

Housing 21

Housing 21 – Alice Bye Court

Inspection report

Alice Bye Court
Bluecoats
Thatcham
Berkshire
RG18 4AE

Date of inspection visit:
27 November 2019
28 November 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Housing 21 Alice Bye Court is a domiciliary care agency. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Alice Bye Court contains 51 flats on one purpose-built site. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing, this inspection looked at people's personal care and support. Not everyone using the service receives personal care. For example, not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was providing care and support to 32 people.

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

People had been exposed to the risks associated with the unsafe management of medicines. Staff had not consistently administered medicines safely and people had not always received their medicines as prescribed. Staff had not consistently followed the provider's policies and procedures to ensure medicines were managed safely, in accordance with current guidance and regulations.

Governance and performance management was not always reliable and effective and quality assurance was not always applied consistently. People's developing risks were not always managed safely. The provider had recently created an action plan to drive improvement in the management of incidents to safeguard people. However, the management team had failed to always effectively analyse incidents and put measures in place to prevent future occurrences. This meant people were exposed to further potential risk of harm because immediate action was not always taken to mitigate risks.

Support for staff from the management team was inconsistent. There were low levels of staff satisfaction and a lack of confidence in the management team, with most staff feeling they were not listened to, valued or respected.

Equality and diversity were not consistently addressed by the management team, which had led staff to feel they were not always treated fairly.

The provider had completed thorough pre-employment checks to make sure staff had the appropriate skills and character to support vulnerable people in their own homes. The manager ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. The service did not use agency staff. Staff adhered to the provider's infection control policy and used the appropriate equipment and clothing, whenever required. Staff had completed food safety training and correct procedures were followed wherever food was prepared.

Staff had the necessary skills and knowledge to meet people's needs. The registered manager operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care. Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet.

People were supported to have maximum choice and control of their lives and staff supported /did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported/ did not support this practice.

Staff effectively involved people in decisions about their care, which ensured their human rights were upheld.

Staff consistently treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

People received personalised care that was responsive to their individual needs and preferences. Staff enabled people to raise concerns and complaints, which were used to improve people's experience of the care they received. The service was not supporting anyone with end of life care. However, people had the opportunity to discuss their wishes and preferences in this regard, which were reviewed regularly.

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

Rating at last inspection

This service was registered with us on 10/12/2018 and this is the first inspection. The last rating for this service was requires improvement (report published 14 July 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to the unsafe management of medicines and poor governance of the service to ensure compliance with the regulations.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Housing 21 – Alice Bye Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency, which provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. 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. The manager was completing the CQC process to become the registered manager. They are referred to as the manager throughout this report and together with their two assistant care managers as the management team.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 November 2019 and ended on 19 December 2019. We visited the office location on 27 and 28 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with 13 members of staff, including the manager, two assistant managers, a registered manager from another service and area manager who were providing support to the manager, and eight care staff.

We spoke with a local authority deputyship officer, a social worker and two community psychiatric nurses, who were supporting people using the service. A deputyship officer is legally appointed to support vulnerable people, who may lack capacity, to manage their finances safely. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives, three community professionals who regularly visit the service and five members of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at risk of harm because staff had not always administered medicines safely and people had not consistently received their medicines as prescribed. Medicine administration records (MAR) and CQC notifications demonstrated there had been multiple medicine administration and recording errors since the service was first registered.
- For example, one person using the service had not received their prescribed night time anti-seizure medicine. The following morning the person experienced a seizure, which required the attendance of paramedics. Due to the complexities of the person's diagnosis it is not possible to directly attribute this seizure to the missed administration. Other incidents involved medicines not being administered as prescribed to a person living with diabetes and another not receiving antibiotics for a leg infection. Another incident surrounded the failure of staff to resume the administration of a person's Warfarin after a surgical procedure. Warfarin is a blood thinner which makes your blood flow more easily and helps to prevent dangerous blood clots. Unsafe management of medicines meant people were at potential risk of harm. We found no evidence to demonstrate any person had experienced harm resulting from the medicine errors.
- MAR demonstrated that staff were not consistently recording the administration of 'as required' medicines. These are medicines taken by people when needed, for example pain relief. This meant there was an increased risk of potential harm to people through overdose, by staff being unaware of previous administration. We found no evidence that people had received an overdose of 'as required' medicines.
- The provider had policies and procedures in place, which staff had not always followed to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff consistently told us that rotas did not always factor in sufficient time between people's medicine administrations. Staff told us they often had to manage these administrations whilst completing other visits, which had led to mistakes. At the inspection the manager demonstrated that rotas, wherever possible, ensured visit times were compatible with the time people required their medicines. However, people often decided to take their medicine later, which required staff to return.
- Staff had not always liaised reliably with other services involved in the administration of people's prescribed medicines. Relatives told us that poor communication between the service and dispensing pharmacy had led to people's prescribed medicines not always being received on time. The manager was able to demonstrate measures they had put in place with GP surgeries and pharmacies to improve the efficiency and safety of medicine supplies and administration systems. At the time of inspection it was too soon to assess whether these measures had achieved the required improvement.

