

## Anglia Retirement Homes Limited

# The Old Deanery Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We Inspected The Old Deanery on the 25 and 26 November 2014, this inspection was unannounced.

At our last inspection on the 8, 9 and 17 July we found that the provider was not meeting the requirements of the law and had multiple breaches of regulations. These included; Respecting and Involving people, Consent to Care and Treatment, Safeguarding, Staffing, Supporting Staff, and Records. We served Warning Notices for Regulation 9, Care and Welfare and Regulation 10, Assessing and Monitoring the Quality of Service Provision. We asked the provider to take action to make improvements and this action has been completed

The service has the capacity to accommodate 93 people and is set over three floors. On the day of our inspection there were 32 people using the service. The provider had taken steps to change the service offered at The Old Deanery. They had recognised that they were unable to meet the individual needs of people with more complex needs and took the decision to concentrate on giving support to people who were less dependent. A review of all people using the service found that they were unable to offer continuing services for 23 people. Those people were supported by their families and the local authority to find alternative accommodation. These changes have

# Summary of findings

had a significant impact on the people, their families and others who used the service. Most of the people who needed to move had left the service but three remained at the time of our inspection.

The service does not currently have a registered manager. 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. A new care manager had been in post and was going through the process to apply to be the registered manager.

We found the service employed sufficient numbers of staff to meet people's needs. New staff had the appropriate checks before they started work, however we found their induction was short and needed improvements to ensure the training they received was effective and skills were being developed in order to meet people's needs.

The service carried out some risk assessments on people's healthcare needs, but did not complete individual assessments on how to support people who used wheelchairs and hoists. We saw that one person was moved inappropriately, the lack of information for care staff meant people may not always be supported with using equipment consistently and in the correct manner.

People told us they felt safe living at the service. Staff and the care manager were able to explain to us what they would do to keep people safe and how they would protect their rights. We saw that staff were adhering to

policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

We saw that people were relaxed in the company of each other and staff. Staff were attentive to people's needs and were able to demonstrate they knew people well.

New care plans had been implemented and developed with the involvement of people and their relatives. However it was not easy to locate relevant information about people quickly and easily. Staff did not always have access to the information they needed about people's health, safety and welfare.

People who used the service were provided with the opportunity to participate in activities which interested them. Activities were diverse to meet people's personal choices and individual needs.

Where appropriate, support and guidance was sought from health care professionals, including a doctor, chiropodist and district nurse.

The service had a number of ways of gathering people's views from holding meetings with staff, relatives and people, to completing surveys and talking to people individually. People's suggestions and ideas about how to improve the service had been listened to and action taken to make changes.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment. These audits were used to monitor trends and drive improvements. However they had not identified that there were not risk assessments in place for moving and handling, or care plans for medication.

# Summary of findings

## 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 consistently safe.

We saw the service took some measures to keep people safe.

Staff were recruited appropriately and employed after appropriate checks were completed. The service had enough staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

Improvements were needed to induction of new staff to support them to deliver care and fulfil their role and on-going training linked to people's needs.

People had enough to eat and drink. People's food choices were varied.

People had access to other healthcare professionals when they needed to see them.

Requires Improvement



### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people, and spent time with them.

Staff were responsive to people's needs and treated people with dignity and respect.

Good



### Is the service responsive?

The service was not consistently responsive.

The service was working towards improving the care documentation that fully reflected the care and support provided.

People could choose how to spend their day. They were encouraged in their interests and supported to meet their social and well-being needs.

People and their relatives were able to express their views, be listened to, and talk with the manager when they needed to.

Requires Improvement



### Is the service well-led?

The service was well led but improvements needed to continue and be sustained.

The service has a care manager in post who was actively driving improvements.

Requires Improvement



## Summary of findings

The service had implemented a number of systems to improve, monitor and maintain quality over all of its provision. Some work was still needed in this area.

# The Old Deanery Care Home

## 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 inspection took place on 25 and 26 November 2014 and was unannounced.

