

Sense

# SENSE - 20-32 Horton Street

## 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

We carried out this unannounced inspection on the 19 and 24 September 2018.

Horton Street 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. Horton Street provides care and support for a maximum of six people who are. There were six people living at the home at the time of the inspection.

We checked to see if the care service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. We found that people living at Horton Street were able to live in a homely environment that had been created to meet their needs.

At our previous inspection February 2016 we rated the service as 'good' in four of the five questions we ask and good overall. At this inspection we found the service was rated 'requires improvement' in two of the five questions and 'requires improvement' overall. This was because we identified breaches of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we plan to take at the end of this report.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to monitor the quality and safety of the service provided. However, these systems were not effective as they had either not identified issues we found at our inspection or the registered manager and provider had failed to act promptly on their own findings. People were not always protected from the risk of harm because processes in place were not consistently managed and were not robust. Risks to people's safety were not always acted on in a timely way.

Staff had received training in relation to protecting people and systems were in place however, these had not been effective. Incidents that had occurred in the home had not always been recognised as a safeguarding incident and had not been reported to the local safeguarding teams, police and CQC.

Staff sought consent from people before caring for them. Staff had some understanding of the principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty, processes had been followed and applications applied for.

Staff understood people's communication needs so people could be involved in aspects of their care. People were supported to have enough to eat and drink and to manage their health care needs.

People were supported to enjoy a range of activities. People were encouraged to maintain their independence and live active and fulfilling lives. People could maintain relationships that were important to them. Relatives we spoke with felt their family member was well cared for.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. It was evident that people had developed positive relationships with staff and there was a friendly and calm atmosphere within the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

People were not protected from the risk of abuse and avoidable harm because the processes in place were not always followed.

Risks to people were assessed but not always well managed.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required.

### Is the service effective?

**Good** ●

The service was effective

People received care and support with their consent.

People received care from staff who knew people.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

### Is the service caring?

**Good** ●

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

### Is the service responsive?

**Good** ●

The service was responsive

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to listen and respond to concerns.

**Is the service well-led?**

The service was not well led

Systems and processes in place to assess and monitor the safety and quality of the service had not been effective at ensuring the required improvements were made in a timely way.

A registered manager was in post and staff told us that they felt supported in their role.

**Requires Improvement** 

# SENSE - 20-32 Horton Street

## Detailed findings

### Background to this 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 was planned to check 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.

This comprehensive inspection took place on the 19 and 24 September 2018 and was unannounced. The inspection team consisted of one inspector and a second inspector was involved for part of the inspection.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We refer to these as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners of people's care to ask them for information about the service. We used this information to plan the areas of focus for our inspection visit.

During our inspection visit we met with all six people living at Horton Street. People living at Horton Street are. Verbal communication is not their preferred method of communication. We spent time observing people's care in the communal areas of the home. We used the Short Observational Framework for Inspection (SOFI), SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to five support staff and the registered manager. We spoke with four relatives of people. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, three staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

# Is the service safe?

## Our findings

At our last inspection on 16 February 2016 we rated this key question as 'requires improvement' we found that some improvements were needed to medicine storage. At this inspection we rated this key question as 'requires improvement'. We found that the regulations were not being met and improvements were required.

People were not always protected from the risk of abuse. The provider had systems and processes in place but these were not always effective. Incidents that had occurred in the home had not always been recognised as a safeguarding incident by the registered manager and had not been reported to the local safeguarding teams and CQC. For example, we saw that altercations between two people had taken place when out in the homes transport on at least three separate occasions causing injuries to people. The registered manager told us that because the person causing harm had not done this intentionally they had not seen this as a notifiable incident. However, the registered manager had taken some steps to reduce reoccurrence, discussions had taken place with staff and the seating arrangements and the homes transport arrangements had been reviewed following the incidents.

We saw that many injuries and bruises and been recorded in the homes accident and incident records. Sometimes the cause had been recorded as for example person to person incident. However, we saw many injuries recorded where the cause was not clear. For example, we saw injuries recorded for different people as unexplained including 'mark to back of neck', 'bruise to breast' and 'bruise on hip and finger'. The records did not show that the cause had been fully investigated. The registered manager had also put in place 'a disclaimer' for a person who sometimes caused injury to themselves when they became upset about something. The disclaimer meant that staff would record any observed injuries in the accident and incident records and no further action was taken. The care records did not correlate to the injuries that had been recorded so possible cause could not be confirmed or explored. We saw that recording systems in place for collating information and providing analysis about incidents were often not completed.