The unsafe management of medicines meant people were exposed to the potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- Staff had been trained to administer medicines safely and their competency to do so had been assessed. Staff training and competency assessment were reviewed in response to the aforesaid medicine errors. All staff also completed additional training and competency assessments. At the time of inspection it was too early to assess whether this had led to the required improvement.
- People told us they were treated with dignity when supported with their prescribed medicines. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.

Systems and processes to safeguard people from the risk of abuse

- On 8 November 2019 the service was visited by the local authority safeguarding and quality assurance team. They identified that the provider's safeguarding policies and procedures were not fully embedded and staff did not always respond quickly enough to concerns. The service had not always fully engaged with local safeguarding systems. The provider had completed an action plan to address the issues and the improvement required. At the time of our inspection improvements had taken place but it was too soon to assess whether the improvements had become embedded and were sustainable.
- Staff had completed safeguarding training and understood their responsibilities to protect people from harm and abuse.
- People consistently told us they felt safe at Alice Bye Court and trusted the staff who supported them. One person told us, "I like it here because the staff are very kind and I know they're there if I need them. It is reassuring and let's me get on with my life."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People experienced care from staff who were aware of people's individual risks. When people began to use the service, staff identified and assessed risks to people, which they had managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas.
- However, where accident and incident forms identified potential increased risks to people, these risk assessments had not always been fully reviewed. The manager was in the process of reviewing accident and incident forms to ensure all relevant risk assessments had been updated.
- When people experienced behaviour which may challenge others, staff supported them in a sensitive way and protected their dignity and human rights. The manager and staff effectively engaged with the community psychiatric nursing team and regularly reviewed the support provided to manage people's anxieties and behaviour.

Staffing and recruitment

- The manager completed regular staffing needs analysis based on the dependency of people and hours of care commissioned. Rotas demonstrated there were sufficient numbers of suitable staff deployed to support people to stay safe and meet their needs.
- However, staff consistently reported that they were frequently understaffed because some staff members failed to come in without notice. For example, shortly prior to our inspection, one morning shift had two staff members when four had been rostered. Whilst staff regularly volunteered to cover such absence there was often a time lapse, which meant staff were stretched until volunteers arrived. The manager demonstrated that on such occasions the management team immediately came in to provide cover, until other staff volunteers were able to come in.
- Rotas demonstrated that some staff worked very long days. Staff working these shifts consistently reported that they rarely had time to take breaks.

- The manager was aware of the staffing reliability issue and was in the process of recruiting new staff.
- People and relatives told us there were enough staff deployed to meet their needs.
- The provider had completed thorough pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.

