

Eastern Care Ltd

Newton House

Inspection report

47 Prospect Road
Leicester
Leicestershire
LE5 3RR

Tel: 01162516112

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newton House is a care home for 26 people with mental health needs and/or learning disabilities. The home provides services for people from the Asian communities. People are accommodated in one 20-bedded house and 2, 3 bedroomed houses. At the time of our inspection there were 13 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Staffing levels were not sufficient. There was not enough staff deployed to meet the individual needs of people and to complete cleaning and laundry tasks. The provider took immediate action and increased staffing levels.

Staff received training, but gaps were identified in the training staff had completed. The induction did not support staff to follow the Care Certificate standards expected by providers. Staff had been recruited safely.

Risks associated with a person's health condition and support needs lacked staff guidance. A concern was also identified in how a person's prescribed medicine was being managed.

Infection prevention and control measures needed strengthening, to reduce the risks associated with cross contamination and the spread of infection.

The environment showed areas that needed improving upon. The management team had identified actions required and a plan was in place to address these.

Provider oversight and leadership did not include compliance visits to complete audits and checks. The provider had identified this as an area for improvement and was in the process appointing an external company to complete this.

Right Support: Overall, care plans provided staff with information about how to meet people's individual needs and support. 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.

Right Care: Care staff knew people and what was important to them, including their routines and preferences. People spoke highly of the staff' teams kind and caring approach. Social inclusion was

promoted, enabling people to be a part of their local community. People's communication, religious and cultural needs were supported and respected.

Right Culture: The culture of the service was positive. Staff shared the provider's vision and values and people received support to achieve positive outcomes. People were positive about living at Newton House and felt safe and well cared for. People received opportunities to share their experience of the service they received.

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 3 May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newton House on our website at www.cqc.org.uk.

Enforcement

We have identified 3 breaches in relation to safe care and treatment, staff training and support and the governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Newton House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by 1 inspector, an Expert by Experience and an interpreter. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An interpreter supported us to communicate with people whose first language was not English, to enable them to share their experience of the service.

Service and service type

Newton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newton House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The service was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service, and we also observed staff interaction with people, to help us understand people's experience. We spoke with the deputy manager, a senior support worker and 2 support workers. We spoke with 1 visiting health care professional. We reviewed in part 8 people's care records and 3 staff files. We also looked at a variety of records relating to the management of the service. This included audits and checks, medicine records, staff deployment, staff training and support and meeting records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Diabetes care was identified as being unsafe. For example, staff administered a person's daily prescribed insulin. However, staff had not received annual training, or their competency assessed to ensure this was completed safely. There was no insulin protocol in place and the diabetes care plan did not provide clear guidance of the procedures staff required to manage this health condition safely. Whilst the person had not come to harm, this lack of risk assessing, and planning increased the risk of potential harm.
- Safe moving and handling practice was not consistently provided. We observed four different staff, frequently support people by placing their hand under people's armpits when assisting them to walk. This is not a safe moving and handling technique and could cause pain or discomfort to the person.

Using medicines safely

- Prescribed medicines to be administered 'when required' (PRN) had not consistently been managed safely. For example, a person's Medication Administration Record (MAR) showed they were receiving a prescribed PRN medicine daily. The reverse of the MAR did not record the reason for administration which is important for monitoring purposes. The management team told us the person required this medicine daily to support their mental health. The person had not come to any harm and the GP was contacted and changed the prescription to daily administration. However, care staff were not clinically trained to make these decisions and had not consulted the GP.
- Medical advice was not always followed. For example, we found that a doctor had recommended a person's medicine to be reviewed by a secondary health professional. The provider had not actioned this, and the person was still taking the medicine. This increased the risk of harm.

Risks had not been sufficiently assessed and measures to mitigate risks had not been completed. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were ordered, stored and any unused, were returned safely. We saw examples of recent staff medicine competences. However, we noted from the staff training matrix, staff had not received annual medicine training. This is best practice guidance. We raised this with the management team who agreed to take action.
- People told us they received their prescribed medicines when they needed them. A person said, "They [staff] give me my medication, always on time, they are helping me to become more independent and I am hoping that soon I will be able to do some of my own medication."
- Health and safety checks and monitoring of the environment and premises were regularly completed.

This included fire safety. Personal emergency evacuation plans were in place and available to support staff and others, in the event people needed to be evacuated. Fire drills and checks were also completed. However, shower head descaling and dryer flint checks were not recorded. The management team assured us these checks were completed but not recorded.

- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked to protect people from scalding risks and risks of legionella. (Legionella is a water based bacteria that can cause ill health).
- Improvements to the safety of the environment had been identified by the management team, and a plan was in place for works to be completed.

Staffing and recruitment

- Staff deployment was not sufficient. In addition to staff providing care and support, some people had additional commissioned hours where they received additional staff support. Care staff were also required to complete cleaning and laundry tasks. We concluded staffing levels were not enough to complete all these required tasks. Cleanliness and hygiene levels of the environment had been impacted upon. The management team took immediate action and increased staffing.
- The provider had safe recruitment procedures. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were positive about the staff that supported them. We received consistent positive feedback. A person said, "The staff are amazing, always available, always caring." Another person said, "The staff give me everything I need, anytime, nothing too much trouble."

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We observed staff not changing their PPE as they transferred between environments. For example, we saw staff enter the kitchen without changing their PPE. We saw a staff member leave a person's bedroom to clean the bathroom without changing their PPE. This increased this risk of cross contamination.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Not all areas of the service were clean and hygienic. Flooring was unclean behind the fridge and medicines trolley and on skirting boards. A shower curtain was dirty.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following national visiting guidance and supporting people to receive visitors and maintain contact with friends and family

Learning lessons when things go wrong

- Staff completed incident records and the management team analysed these monthly for themes and patterns. Any learning was discussed with staff in daily handovers and staff meetings.
- We reviewed a sample of records completed by staff and the monthly analysis. We found information

recorded lacked details to enable effective learning, understanding and action to reduce incidents from occurring. The management team told us they were confident staff responded and managed incidents well and that the issue was about recording and agreed to follow this up with staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe living at Newton House. A person said, "I feel very safe, I was not safe when I came here, but they [staff] have helped me make progress." Another person said, "The staff keep me safe; they know how to look after me."
- Staff understood their responsibilities in protecting people from abuse and avoidable harm. A staff member said, "We are responsible to ensure people remain safe, are not being abused or neglected in any way. Any concerns I would record and report to the management team and follow their instructions."

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Staff had not completed training the provider had identified as required. Refresher training had also not been completed at the frequency expected. Whilst staff completed an internal induction, this did not follow the Care Certificate standards. These standards make sure new staff are supported, skilled and assessed as competent to carry out their role. Providers are expected to ensure staff follow these standards. This put people at risk of receiving ineffective care and support.
- The staff training matrix showed significant gaps in staff training across all training subjects. The training matrix did not record mental health awareness as a training subject, this was a concern as the primary need of all people living at the service was their mental health needs. The deputy advised this was covered in the mental capacity and best interest training, however there was no evidence of this.

Staff had not received sufficient training, learning or development. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received opportunities to discuss their work, training, and development needs. Staff told us they felt well supported. A staff member said, "I've completed some training and others are ongoing. Some has been on-line, and others face to face such as moving and handling and first aid." Another staff member said, "Yes, I've had meetings with the deputy and manager, we discuss people's care and support needs, any concerns I may have and any learning. We talk about a lot of things, it's really helpful and supportive."
- People spoke positively about the competency of staff. A person said, "They (staff) understand my needs, when I came here, I needed more support and help, they have worked with me to become more independent."

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- From reviewing a person's MCA assessment and best interest decision, we identified this was not decision specific as required by the MCA 2005. Neither did it record the questions asked of the person and their response, to show how the decision had been reached. We also noted the form used, did not ask who had been consulted in the best interest decision. We discussed this with the management team who agreed to review their process and documentation.
- Where people had conditions attached to their DoLS authorisation, records confirmed these were being met.
- DoLS care plans were in place to inform staff of required information to effectively support people. Staff understood the principles of the MCA and DoLS.

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

- People's individual care and support needs were assessed before they transferred to the service. People were involved in the development of their care plans. Care records were person centred and reflected people's protected characteristics under the Equality Act 2010.
- People told us they were involved in discussions and decisions and given choices about the care and support they received. A person said, "I'm happy staying here, staff look after me well, I have choices, have no restrictions, my freedom is important."
- The provider had policies and procedures that reflected best practice guidance and current related legislation.

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

- People's dietary needs and preferences, including any related religious or cultural needs associated with food and drinks had been assessed and planned for. People had access to the kitchen and were able to make drinks and snacks.
- People were positive about the choice and quality of meals. A person said, "The food here is very good, if I don't like the food then I can have something else or I can order food in." Another person said, "I used to work in restaurants, the food here is very good."
- Food was stored and managed in accordance with food standards. The service had a 5 star Food Standards Rating the highest that can be awarded in 2019.