Staff we spoke with knew about the different types of abuse and had completed safeguarding training. A staff member told us, "If an incident between two people took place then I would expect the manager to report it to safeguarding". Discussions that we had with the registered manager confirmed that none of the incidents, accidents, injuries that we saw records of during our inspection had been reported to either the local authority, police or CQC. We saw that some discussions had taken place regarding some incidents with the staff team to look for any lessons that could be learnt to minimise reoccurrence however, this was not consistently applied and did not always result in proactive steps to prevent reoccurrence.

The issues highlighted above were a breach of regulation 13 of the Health and Social Care act 2014 (Regulated Activities) regulations 2014.

Risk assessments were available for the different aspects of people's care which included environmental risks, going out in the community and behaviour management plans. However, these were not always kept under review following an incident so that interventions could be developed to reduce the risk of incidents

reoccurring. Risk assessments also ensure staff have up to date information about how to support people to keep safe. Although staff we spoke with during our inspection knew people and knew the risks, we saw that the home used agency and bank staff on a regular basis who would have some reliance on referring to records to be informed about people's care.

We saw that the safety and cleanliness of some furnishings were not always considered and placed people at risk of harm. We saw that a monthly audit tool had been completed three weeks before our inspection and had identified that four of the six mattresses had failed the infection control audit. We saw that one person's mattress audit stated that the sponge inside the mattress was ripped and there was associated risks to the person in relation to this. However, the registered manager confirmed to us that no action had been taken on the audits or to remove the potential risk to the person. We saw that a dining room chair had a ripped cover and the foam was completely exposed.

We saw that medication was given to people as prescribed. The registered manager told us that a recent development in the service had been to provide each person with individual storage for their medicine in their own bedroom. This was so that the support provided to people could be more personalised. The registered manager informed us that there had been some recent errors and medication doses had been missed and investigations into these were taking place at the time of our inspection. We saw that there were protocols in place, with guidance for staff to follow about when this medication should be given. We saw that people's records we looked at contained guidance for staff about how people liked to take their medication. A staff member was able to tell us about the medicines that the person they were supporting was taking and the reasons why. They told us that they had completed medicines training and their competency to safely administer medicines had also been assessed.

We saw that people were supported by sufficient numbers of staff. Most people required one to one support when leaving the home. The registered manager told us that there were flexible levels of staffing to make sure people could attend activities and appointments. We observed that staff had time to spend with people and were not rushed. The registered manager told us that they were actively recruiting to vacant post and currently staff completed extra shifts or bank and agency staff were used to provide cover. The registered manager told us that they had been able to mainly secure regular agency staff to ensure consistency and this was important to people that lived there.

Staff and people told us about a range of actions that were completed to help keep people safe. For example, records showed that fire drills took place and staff knew what to do in the case of a fire. The provider told us in their PIR that staff had taken part in fire drills and this had included night staff.

The provider had a human resource department who oversaw staff recruitment at their head office and the registered manager told us that the recruitment records were kept at head office. Staff spoken with told us that they had completed recruitment checks prior to their employment. We checked the staff records that the registered manager kept and these included evidence of staff probation, induction and supervision. The registered manager held records of the agency staff that were working at the home which confirmed that relevant checks had been completed. Following our inspection, the registered manager provided us with evidence that Disclosure and Barring Service Checks (DBS) had been completed on all staff working in the service. Completing these checks reduces the risk of unsuitable staff being recruited.



# Is the service effective?

## Our findings

At our last inspection on 16 February 2016 we rated this key question as 'good'. At this inspection the rating remains unchanged.

People's relatives told us that the staff team knew people's needs well. A relative told us, "The staff they have now do know them well". Staff that we spoke with knew people well. We saw that a range of information about people's needs had been gathered to guide and inform staff.

