Choice Support

Howard Goble House

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Howard Goble House provides care and support for older adults with profound and multiple learning disabilities and some who live with dementia. It can accommodate up to 12 people over two floors. At the time of the inspection the home was providing care and support to 11 people.

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

People's experience of using this service
Medicines were not always safely managed. Medicine Administration Records (MAR) were not always completed in full and medicines handover sheets were not always signed. People were protected against the risk of infection. Assessments were carried out to ensure people's needs could be met. Risks were identified, and management plans were in place to manage these safely. Accidents and incidents were appropriately managed, however, learning from this was disseminated to staff.

Appropriate numbers of suitably skilled staff were not available to meet people's needs in a timely manner. Staff were supported through induction, training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were not always kind and caring and people's privacy and dignity was not always respected, and their independence was not always promoted. People were encouraged to eat a healthy and well-balanced diet. People had access to different healthcare professionals when required to maintain good health.

Information was available to people in a range of formats to meet their communication needs if required. There was a system in place to respond to complaints in timely manner.

There were systems in place to assess and monitor the quality of the service provided, however these were not effective. The service was not currently supporting people with end of life care needs, if they did this would be recorded in their care plans. The provider worked in partnership with key organisations to ensure people's needs were planned and met.

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

independent.

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 of the service was good (published on 12 January 2017)

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

Enforcement: Enforcement: We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, good governance and staffing.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will ask the provider to complete an action plan to show what they will do and by when to improve to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

Details are in our well-led findings below.

Howard Goble 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: This service is a care home and provides care and support for adults with profound and multiple learning disabilities. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place. 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.

Notice of inspection: This inspection site visit took place on 25 June 2019 and was unannounced.

What we did before the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. The provider is asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We use all this information to plan our inspection.

During the inspection: We spoke with three people using the service because many of them had complex needs which meant we were not able to communicate with them. 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 also spoke with one relative to ask their views about the service. We spoke with three members of care staff and the registered manager. We reviewed records, including the care records of five people using the service, recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm. Not all legal requirements were being met.

Staffing levels and recruitment
• There were not sufficient numbers of staff deployed to meet people's needs in a timely manner.

• On the morning of the inspection staff told us, and staff rotas showed that there should have been two staff members on the ground floor and two staff members on the first floor with one staff member acting as a float between the two floors, which meant there should have been five staff members on duty in the morning. However, we saw that there were only three staff members on duty instead of five. On the afternoon of the inspection there were four staff members rostered to be on duty and we observed this was the case as a bank staff member was called in to cover one of the staff members who was absent.
• During the inspection we saw staff on duty were flustered and rushing around trying to support people in a timely manner due the staff shortage. For example, one person needed two staff members to support them with personal care but had to wait until one of the other two staff members became available.
• As there were not enough staff, two people who were unable to communicate and needed support at lunchtime were left unattended for 20 minutes in the dining room while staff assisted other people to eat in the kitchen. One person needed prompting to eat, but this was not done, and staff took their plate away without encouraging them to eat more.
• People and staff told us that there were not enough staff. One person said, "There are not enough staff". Staff told us there used to be seven people on duty on a daily basis, three on the first floor and three on the second floor with one float between the two floors. The registered manager and staff told us that approximately a year ago, due to the budget cuts, staff numbers had been cut to five in the mornings. One staff member said, "We are short staffed today and it's been a struggle. We were also a staff member short yesterday. If a staff member has to take a person out, then that can also leave us short staffed and it can be hard."
• The registered manager told us that there were three staff members on duty on the Sunday morning shift on each unit so that one person could be supported to attend church. However, staff told us that this was not always the case if all staff did not attend on a Sunday then the person was not able to attend church.

• The inspector observed, and staff told us, that on the day of the inspection there were two staff members on duty in the afternoon on the bottom floor. One of these staff members had been working the morning shift on the top floor. However, this staff member was still on the top floor at 3.20pm (the time their shift commenced downstairs to start their shift) because they told us that they had to write up the notes from the morning shift before they could go downstairs.
• The registered manager confirmed that the provider had not used a dependency tool to establish staffing levels and the number of staff had been reduced by the provider.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they have a team of their own bank staff who cover for any sickness or leave. They were unable to arrange for a member of agency staff due to the short notice. Following the inspection the registered manager sent us an action plan which showed that staff from the attached supported living unit would be utilised to provide additional support when needed as they knew people living at the home well. The registered manager also stated that the provider would be revisiting their budget and increase staffing levels.

• Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

Learning lessons when things go wrong
• Accidents and incidents were appropriately recorded. For example, we saw there were three incidents of medicine errors which were documented, including the action taken. However, we did not see that there was any guidance for staff in place on how to minimise future incidents. The provider had not carried out an analysis to identify trends and patterns to prevent future occurrences.

• When things went wrong, the registered manager did not respond appropriately and did not use this as a learning opportunity. Accidents and incidents were not discussed at staff meetings and there were no documents to show that learning had been disseminated and had not been used to drive improvements.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manger told us that accidents and incidents were discussed at staff meeting but were not documented. Following the inspection the registered manager sent us an action plan which showed that discussions around accidents and incidents would be recorded and an outcome sheet of the accident/incident would be included in people's support plans to provide guidance for staff.

Using medicines safely
• Medicine Administration Records (MAR) were not always completed in full. For example, we saw that one person's MAR had not been signed on the morning of 24 June 2019 to confirm that they had been administered one of their medicines as prescribed. We also saw that a medicine handover sheet dated 24 June 2019 had been signed after the morning shift by a staff member to confirm that there were no gaps on the MAR from the morning medicines round and that the medicines countdown sheet had also been checked for the balance of remaining tablets. However, the staff member had signed the medicines handover sheet without checking as the MAR had a gap from the morning medicines round. Although, we saw the balance of medicines showed the person had been given their medicine we could not establish that it was administered at the correct time.

• Another person's MAR chart required two staff signatures after a particular medicine had been administered twice daily. However, the MAR chart was not always signed by two members of staff according to the provider's procedure even though the medicine handover sheet had been signed to confirm that there were no gaps on the MAR.

• We discussed the above with the manager and they told us that they would be arranging a refresher training in medicines administration for the staff.
• Medicine room temperatures were regularly recorded to ensure that medicines were stored at the correct temperature and to ensure they remained effective. Health professionals reviewed people's medicines regularly, to ensure people still needed them.
• Following the inspection the registered manager sent us an action plan which showed that they had requested an external pharmacist carry out a medicine audit. Also the registered manager had carrying out internal medicine audits.

Systems and processes to safeguard people from the risk of abuse
• People said that they felt safe from harm. One person said, "Yes I feel safe." One relative told us, "I have no concerns about [my relative's] welfare."
• There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to the manager and were confident appropriate action would be taken.
• Where there were concerns of abuse the manager had not notified CQC as required (we have this under Well-Led).

Assessing risk, safety monitoring and management
• Risks to people had been assessed in areas including mental and physical health, diabetes, nutrition, fire and safety, moving and handling, finances and accessing the community. Risk management plans were in place to provide guidance for staff on how to manage these risks safely.
• Procedures were in place to ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEP's) and staff demonstrated that they were familiar with how to assist people in an evacuation.

Preventing and controlling infection
•There were systems in place to manage and prevent infection. There were policies and procedures which provided staff with guidance on how to minimise risk of infection.
•Staff had completed infection control and food hygiene training and followed safe infection control practices. We observed staff washing their hands and wore personal protective equipment such as aprons and gloves when supporting people.

Good

Is the service effective?

Our findings

Effective – this means 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 that 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
• Assessments of people's needs were conducted prior to them starting to receive support from the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs appropriately.
• During these assessments, people's family, keyworkers, care coordinators or social workers were involved to ensure appropriate information was acquired to develop support and risk management plans.
• These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff skills, knowledge and experience
• People told us staff had the skills and knowledge to support them with their individual needs. One person said, "Staff know what their jobs are and know the help I need." One relative told us, "I am happy with the standard of care here."
• Staff training records confirmed staff had completed an induction and carried out job shadowing when they started work.
• Staff told us they were up to date with training considered mandatory by the provider which included medicines, safeguarding, first aid, manual handling, managing challenging behaviour and health and safety. Records we looked at this confirmed this. One staff member told us, "My training is all up to date. The training here is very good".
• Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. Records seen confirmed this. At these supervision sessions staff discussed a range of topics including safeguarding, policies and procedures, progress in their role and any issues relating to the people they supported. One staff member told us "I do have supervisions, I can discuss any issues I have and the manager can tell me how I am doing."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider followed the requirements of DoLS, in that the MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. We saw applications under the DoLS had been authorised, and if the provider was complying with the conditions applied to the authorisation.
• The manager and staff had a good understanding of the MCA principles and when they should be applied. People were encouraged to make all decisions for themselves where possible and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
• Support plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as managing finances or accessing the community.
• People's consent to their care was regularly reviewed or when people's needs changed to check the arrangements in place were appropriate.
• People's rights were protected because staff sought their consent before supporting them. One person said, "Staff always ask me first."

