prevent recurrence.

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

- People were supported to maintain links with the local community. People went out regularly and were supported to keep in touch with friends and family.

Continuous learning and improving care

- The deputy manager held relevant qualifications. One deputy manager had just completed a qualification relevant for senior managers in a care setting. The deputy manager who was present during our inspection told us she had completed her qualification some time ago and was aware she needed to update her learning. She told us the Quality and Improvement Team (QAIT) team had given some advice on relevant learning.

Working in partnership with others

- The management team had received support from the local authority QAIT in the last year. They had implemented a range of audits and monitoring systems to improve the service. They had a service improvement plan in place that had helped them identify where improvements were needed and to draw up an action plan to ensure issues were addressed.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some aspects of people's care and treatment was not entirely safe. Some risks to people's health and safety had not been fully assessed, and actions had not been identified to mitigate the risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had failed to adequately assess, monitor and improve the quality and safety of people. Records were not always accurate.</p>