Preventing and controlling infection

- Some staff had raised concerns regarding colleagues who had not been disposing of waste products in accordance with the provider's policy. These staff members had received further training and development from the management team to ensure future compliance with the provider's procedures.
- People and relatives consistently told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering their care and support.
- Staff we spoke with were able to demonstrate a clear understanding of the importance of managing the control of infection effectively and how this applied to the delivery of their care to people.
- Staff had completed relevant training in relation to infection control and food safety. People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- We observed staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People consistently told us they received support from regular staff who knew how they liked things done.
- People consistently told us that staff had the necessary skills, knowledge and experience to meet their health and emotional needs. People consistently told us staff provided effective care, which achieved good outcomes. For example, one person praised staff for supporting them to be able to walk again. They told us, "I was bed bound for a long time and didn't think I would walk again. Now look at me. I couldn't have done it without them [staff]."
- People consistently told us staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Relatives of people who were being supported with mental health issues and to manage anxieties and behaviour which may challenge others reported a mixed experience. One relative told us that staff were very effective at supporting their family member when they were anxious. They told us staff recognised triggers to their loved one's behaviour which enabled them to provide sensitive interventions which reassured them and reduced their anxieties. Another relative believed some staff would benefit from more training in relation to supporting people with mental health needs.
- The management team completed detailed assessments to make sure the service was able to meet people's health, care and medical needs. These assessments considered all aspects of people's lives and were regularly, reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans.
- People's care plans and the support provided were based on current best practice and showed the manager and staff understood the person's individual needs.

Staff support induction, training, skills and experience

- The provider operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs. Staff told us the provider's mandatory training fully prepared them to fulfil their roles competently.
- New staff had completed an induction process that enabled them with the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members to introduce them to people and demonstrate how they wished their care to be delivered.
- Records showed that some staff supervisions were overdue and had not always been completed in line with the provider's policy. However, the assistant care manager had identified supervisions required and had arranged appointments to bring them up to date.

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

- Staff supported people to eat and drink enough to maintain a healthy, balanced diet.
- Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions, by consistently following guidance from relevant professionals.
- People and relatives reported that staff actively encouraged people to drink to ensure they were protected from the risks of dehydration.
- We observed staff ensured people had access to their preferred drinks, which were left within their reach, before they completed their visits.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare professional and acted swiftly on their recommendations, which ensured people's health needs were met.
- Staff worked effectively in partnership with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Professionals consistently told us that the manager and staff had worked well in partnership with them and had effectively implemented their guidance to achieve good outcomes for people.
- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. At the time of inspection, the service was not supporting anyone who was subject to such an authority.

- People's human rights were protected by staff who had demonstrated a sound understanding of consent and the MCA. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- People consistently told us they had consented to the care and support detailed within their care plans.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person being supported with reablement told us, "My carers [staff] are fantastic. They have really worked wonders and got my life back on track."
- Relatives mostly praised the caring attitude of the staff and made comments like, "The staff are excellent" and "The way they [staff] treat him is amazing, they are so kind and patient."
- People told us staff were respectful of both them and their homes. One person told us, "They [staff] always treat me with love and keep my home lovely."
- Visiting professionals made positive comments about caring staff interactions with people, which we observed during home visits.
- Staff spoke with pride and fondness about people they supported. Staff told us how they had developed meaningful relationships with people, which inspired them to provide the best possible care to improve the quality of people's lives. For example, one staff member said, "I love my job here and I love the people. They are so special. I love to care for them. It is a real gift to be a carer."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.
- Staff knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.

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

- Care plans were developed with people, their relatives, and staff knowledge gained from working closely with them.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.
- People were encouraged and supported by staff to make decisions about their daily care.
- We observed staff providing information and explanations to people whilst delivering their support, which reassured them.
- Staff gave information to people, their families and friends, about other organisations and sources of general or specific advice. Staff supported people to contact advocates and other potential sources of support and advice.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the service culture.

- People consistently felt respected, listened to, and involved in the development of their care.
- Care records explained what staff needed to do and what people could do independently.
- We observed that people were supported to promote their independence and encouraged to complete tasks that they could do, to maintain their life skills.
- Staff understood the importance of making people feel comfortable in their own homes. One staff member said, "I always try to remember that I have been invited into the residents home and make sure I respect their wishes and culture."
- Staff were particularly sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members. A relative told us, "They mainly support [loved one] but also keep an eye on me to make sure I'm ok."
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.
- The provider stored people's confidential information securely in accordance with legislation. This information was readily available when required to those authorised to have access to it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff planned and promoted person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- People's care plans were person centred and staff understood how people wished to be supported, in line with this information.
- Staff were consistently able to describe people's needs and how these were met.
- The manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- People consistently received personalised care that was responsive to their needs. For example, staff responded to changes in people's needs and liaised with health and social care professionals.
- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated a multi-disciplinary approach. For example, staff engagement with community nursing teams and other healthcare professionals.
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions.
- People were supported to maintain relationships that were important to them.