The inspection team consisted of two inspectors a specialist advisor 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed the information we held about the service by looking at notifications received from the provider and from contacting the Local Authority who commission care from the service. Notifications refer specifically to incidents, events and changes the provider and manager are required to notify us about.

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 with 14 people who used the service, 10 relatives, 12 members of care staff, the chef, a visiting health professional, the care manager and the chief executive for the provider.

We reviewed eight people's care plans and care records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts, quality monitoring and audit information.

# Is the service safe?

## Our findings

At our last inspection on 8, 9 and 17 July 2014, we found there were breaches of Regulation 11 and Regulation 22. We had concerns about safeguarding and staffing. We asked the provider to send us an action plan outlining the actions planned to make improvements. We found at this inspection that improvements had been made.

People told us they felt safe living at the service. One person told us, “Yes I do feel safe here.” Another person said, “It is safe and quite pleasant here.” A relative told us, “I think that it is safe.”

At our previous inspection we found safeguarding concerns had not been recorded properly or investigated robustly. Due to the lack of investigations learning from safeguarding's and further training required for staff was not implemented. At this inspection we found the care manager had reported safety concerns to the local authority. We saw that these had been investigated and any learning from these events had been fully explained to staff to prevent reoccurrences. Staff were able to clearly explain how their practice had changed in light of this learning. For example they were able to tell us that if there was a fire alarm, they must make sure all people were safe before leaving them to attend to the alarm.

Staff were aware of how to safeguard and protect people from poor care and abuse. They could describe what they would do should they suspect somebody was not safe at the service. This included raising the concern with the care manager and with external authorities such as the police, Care Quality Commission and social care services. Staff also knew how to ‘whistle blow’ and the service encouraged people to raise concerns directly or anonymously. There were posters displayed of a confidential call line that staff could ring to raise concerns and get advice if they had any concerns.

The service completed risk assessments to help identify if people were at risk of falls, malnutrition or pressure sores. This helped staff to ensure people's care was being monitored and provided in a safe way and that action was taken when any changes occurred. Some staff practices when supporting people to move were not always safe for the person or the member of staff. For example we saw a member of care staff support someone to move on a bed. The bed had not been raised to a height which made it

safer for the staff member to transfer at and there was no assessment in place to remind staff to check the equipment and their own position to reduce potential risk to themselves or the person they were supporting. When we checked to see if other people had manual handling assessments in place they had none.

At our previous inspection we were concerned that there was not enough staff to meet people's needs. There had also been a high use of agency staff, which meant people did not receive consistent support from carers they knew. At this inspection we found the service no longer had the need to use high levels of agency staff and had the appropriate level of staff employed to support people.

One person told us, “There was a staff shortage.” Another person said, “It is better now, the staff are good.” The service had reduced the number of people living there due to planned changes in the service provision and refurbishment. The majority of people lived on one floor and we saw that this was well staffed with people's needs being met in a timely and organised way. In addition to care staff there were also a number of other staff available who we saw talking and engaging with people during the day. These included cleaning staff, kitchen staff, activity staff and the care manager.

A staff member told us that, “There have been lots of changes, the shifts are easier and we have more time to spend with residents. We are not so rushed and have more time to do the records.” All the staff that we spoke with said they had more time to spend talking with people.

Records showed that recruitment checks were completed for new staff. Staff told us how they attended interviews, provided references and completed the required disclosure and barring checks. This check ensured staff were checked for a criminal record and were suitable to work with people.

People told us that they received their medication on time and when they needed it. Medication was provided to people efficiently and in a timely manner. We saw that senior staff wore a red tabard to identify they should not be disturbed whilst they provided people with their medication to lesson distractions that might cause a mistake. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication explaining what it was and what it was for.