Supporting people to eat and drink enough with choice in a balanced diet
• People were involved in planning their meals and choosing what they wanted to eat and drink. People chose what to eat and drink and pictures were used to assist people in choosing their meals.
• People's support files included assessments of their dietary needs, preferences, their likes and dislikes.
• There was no-one at risk of malnutrition, however, staff knew the signs to look out for and actions to take if this occurred. They told us that they would provide additional support such as referring them to healthcare professionals if required.
• People were supported to eat healthy meals if they wanted to. One person said, "I like the food here." Another person said, "I love sausages."

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations
• People had access to a range of healthcare services and professionals which included GPs, physiotherapists, chiropodists, dentists, mental health team, and community learning disability teams.

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

• The home was clean and tidy, and corridors were light and clear from obstruction, so people could move around freely.
• Some people at the home were living with dementia and as such the provider had sought to make some areas of the environment dementia friendly, for example, having door numbers and their names on bedroom doors to help people identify their rooms. There was appropriate signage in place to help people orientate themselves easily.

Requires Improvement

Is the service caring?

Our findings

Caring – this means 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 now deteriorated to requires improvement. This meant people were not always treated with dignity and respect. Legal requirements were not met.

Ensuring people were not always treated well and supported
•People told us staff were not always kind. One person said, "Staff are not kind at all." Another person said, "Sometimes staff are kind."
• A staff member walked past the dining room where two people who could not communicate were left unattended and were trying to communicate with sounds and gestures. However, the staff member did not check on them and walked past the dining room.
• Staff did not always positively interact with people. There was little interaction between staff and people. Staff were not always attentive and did not verbally communicate with people or make eye contact. When one person who could not communicate was gesturing and trying to get staff attention with sounds, no staff member came to check on them.

Care was not being delivered in a person-centred way, therefore, this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan that showed that they had held a staff meeting with staff about providing support that met people's individual needs.

• People's support plans included their life histories, preferences, likes and dislikes.
• People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.
•People were allocated a keyworker who they met monthly or whenever needed. A keyworker is staff member that assists people with individual and focused support. Meetings were documented and recorded people's progress, concerns and any actions to be taken.

Respecting and promoting people's privacy, dignity and independence
• People's dignity was not always promoted. We observed one person eating their lunch with their hands and the person's lunch dripping out of their mouth with saliva back on to their plate. They carried on re-eating the food as there was no support provided to them to eat their meals.
• We observed after lunch one person sitting in the living room with a soiled top from the spaghetti they had

had for lunch. A staff member administering medicines noticed this and said that they would get the person's top changed. However, the person had to wait as staff were busy assisting other people.

• People independence was not always promoted. One person's support plan documented that they should be encouraged to take their cup into the kitchen after their lunch to promote their independence in relation to daily tasks. However, we observed staff taking away the person cup and not encouraging them to take the cup into kitchen. This meant that staff were not always prompting people to be independent.
• In line with Registering the Right Support guidance, people were not always, encouraged to be independent as possible so this did not help them to develop daily living skills.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan that showed aprons had been purchased for people who needed them, and serviettes/tissues been purchased and placed on all dining tables to ensure that people's clothes were not stained at lunch-time. Staff members from attached supported living unit to assist staff in supporting people to eat when needed as well as promoting people's independence as per their care plan.

• Staff knocked on bedrooms' doors and obtained permission from people before entering. One staff member said, "I always knock on people's bedroom doors before going in. I always shut doors and curtains."
•People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Supporting people to express their views and be involved in making decisions about their care
•People were involved in making decisions about their daily support.
•People had monthly key worker meetings to allow them the opportunity to discuss concerns, their goals and objectives. A key worker is a named staff member who is responsible for coordinating a person's care and providing regular reports on their needs and progress.
•Staff knew how to support people; they understood and were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up and the activities they liked to do.

Requires Improvement

Is the service responsive?