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.

- The provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's different communication needs. People were provided with information in a way they could understand which helped them make decisions about their care.
- Hospital passports provided detailed information about people's communication needs, to inform other professionals how to communicate with people.

Improving care quality in response to complaints or concerns

- People and their relatives were given the opportunity to give their feedback on the service during care

reviews, meetings and surveys. This feedback was consistently positive.

- There were effective systems in place to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- We reviewed the complaints made since the service was registered, which had been dealt with in accordance with the provider's policy.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Support for staff from the management team was inconsistent. Some staff told us one manager provided clear and direct leadership, whilst others did not. There were low levels of staff satisfaction, and staff told us they experienced high levels of stress. Most staff told us that whenever they had raised issues with the management team, no action had been taken and they had totally lost confidence in them.
- Staff consistently told us they did not feel listened to, respected or valued. Staff working late or during the night frequently felt unsupported and due to insensitive messages delivered by the management team were worried to call out of hours managers. Staff consistently reported that the management team did not effectively manage short notice staff absence and delegated this responsibility to staff who were endeavouring to cover extra calls caused by the absence. The manager told us they were addressing the issue of certain staff reliability and were actively recruiting to address the situation. The manager told us they would consult staff further in relation to this issue and if required consider the use of agency staff temporarily until new staff had been recruited.
- Staff felt they were not supported by the management team in a way that enabled them to provide care and support to a high standard.
- Equality and diversity were not consistently promoted by the management team and the causes of workforce inequality were not always adequately addressed. This had led staff to consistently feel they were not always treated fairly by the management team or colleagues. For example, staff disclosed sensitive issues relating to confidentiality, sexuality and poor care practice of colleagues, which they believed the management team had failed to address. These issues were discussed with the manager and supporting registered manager. The supporting registered manager was previously unaware of the issues, whilst the manager told us they were in the process of managing them.
- Relatives consistently told us the management team were passionate and dedicated to people they supported but at times were disorganised, which had a negative impact on the quality of care provided. Relatives told us the service could be improved with better communication between the manager and assistant care managers.
- Whilst relatives, professionals and staff consistently told us the service was not always well-led, people using the service told us they thought the manager and established assistant care manager were "very approachable and most helpful." The manager spent meaningful time with people, who told us their views were listened to by the manager and were acted upon.
- The provider had made suitable arrangements to support the development of the manager. For example,

through regular meetings with the provider's area manager and mentoring from an experienced registered manager.

- The provider had forged good links with local community resources and organisations that reflected the needs and preferences of the people living in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Incidents and accidents were not always responded to in an open manner and legal requirements to report certain incidents were not always met.
- Providers are required by law to notify CQC of certain events, such as serious injuries or safeguarding allegations. The manager was knowledgeable about when to notify CQC, although records demonstrated this knowledge was not consistent across the management team. For example, incidents had not always been reported expeditiously, where required, to CQC and the local authority. The provider had identified a training and development need for some members of the management team, which was being addressed with required training. At the time of inspection it was too early to assess whether this training had achieved the required improvements and whether improvements made were sustainable.
- Incident records showed that the manager shared relevant details with relatives, representatives and healthcare professionals when appropriate.

Working in partnership with others

- The manager was collaborating effectively with community mental health teams to support people who experienced behaviours which may challenge others.
- The manager was working cooperatively with local authority quality assurance, safeguarding and multi-disciplinary teams to improve the service. Time was required to ensure the improvements made became embedded.
- The manager was working with local GP surgeries and pharmacies to improve the efficiency and safety of medicine supplies and administration systems.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The unsafe management of medicines meant people were exposed to the potential risk of harm. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations. Regulation 17 (1)(2)(b)(e)(f)