## Is the service safe?

We saw 'as required' medication being administered when requested by people, because they needed pain relief or other medication to help them periodically. Some information about people's medication was included on their Medication Administration Records (MAR). This record was not available to all care staff so it was not clear how they might familiarise themselves with important information such as how medication may affect the person they were caring for as it was not recorded in people's care

plans. Some people had medication which had potential effects staff would need to know about to ensure the correct care was provided. Staff told us they discussed this information regularly during meetings and handovers and were confident they knew what to look out for and the action they should take. Despite this not all staff had readily available information about people's medication to ensure they could monitor their health conditions.

# Is the service effective?

## Our findings

At our last inspection on 8, 9 and 17 July 2014, we found there were breaches of Regulation 2 and Regulation 23. We had concerns about consent to care and supporting staff. We asked the provider to send us an action plan outlining the actions planned to make improvements. We found at this inspection that improvements had been made.

One person told us that, “They [staff] are kind and patient, I could not have asked for better care.” A staff member told us that, “The manager has made me a stronger senior. I am learning from someone new. They are teaching us how to manage the floor and the staff, and this is making me a stronger team leader.” Senior staff were confident in their role and spoke with us passionately about the support they gave to people. They found the way the manager worked was very positive and they tried to follow their example.

At our previous inspection we found staff had not been provided with adequate training and support to look after people with complex needs. We also found that new staff did not have an in-depth induction that provided them with the required information to support people. At this inspection we found the focus of the service had changed and that they were no longer working with large numbers of people who had complex needs as the majority had moved to alternative services. The training now being provided was appropriate for the people being supported there. The care manager was working towards ensuring that new staff induction had the right elements included to ensure it covered the support required to meet people’s needs.

A relative told us that whilst they felt staffing had improved overall the skills and knowledge some staff had was variable. This meant the care their relative received was sometimes inconsistent. The care manager told us that they were identifying the training needs of the staff and the service to ensure that the correct training was provided to ensure people’s care needs were met. Part of the review was to ensure that the training linked with the type of care the service was aiming to provide in the future. The care manager confirmed their focus was on staff being skilled to encourage and enable people to be independent for as long as possible. A staff member told us that they attended recent training for supporting people at the end of their life. They told us, “The training was good, practical and hands on.” Staff told us they had received training to help them

understand the needs of people they cared for including dementia and a course called ‘Heart of Care’, which was about seeing people as individuals and placing them at the centre of their care. Staff told us that they were being supported to complete national qualifications in health and social care.

Staff said that before they started at the service they attended training and ‘shadowed’ more experienced staff for three days. After this they were usually paired up to work with another member of staff. Staff said that following this they were, “Generally left to get on with it.” The induction process was not robust in following up on new members of staff progress over their first few months at the service. There was a lack of overview to ensure that the quality of care expected from new staff was being delivered and identified any further support or training required. This did not give new staff the opportunity to ensure their learning had been effective and they were meeting the needs of people safely and effectively. The provider told us that they were reviewing staff induction and would be moving to a more detailed supervised twelve week induction which would ensure staff were better supported in their new roles. They felt this would also help to focus and ensure that new staff understood they were a key part of how the service wanted to improve and develop.

Senior care staff had been receiving training in supervision, so that they could offer more support sessions to care staff. The care manager told us they had commenced weekly meetings with the senior carers to discuss any issues within the service and provide support to them. The senior care staff all said they had found this very helpful and this had supported them with changes within the service.

At our previous inspection we found staff did not have a clear understanding of how to check people were consenting to their care, and that they were not following the correct procedure when people did not have the capacity to consent. At this inspection we found staff were clear on how to check people were consenting to care and how to protect people who did not have capacity.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005. We found the service was meeting these requirements at this inspection. The care manager had a good understanding of DoLS legislation and they had made a number of referrals to the supervisory body (Local Authority) for their consideration and recommendation.



## Is the service effective?

Staff we spoke with had a good understanding of the MCA and knew to check that people were consenting to care and treatment. Staff showed good knowledge that people should be presumed to have capacity unless otherwise tested. We saw that where appropriate 'best interest' decisions had been made on people's behalf. Documentation had been completed correctly and explained the level of support people needed.