Our observations identified that staff understood people's complex needs. We saw that staff showed that they knew and understood people's needs. This meant staff could support people to minimise any anxieties and support and encourage people to take part in activities.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us that they had received training on MCA and DoLS. Staff also told us that they ensured that they involved people in daily decisions about their care. A staff member told us about a best interest meeting (multi-disciplinary team) that they had been involved in that also included a doctor and learning disability specialist nurse. They explained that the person wasn't able to make a decision about a health care procedure so the meeting was held and a decision was made and then they supported the person with that decision. An MDT is a multi-disciplinary team consisting of a range of professionals that have an interest in someone's care and treatment.

During our inspection we observed staff offering people some choices. Staff explained how objects of reference were used with some people to ensure that they were making choices about what they wanted to do. For example, different objects represented different activities so the person could access a box with different objects in and pick out the one that represented what they wanted to do. This included choices such as going out to the shops, having a foot spa at home, having a massage or having a drink. Staff also recognised that people were not always able to make day to day choices. However, staff we spoke with demonstrated that they had really considered what would be best for the person. For example, we saw that a person's room had been decorated and beautifully coordinated in a bright colour scheme. Staff explained that the person had a bright outgoing personality and as a staff team they had discussed and decided on the colour that reflected the person's personality.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager was able to provide us with an update on DoLS applications including where

authorisations had been approved and those that they were waiting a response on from the Local Authority. Most staff we spoke with were unsure of who had a DoLS approved or in progress. The registered manager took immediate action on this and told us that a system for ensuring all staff were informed and understood who had a DoLS in place had been implemented.

We saw that new staff recruited to the home had been provided with an induction including training and shadowing experienced staff. Further training was then offered to ensure staff were confident and competent to carry out their role. Staff completed the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely. A staff member told us, "I have recently completed training on diabetes care and epilepsy so we can support people with these needs". Staff told us that they felt supported by their colleagues and by the registered manager and they received one-to-one supervision. A staff member told us, "The registered manager is good they want to improve things for the people living here. They are approachable we can go to them at any time". Another staff member told us that they felt support by the registered manager and also senior managers within the organisation.

Staff told us that they were kept up to date about each person through handovers and staff meetings so that that they had the up to date information required to support each person.

We saw that people were supported to eat and drink on a regularly basis throughout the day. Some people were supported to eat out and some people were supported to eat a prepared meal at home. Meal times were flexible and people received the support they needed to eat safely. Staff we spoke with understood any risks associated with people's eating and drinking. People's records contained information about what they enjoyed eating.

People were supported to attend appointments with health care professionals to maintain good health. Records showed people were supported to attend GP, dentist and psychiatrist appointments.

The premises were suitable to meet the needs of the people. There were shared areas for people to access and we saw that people could make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. Staff had ensured that people's bedrooms were personalised and there was evidence of ongoing work to improve people's personal space. There was outdoor space for people to access and the registered manager told us that there were plans in place to improve the outside area and to develop the garden room into a facility for people to be able to access for sensory, activities and hobbies. The registered manager had recognised that there were change in needs for one of the people and their mobility was deteriorating. They had involved other relevant people in assessing the person's needs and to forward plan and look at what adaptations could be made to support the person to remain at their home. The use of technology had also been explored and put in place for example to monitor certain health conditions and promoting people's safety.

# Is the service caring?

## Our findings

At our last inspection on 16 February 2016 we rated this key question as 'good'. At this inspection the rating remains unchanged.

We saw that people were relaxed and comfortable with staff. A relative told us, "I think [ person's name] is well looked after. I think the staff know [them] well".

We saw that people received both practical and emotional support from staff and were treated as individuals. Staff we spoke with knew people well and could tell us about people's care and support needs and any associated risks. We asked staff their views about the care people received and they told us that people were well cared for and that the staff team were caring. We asked staff to tell us a little about each of the people who lived in the home, they focussed on people's personalities and likes and dislikes. This showed that staff knew people well and focused on people as individuals.

We observed that staff treated people with dignity and respect. We saw staff were prompt to adjust people's clothing, to respond to request for care and support, including attending promptly to people's personal care needs. Staff could tell us how they would promote people's privacy and dignity when supporting people with their personal care and we saw that people were assisted discreetly with their personal care needs.

We saw that people were well presented and were wearing clothes that reflected their age, gender, weather and their own individual style. A staff member had been out clothes shopping with one person and they described in detail the thought and consideration that had been taken to choose the right clothing for the person so they were comfortable but also so that they would look nice. The staff member told us, "We make sure we pick the clothes that they like. I know [ person's name] prefers short sleeve shirts so that is what we have bought today". They want on to tell us. "We also took [ person's name] to get their feet measured so we can be sure that they have the most comfortable shoes that fit properly".