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

- Information was available to share with external professionals to support ongoing care. Grab sheets were used in the event a person was required to attend hospital. This provided ambulance and hospital staff with essential information to support them in caring for the person.
- Staff worked with external health care professionals to support people to achieve positive outcomes. Care records showed how staff had made referrals to external professionals for additional support and assessment when a person's needs had changed.
- Feedback from a visiting professional was positive. They said, "Staff have been very supportive, they have followed any recommendations I've made. There was an issue with a person's medicines when they moved in, but they chased it up with the GP quickly and got it sorted."

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

- People had a choice of communal areas and a secure garden space that included a covered smoking area.
- People told us their bedrooms had been personalised to their choice and they had what they needed. A

person said, "It's my room is my quiet place, my pictures, my clothes, my things."

- Plans were in place for the environment to be redecorated, new flooring had been ordered and plans were in place to improve some of the toilets and bathroom areas.

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

- People received support to access health services. People were positive about the support they received from staff in relation to their health needs and attending appointments. A person said, "I had a hospital appointment a couple of weeks ago, a staff member accompanied me."
- Care records confirmed people were supported with their health needs and these were monitored. This included reviews of people's weight and food intake. The deputy manager told us they had regular contact with the GP who was supportive.
- People were supported to attend health services such as the dentist, opticians, and chiropody. However, staff had not received training in oral healthcare, oral care plans were not completed, and the provider did not have an oral health care policy and procedure. CQC expect providers to have these oral healthcare procedures in place. We discussed this with the management team. They agreed to make improvements and enrolled staff on related training.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support that respected their individual needs and preferences. People were positive about their care and support.
- Staff had either received training in equality and diversity or were enrolled to complete.
- We saw staff interacted individually with people in a caring and supportive manner. Staff showed concern and empathy for people. They chatted with people about things relevant to the individual and provided reassurance when necessary. There were light-hearted jovial exchanges and laughter creating a warm and relaxed atmosphere.

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

- People were involved as fully as possible in their care. We saw examples of care plans signed by people to confirm they had been involved and consulted. We also saw staff continually giving people choices such as what they did, where they spent their time, what their drinks and meals choices were. Staff acted upon people's wishes in a calm and respectful manner.
- People confirmed how staff provided opportunities for them to discuss their care. A person said, "I have a care plan, it is in English, I can read English, but they tell me what it says in Hindi also."
- People had regular meetings with their keyworker where people's care and support and future wishes were discussed. A keyworker is a named staff member who has additional responsibility in the care and support for a person. There were also regular resident meetings and questionnaires people were encouraged to complete to share their experiences and make suggestions about their care.
- Some people received visits from Independent Mental Capacity Advocates (IMCA). Their role was to support and represent a person in the decision making process. Other people could also access advocacy services if required.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. This was confirmed by people, a person said, "The staff are helping me to become more independent. I have a board in my room with all the things I need to achieve to become more independent. We work through it together; they encourage me and support me to get to the next stage. I am now going for short walks on my own."

- People had access to the kitchen and were encouraged to make drinks and snacks independently. The cook also supported people with their cooking skills to assist them for future independent living.
- People spoke positively about the caring approach of staff. A person said, "The staff are great, they respect me and give me time to talk about how I feel." Our observations confirmed what we were told. Staff showed great care, attention and compassion when interacting with people.

Is the service responsive?

Our findings

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

At our last inspection we rated this key good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was individual to them. Staff empowered people by promoting choice and control in how they received care and support. People were encouraged to lead active and fulfilling lives. A person said, "I saw the social worker yesterday, they are working with the home to help me go to a gym and how I can access a college course, I want to go to university." Another person returned from a shopping trip and said, "I love going out, and going to the shops, I do this most days."
- People gave examples of how they were supported with activities that were important to them. For some people this was accessing the community when they wished independently or with staff. Others were planning to move onto more independent living and staff were preparing them for this. Some people were supported to visit their relatives and others preferred to do activities indoors such as arts and crafts, board games, watching Asian tv and music channels and dancing.
- Some people had additional commissioned hours, meaning staff provided one to one care and support. Care records documented what this additional support was for and when it was to be provided. Care records confirmed people received additional support as they had been assessed as required.

Meeting people's communication needs;

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard.

The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment process and documented within their care records. For example, whether assistance with communication was needed such as the wearing of glasses or hearing aids.
- Information was provided in written and oral alternative languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their family. For example, 1 person told us how staff supported them to visit their relatives.
- People told us how they were supported with their religious and cultural needs. For some people this included participating in religious studies with a staff member that attended weekdays to provide this support. People also attended places of religious worship to pray, including spending time within the home

to pray. A person said, "Every weekday, Monday to Friday, a lady comes in to do prayers with me and to read the Quran, this is really important to me."