One person told us that, "The food is pretty good and I don't leave anything." Another person told us that, "Scampi is very nice, very good, it was nice and I ate it all." We observed a lunchtime meal, most people chose to attend the dining rooms, and this was a very social occasion.

People sat together and engaged in conversation. They were offered choices over what they would like to eat and the serving trolley was stationed in the dining area so that people could see the food to help them make their choice. Staff spoke with people and explained to them what was on the menu. Pictures were available of the food to help people decide what they would like to eat.

Where people required support with eating staff sat beside them and encouraged them. We saw that the pace was set by the person eating and that they were not rushed. Staff offered drinks and asked if they were ready for more food. People had access to food and drinks throughout the day.

Staff frequently offered people a choice of drinks. The service also had a café where people could sit and have drinks and snacks, either on their own or with their relatives and visitors. People told us they liked this as it gave them more choice about where to spend their social time and that they enjoyed using this area with their relatives.

People had access to other health professionals as required. These included the general practitioner, chiropodist, district nurse and physiotherapist. A relative told us that, "Yesterday evening they [staff] telephoned and said [my relative] was not well and they [staff] got the Doctor in and prescribed pain killers and I was told that if this did not work they would not hesitate in taking [my relative] to the hospital." Another relative told us that they had meetings with other health professionals at the service including the mental health team, to help support their relative.

We saw that people had access to a community physiotherapist as required and were supported in carrying out exercises to help their mobility. During our inspection we spoke to a visiting healthcare professional who was very complimentary of the staff and the support they provided to people.

# Is the service caring?

## Our findings

We found the service to be caring. A person told us that, “The staff are very kind and if there is anything you want they will always get it for you.” Another person told us that, “It is good here and the staff treat you as if you are the only person and they have been exceedingly good to me.”

The service had implemented a ‘no one walks by’ policy which promoted that there was an expectation that staff take responsibility, and never walk by a person without checking they are alright or attending to their needs.

At our previous inspection we had been concerned because call bells were not always accessible to those who needed them or were not answered and responded to appropriately. During this inspection we saw that staff were responsive to people’s needs. One person told us that when they used their call bell, “They are here within a minute or two.” We noted some people wore call bells as a pendant, so that they could move around freely but still have the ability to summon help should they require it.

Staff we spoke with knew people well, including their preferred routines. For example they knew what time people liked to be supported to get up, where they preferred to eat their meals and how they liked to spend their time. Staff had formed positive relationships with people. We observed that people were relaxed and comfortable when engaging with staff. People were laughing together and with staff. The atmosphere within the service was happy and relaxed, with people getting on well.

Staff showed empathy and expressed concern for people, for example when a person had not eaten their breakfast, a staff member spent time checking to see if they were alright and if they could get them anything else.

A relative told us how staff had taken the time to move a chair from their relative’s room to the lounge whenever

they wanted to sit with others. They said that, “[My relative] is sitting in [their] own chair here in the lounge rather than the standard issue and they move it from [their] room to the lounge each time, they are going that little bit extra to make [relative] comfortable.”

We saw staff knew how to comfort people. One staff member did this by singing with one person who became immediately less distressed. On another occasion we observed a person became distressed at a mealtime, staff immediately sat with them to offer reassurance. Throughout the inspection we saw staff acting with kindness and compassion.

People’s changing needs were consistently reviewed and information within support plans was kept up to date. People living in the service, staff and others (when relevant) had access to the information. People were involved with reviewing their care plans. Relatives were also involved where appropriate and told us that they had been through the care plans with staff. They found this helpful to understand the care provided and how their relative was being supported.

We saw that people had their privacy respected by staff. Each person had their own room and we saw staff would knock and ask if it was alright to enter. The service had areas that people could receive private visits with their relatives should they wish. One person told us that, “They [staff] always respect my privacy in the bathroom, and go out of the room if I need to be on my own.”

We saw on one occasion that a person required a hoist to transfer from a wheelchair to a chair in the main lounge. Staff placed a screen around them to shield them from others to maintain their dignity.