We saw that people were supported to maintain their independence where possible. For example, we saw that staff encouraged people to return their plates to the kitchen after a meal and put the dishes into the dishwasher. Staff had recognised for one person that they would benefit from having a more independent living environment and changes were made to the environment to promote their independence and they were provided with their own kitchen and living area. Staff spoke very positively about the impact that these changes had for the person and staff told us the person has grown in confidence. We saw that the person looked really relaxed in their personal environment. A staff member told us, "[Person's name] has really blossomed since we have developed their own living space. They can get up when they want and their care is delivered at their own pace. They are doing so much more for themselves it is so good to see".

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's assessment and that guidance was provided to staff on how they should support people to communicate their needs. We saw during our inspection that staff actively used the communication systems.

People were supported to maintain family and friend relationships that were important to them. Staff spoke about how they had supported people when they had a family bereavement and the practical and emotional steps they had taken to ensure they supported people. Staff showed great compassion for the person's loss and an understanding of the potential impact this may have on the person in their day to day life.

## Is the service responsive?

### Our findings

At our last inspection on 16 February 2016 we rated this key question as 'good'. At this inspection the rating remains unchanged.

People were supported by a team of staff that knew and understood people's needs. A relative told us that they had been invited to meetings to discuss their relatives care. They told us that they were very happy with their family members care. They said, "Things have really improved at Horton Street. [person's name] seems a lot happier now, they are doing more activities, the staff communicate well with [person's name] and they keep me informed. I have peace of mind that [person's name] is being looked after". Another relative told us that they thought communication between them and the home could be improved and we shared this information with the registered manager who agreed to follow this up with the relative concerned.

Each person had a support plan in place, which identified how the service should support the person in a way that meets their needs. We saw that families and other professionals had been consulted with to develop these plans. The registered manager explained to us that there was a process in place to regularly review the support plan. He acknowledges that for some people that these had not taken place as regularly as required and they had not always captured changes in people's needs and where amendments were needed to ensure that the support plan remained current and accurate. However, he told us and we saw that steps were in place to address this. We saw that there was also a system in place so that when any changes were made staff were asked to read and sign the information to ensure they were up to date with people's care needs.

We saw that the home was capturing people's 'wow' moments when people had taken part in an event or achieved a personal goal or just done something that they had really enjoyed doing and to celebrate these personal achievements. These events were captured by a photograph and displayed for people to see. For example, one person had taken part in a barefoot charity walk and staff told us that this was something that the person had really enjoyed doing.

People required a high level of staff support to engage in hobbies and interest. We saw that people were supported to take part in a wide range of activities in the local and wider community. During our visit one person was supported to go to a furniture store to buy items for their room and to have lunch out. Some people were supported to attend a sensory session at the providers own resource centre. Another person was supported to go on a ramble in a local park and was meeting up with people from some of the providers other services. We saw that from our observations, discussions with staff and relatives that the activities and opportunities provided to people promoted the values of inclusion and independence as outlined in Registering the Right Support.

Through our discussions with staff it was clear they were non- discriminatory in their approaches. Staff could tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. The provider told us in their PIR that equality and diversity training had taken place. This was confirmed by the registered manager who told us that the provider was

developing a quality and diversity group and that they would be championing the group.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We saw that care records contained detailed information about how people should be supported to meet their communication needs and the registered manager told us that information was provided in accessible formats.

People were unable to say if they had a complaint. Staff told us that they knew people well and would recognise if they were unhappy. Relatives we spoke with told us that they knew what to do if they were unhappy or had any complaints about the service. A relative told us, "I can speak with the new manager anytime. They seem very responsive". One relative that we spoke with raised some areas for improvement with us in relation to communication and we shared this with the registered manager who agreed to follow this up with the relative concerned. At the time of writing this report the registered manager confirmed to us that they had done this. The provider had a complaint system in place and information about this was displayed in the home.

We saw in the PIR that end of life care planning was an area of work that they had identified and work with families would be ongoing in 2018. Although no one was in receipt of end of life care on the day of our inspection, we spoke with the registered manager about this. They told us that they were starting to gather information about people's wishes. This was so that when required people would be supported in a way that they wanted and the registered manager told us this information it would be recorded in their care records.