Our findings

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

Personalised care
•People did not always receive person-centred care. For example, staff did not always promote people's independence or communicate with them in a way that met their needs according to their care plans. Following the inspection, the registered manager sent us an action plan to show that a staff meeting had taken place with staff discussing that needed to be supported as per their individual care plans.
• People had individual support plans. People's relatives, key workers and healthcare workers were regularly involved in planning and reviewing their care and support needs. The extent people were involved depended on the complexity of their needs.
• People had a personal profile in place, which provided important information about the person such as date of birth, gender, religion ethnicity, medical conditions, next of kin and family details and contact information for healthcare specialists.
• Personal profiles also included information about the person's diagnosis and support requirements, for example, if they required support with personal care.
•Support files included individual support plans addressing a range of needs such as physical needs, medicines, moving and handling, nutrition, communication, nutrition and environment.

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
• When required people were supported to practice their faith if they chose to do so. They were supported and encouraged to maintain relationships with their family and friends to prevent social isolation. One staff member said, "One person goes to a place of worship every week, staff support them to do this."
• People were supported to follow their interests and take part in activities that interested them. This included attending college, day centres, music courses, bowling, aromatherapy, singing and arts and crafts.
•In line with the principles of Registering the Right Support, there was not a strong focus on building and maintaining people's independence.

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.
•There were some people who were not able to communicate verbally. People's communication needs had been assessed and they were provided with information in a format that met their personal needs. For example, information was available in a pictorial format as well as in large font and staff used Makaton (Makaton is a language programme designed to provide a means of communication to individuals who

cannot communicate efficiently by speaking).

Improving care quality in response to complaints or concerns
•The provider had a system in place to handle complaints effectively. Since the last inspection the service had not received any complaints. The registered manager told us if they did they would investigate and resolve complaints received within timeframes set in the provider's complaints procedure.

•Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response.

End of life care and support
• The service did not currently support people who had end of their life care needs. The registered manager demonstrated that if they needed to, they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.
• Staff told us they had supported people with end of life care to stay in the home and cared for them with the support of community healthcare professionals. We saw some feedback that staff had appropriately cared for an individual with end of life care in the home.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
•There were processes in place to monitor the quality of the service however they were not always effective.
•Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included care plans, accidents and incidents and medicines. However, medicines audits had not been carried out since the last inspection on 8 and 9 December 2016 therefore the provider had failed to identify the issues we found in relation to medicines.

•Information gathered from accidents and incidents and safeguarding adults was not used to develop the service and make improvements where required. For example, when there had been medicines errors, there were no documents to highlight the shortfalls found and the action taken to prevent this from happening in the future. Learning from these errors was not disseminated to staff.
• The provider did not use a dependency tool to establish the individual levels of support people needed. Staff confirmed that they regularly struggled to manage people's complex needs in a timely manner due to there not being enough staff. The provider had not acted on staff concerns.
• When things went wrong, the registered manager did not respond appropriately and did not use this as a learning opportunity.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan that to remedy the shortfalls found at this inspection. We will check this at our next inspection

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements
• There was a registered manager in place. However, the registered manager had a lack of understanding of their regulatory responsibilities. This was because they had failed to report incidents at the home as being potential incidents of abuse amounting to a breach of regulations. For example, the registered manager had not informed the CQC and the local authority that one person had been administered the wrong medicine that had been supplied by the pharmacy in error. The registered manager stated that they would ensure that CQC and local authority were notified of potential incidents of abuse.

• People were positive about the care and support they received and the way in which the service was

managed. People told us, "I like the manager" One staff member said, "The registered manager is really good and very supportive."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
• The ethos of the service was to support people to live better lives." However, at this inspection, our observations confirmed the provider was not always following the ethos of the service.
• Staff did not always encourage, motivate and supported people to be as independent as possible.

Engaging and involving people using the service, the public and staff
•Regular resident meetings were held to obtain people's feedback. Minutes from the last meeting in June 2019 showed items discussed included health and safety and activities.
•An annual survey had been carried out in October 2018 to obtain people's feedback. The feedback received was positive. Comments included, "Staff are amazing, and I am always kept informed."

•Staff attended regular team meetings which provided them with the opportunity to discuss issues relating to the management of the home. Minutes from the last meeting in June 2019 showed areas discussed included people using the service, safeguarding, risk assessments, support planning and training.

Working in partnership with others
•The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.
•The service worked with other organisations such as local colleges and day centres which supported people to access courses and activities.
•Feedback we received about the service from commissioners was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that care and treatment was always provided to service users to meet their needs and to reflect their preferences. Regulation 9(1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect and their independence was not always promoted. Regulation 10(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have effective arrangements to ensure learning from accidents and incidents took place to help

prevent reoccurrence and to drive improvements.

Regulation 12(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that staff were always deployed in adequate numbers to make sure service users', needs were met in a timely manner. Regulation 18(1)