One person told us that, “They [staff] encourage independence. If you can do something yourself they ask if you can manage and offer help if they see you are struggling.”

# Is the service responsive?

## Our findings

At our last inspection on 8, 9 and 17 July 2014, we found the service to be in breach of regulation 9 Care and Welfare, and regulation 20 Records, of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010. We served warning notices for Regulation 9 Care and Welfare and Regulation 10, Assessing and Monitoring the Quality of service provision. We told the provider to address the concerns by 7 October 2014. We found at this inspection that improvements had been made.

At our previous inspection we found the provider was not meeting the care needs of people with complex health conditions, which meant at times they did not receive the care they needed. At this inspection we found the provider no longer offered to provide care for people with complex health conditions. For the people remaining the provider had undertaken a review of all care plans and individual's needs. We found some work was still needed to develop the care plans so they clearly reflected people's needs and how they should be met. We found the provider had better systems in place to keep records up to date, and stored them securely.

The service had reviewed and discussed the care arrangements in place for all those who continued to use the service. A staff member told us that, "Families are now asked to look at the care plans and add and change things if they think that they need it." Relatives told us that they had been involved in discussion about their family members care. One told us that they had read, agreed and signed their family members care plan and now knew what care was being provided and why. This helped them understand their relative's needs. Another relative told us that, "They always inform me of changes and keep me fully informed of [relative] and involve me in the care plan."

Care plans were not concise so that information could be easily found and referred to by staff to ensure people received the support they required when they needed it. Care plans were written to tell a story about the person they were about. Whilst this made them more individual and person specific some of the important information for care staff had been missed. For example details about how people's health needs should be monitored and delivered

were missing which could lead to a lack of consistency. Although staff demonstrated they knew people well, it was hard to track if someone's needs had changed as different plans were kept in different places.

People had choice about what they wanted to do and were supported to follow their own interests. One person told us that, "I walk round the gardens every day when it is fine with a friend and I do what I want to do, and I can stay in my room if I want. This morning I went to the Church Service." We saw people taking part in a religious service, a feel-good and pampering session, watching a movie in the cinema room, making photo memory books and reading in the library.

The service offered many activities for people to take part in, and employed staff specifically to facilitate this. For example one person told us how they liked to do needlework and embroidery, and we saw work they had been supported to complete on display. Staff told us how another person enjoyed tap dancing and how this person enjoyed doing this when there were singers or piano players at the service which happened regularly. As most people using the service were independent they were able to express their views on what they wanted to spend their time doing. Where this was not possible family and friends had been consulted.

Relatives we spoke with told us that their family member enjoyed reading the newspaper, watching television and having trips out into the community. There was a wide range of activities that had been planned for a month at a time. Each person had a timetable in their room so they could see if there was anything happening they wanted to join in with. One person told us that, "A leaflet comes round and I choose whether to go or not."

The care manager communicated with families, people and staff regularly through meetings, letters and in person. The service also had comments cards for relatives and staff to complete and had recently undertaken a survey. The care manager told us they saw this as an opportunity to learn about what people think about and want from the service.

People and their relatives spoke confidently that they would speak with staff or with the care manager if they had any concerns. Staff told us that they would try and resolve any issues or they would inform the care manager.

## Is the service responsive?

The care manager told us that they responded immediately to complaints to resolve them. A relative told us they had complained about missing laundry which the service had fully refunded. They were very satisfied with the way the complaint had been dealt with. The care manager told us that they had reviewed the laundry system to prevent this happening again.

Another relative raised a concern that they had been unable to call the service due to a problem with the telephone lines. The care manager immediately arranged for a telephone engineer to attend the service. This demonstrated the service had learned to be responsive to people's concerns and to reach a resolution in a timely manner.

# Is the service well-led?

## Our findings

At our last inspection on 8, 9 and 17 July 2014, we found the service to be in breach of regulation 10, Assessing and Monitoring the Quality of service provision of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We served a Warning Notice on regulation 10, Assessing and Monitoring the Quality of service provision. We told the provider to address the concerns by 7 October 2014. We found at this inspection that improvements had been made.