- Different cultural and religious holidays and festivals were recognised and celebrated. We saw people being supported with religious studies of their choice. A person said, "I like Saturday dancing and singing." Another person said, "Yes, I will fast for Ramadan, and they [staff] will support me, we were discussing what we would eat after the fast has finished, they (the staff member) are going to get me some Punjabi samosa."
- Staff respected people's wishes of how they spent their time, but ensured people were not at risk of self-isolation and monitored this potential risk. Keyworker meetings provided an opportunity to review people's emotional needs.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint process. Regular resident meetings were also used as an opportunity to talk about any concerns or complaints people may have had.
- No complaints had been received. However, people told us they felt confident to raise any issues, concerns, or complaints. A person said, "Yes, I would go to the assistant manager and tell them they always listen."

End of life care and support

- At the time of our inspection no person was receiving end of life care. We saw examples of people's end of life wishes. However, this information was very limited. We also identified from the staff training matrix the majority of staff had not received end of life training. We discussed these issues with the management team and action was taken, this included enrolling staff on end of life care training.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- A lack of provider oversight and leadership had a negative impact. Some of the shortfalls found during this inspection, had not been identified through internal monitoring systems and processes. This increased the risk of people receiving unsafe care.
- The provider had failed to ensure risks were sufficiently and consistently assessed, monitored, and mitigated. This was in relation to diabetes and medicines management as recorded in the Safe question in this report. This put people at increased risk.
- The provider's systems and processes had failed to ensure staff received a robust induction and completed identified training. The provider had failed to effectively assess staff deployment to ensure this was sufficient for the expected care and domestic tasks required of staff. This put people at risk of receiving unsafe and ineffective care.
- There was limited opportunities of learning and development to continually develop the service. Incidents were not robustly reviewed to enable understanding and opportunities of learning to reduce incidents from reoccurring.
- Environmental health and safety checks such as shower head descaling and dryer flint checks were not recorded. The systems and processes that monitored infection prevention and control was not robust. Cleanliness, hygiene, and shortfalls in relation to the use of PPE identified during the inspection, had not been picked by internal checks.
- Internal monitoring systems had failed to identify mental capacity assessments were not decision specific, and therefore not adhering to the MCA legislation.

The lack of systems and processes to assess, monitor and mitigate risks was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we spoke with the nominated individual about the lack of provider oversight and leadership. They told us they had already recognised this as an area for improvement. They told us they were in the process of appointing an external company to complete compliance checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team worked well together in providing the best care they could. There was a positive staff

culture and understanding of the provider's vision and values. A staff member said, "We provide an Asian lifestyle, people's religious and cultural needs are respected and supported."

- People were consistently positive about living at Newton House. Both people who had lived at the service many years, and others who had recently moved to the service were equally complimentary about the care and support they received. A person said, "Everything here is the best, I wouldn't want things to change." This comment was reflective of other positive comments.
- People, relatives, and visitors received opportunities to share their experience of the service via feedback surveys and resident meetings. Feedback the provider had received during 2022 and 2023 was reviewed and was consistently positive and complimentary.
- Staff were positive about working at the service. A staff member said, "Communication is good, we have a daily staff handover, monthly team meetings and supervision meetings. We can share our views, I feel involved, valued, respected, and listened to."

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals involved in monitoring and providing care and support for people using the service. This partnership working supported people to achieve positive outcomes. An example of this was how a person had been placed at the service as an emergency with high staff support hours. Due to the supportive and caring approach of staff, the additional commissioned hours had been greatly reduced and this person was preparing to move into more independent living.
- A visiting health care professional was positive and complimentary in how the staff had worked with them in supporting a person. They said, "Staff have developed a positive and trusting relationship with the person, their physical appearance has greatly improved, and they are full of smiles, there's been such a transformation, it's wonderful to see."
- The management team and provider were supportive of the inspection and were open and transparent about areas which required strengthening. The provider responded immediately when any issues were identified and was keen to take on board any suggestions for improvement.

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 management team were aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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>The provider had failed to ensure risks had been sufficiently assessed, monitored and mitigated, this placed people at increased risk of harm.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance procedures were robust. This put people at risk of receiving unsafe and ineffective care.</p> <p>Regulation 17 (1) (2) (a) (b)</p>
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 ensure staff were suitably trained and competent. This put people at risk of ineffective and unsafe care.</p> <p>Regulation 18 (1) (2) (a)</p>