## Is the service well-led?

### Our findings

At our last inspection on 16 February 2016 we rated this key question as 'good'. At this inspection we rated this key question as 'requires improvement'. We found that the regulations were not being met and improvements were required.

There were systems in place to monitor the quality and safety of the service provided. However, these systems were not effective as they had either not identified issues we found at our inspection or failed to act promptly on their own findings. The registered manager conducted checks and audits in a range of areas including people's medicines, care records, health and safety and infection control. This showed that although the provider had a system in place this was not always robust and effective. The system in place had failed to identify that some risk assessments were not reviewed following an incident so that interventions could be developed to reduce the risk of incidents reoccurring. The systems in place had failed to identify that issues picked up in the providers own environment audit had failed to be dealt with. For example, we saw that issues identified in an environment audit in May 2018 were still outstanding and raised again in September 2018. The system in place had failed to take action when issues were identified. For example, some people's mattresses had failed a safety audit but no action was taken to replace the mattress. There were related risks to an individual in relation to this and the system in place had failed to mitigate the risk until we raised this during our inspection. The systems in place had failed to identify that the providers safeguarding system and procedures were understood and effective. For example, the system had failed to identify that incidents and injuries were accurately recorded, properly analysed and reviewed so that trends could be identified and concerns escalated. The system in place had failed to identify that although staff had received training in MCA and DoLS many staff did not know who a DoLS had been applied and approved for.

The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

The registered manager had worked at the home for six months. Prior to this they worked at one of the providers other registered services. They told us that it had been an unsettling time at the service and that they were trying to recruit and ensure that a stable staff team was in place and introduce changes and improve practices. They had been without any managerial support until shortly before our inspection when a deputy manager had been appointed. During our inspection and immediately following our inspection we saw and the registered manager told us about the action they had taken to rectify the concerns raised. Furniture that presented a risk was removed, mattresses were replaced and meeting took place with staff to ensure that incidents and injuries would, going forward be recorded, reported and escalated to outside agencies as required.

Staff were caring and showed commitment to their role and the people they supported. They spoke positively about the registered manager and told us that things were improving in the home. A staff member told us, "[Manager's name] is really good and very approachable they are doing their best for the people that live at Horton Street". Staff told us that the registered manager was making changes so that the home was a

nicer place for people to live in. Another staff member told us, "[Managers name] is making a lot of improvements and putting things in place. They have improved how we do the medication and tightened up on the recording of medicines". A third staff member told us, "I think [managers name] is really trying to sort things out and improve the home for the benefit of the people that live here. They [ the manager] really cares about the people that live here". Staff told us that they would speak with the registered manager or the deputy manager if they had any concerns and had been informed on how they could whistle blow if they had any cause too.

A Provider Information Return (PIR) was sent to the provider to complete and was returned to us in January 2018. The PIR included areas identified by the homes previous registered manager that they were going to make improvements to. We were also able to corroborate some information from the PIR during this inspection. The registered manager was also able to tell us about many of the development plans and improvements they wanted to introduce in the home. However, regarding the provider's quality monitoring systems referred to in the PIR our findings were that these were not always consistently applied within the home.

Three relatives that we spoke with were very positive about the care of their relative. One relative told us that communication between them and the home could be improved. We shared this information with the registered manager and they agreed to contact the relative. The registered manager told us that relatives were invited to meetings at the service to discuss their relatives care and relatives that we spoke with confirmed this. The registered manager told us that he was in the process of introducing a feedback system to gather the views of professionals.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour. The registered manager was able to tell us their understanding of this regulation. We requested some additional information from the registered manager following our inspection and we were provided with all the information we requested in a timely manner.

The registered manager told us and records confirmed that the home worked in partnership with other key agencies and organisations such as the local authority and other health professionals to ensure there was provision of joined up care. Where required staff also shared information with relevant people and agencies for the benefit of the people living there.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and their website as required. This showed the registered provider understood their responsibilities.



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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not always protected from the risk of abuse. The provider had systems and processes in place but these were not always effective.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes in place to assess and monitor the safety and quality of the service had not been effective at ensuring the required improvements were made in a timely way.

### **The enforcement action we took:**

Warning notice