At our previous inspection we found the provider did not have effective quality monitoring procedures in place. The provider was not identifying or acting on issues of concern within the service. Guidance for staff was not up to date in relation to policies and procedures. Staff were not being supported to complete training that had been identified to help them within their role. At this inspection we found the provider had implemented a management restructure and was working towards addressing the issues previously identified. This included ensuring a consistent service with clear managerial oversight on the quality of care provided.

The service had a new care manager in post and they are going through the process to become a registered manager with the Care Quality Commission.

The care manager told us that the focus of the service is to support people in a residential setting who have needs which can be met by care staff in a way which is not limited due to the challenges of the environment, primarily the layout and design of the building. They explained the service was unsuitable to accommodate large numbers of people who are unable to move around independently or who have complex needs which require them to be under constant supervision. The care manager told us that the service was, “going back to basics” to support staff to deliver a good service to people. The care manager was keen to support and develop staff with training to ensure they had the correct skills to meet the needs of people. Although we recognise that the provider had identified improvements needed they had not yet all been fully implemented and they needed time to show that they had taken effect and were being sustained.

We received many positive comments about the care manager from relatives, people and staff. A relative told us that, “It [the service] has improved, definitely more

communication and the manager is more approachable. We have had lots of letters keeping us in the loop of changes but it takes a long time for things to change.” A member of staff we spoke with said that, “It is much better and it is calmer and staff are less rushed and the residents seem happier as everyone has more time for them.” They also said that, “The new manager seems very committed and is here all the time and they make themselves available. It is a safer environment they walk the floors in the evening and chat to the residents, they seem very committed.”

From the staff we spoke with there was a sense that the culture was changing at the service. All staff told us that people were placed at the centre of their care. The care manager had started a ‘don’t walk by’ campaign, this encouraged staff to be attentive immediately to people’s care needs. We saw that the care manager was leading by example; a member of staff told us that, “The manager is hands on and is around all the time and even answers the buzzers.”

Senior staff told us that they had regular weekly meetings with the care manager to discuss the service, people’s care and any new ideas. Staff told us that the care manager was willing to listen to their ideas and try new things. Staff also said that the care manager was encouraging a ‘no blame’ culture within the service. If staff made a mistake the care manager wanted to know about it and for staff to learn from mistakes. A member of staff gave an example of a minor medication error they had made and reported. They told us they felt supported to follow the right course of actions whereas before they would have been afraid to report the error. It is very important that a service can learn from mistakes as this will keep people safe and improve care.

Everyone we spoke with thought the care manager and chief executive was very visible and accessible within the service. We heard many accounts of the care manager being at the service on weekends and in the evenings. The provider had developed systems for closer monitoring to drive improvement in the service. As well as refocusing the services being offered they had restructured roles and responsibilities with a number of changes made to the senior leadership team responsible for the service. The

## Is the service well-led?

provider was able to demonstrate that members of their board were fully aware of developments and the impact and challenges of changes being made. This was helping to create a more open culture at all levels.

We saw that the care manager had a number of quality monitoring processes in place for staff to learn from, such as audits of records, care plans and from accidents and incidents. They had shared learning points and information with staff, who were able to tell us when we spoke with them about different things they had learned. This included learning points from safeguarding alerts and from accident and incidents. However this was not robust enough because the monitoring had not identified the potential risks we found around staff's access to comprehensive care planning and medication information.

The local authority was still involved with supporting people to move to other services but had stopped commissioning care from the provider directly. The chief executive and care manager had a number of on-going plans to focus on improvements within the service and what it offered to deliver. Whilst it was possible to see an initial positive effect for people who continued to use the service, the management team acknowledged this could not be achieved without having a significant impact on the lives of those people (their families and friends) who had needed to move to other services. They also recognised the need to sustain and build on improvements for consistency overall.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.