

Autonomy Healthcare Limited

# Autonomy: Victoria & Elizabeth

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 15 January 2019 and was unannounced.

Autonomy: Victoria and Elizabeth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to nine people across two adapted buildings.

Autonomy: Victoria and Elizabeth provides care and accommodation to up to nine younger adults. The service is based in two separate buildings, one called Victoria and the other Elizabeth. It specialises in the care of people diagnosed with learning disabilities, autistic spectrum disorders, and mental health needs. Accommodation is provided in a range of apartments situated on a private residential estate. At the time of our inspection there were eight people using the service.

At our last focussed inspection in July 2018, we rated the service as requires improvement. The service was rated as requirements improvement in Safe and inadequate in Well-led. This was because risks to people were not always assessed and people's safety not always monitored. Safeguarding incidents had not been reported to CQC as required. There were no comprehensive systems in place to monitor the quality of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-led to at least good.

At this inspection we found the provider had made some improvements but the overall rating has remained as requires improvement.

There was a registered manager in post. 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.

The quality of the service was monitored through limited audits carried out by staff and the management team. These had not been effective at identifying the areas of concern we found.

Staff recruitment processes did not always protect people from being cared for by unsuitable staff. Records did not demonstrate that recruitment checks had always been completed before staff started work.

Safeguarding incidents that had occurred within the service were not always notified in a timely manner to CQC to ensure appropriate action was taken to prevent the risk of future harm for people.

Medicines were in the main managed safely. Further improvements were needed to ensure recordings were detailed and systems were in place to ensure medicines were stored safely.

Risks to people were assessed and monitored regularly. Records included detailed guidance and information on the measures staff needed to follow to keep people safe.

People felt safe when they were receiving care from staff. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

There were sufficient staff to meet people's needs. People received care from a consistent staff team who had the knowledge and skills to meet their needs.

People's health and well-being was monitored by staff and they were supported to access health professionals.

People were cared for by a staff team who were friendly, caring and compassionate. Positive relationships had been developed between people and staff. Staff supported people to achieve as much independence as possible and were respectful of people's diversity and dignity.

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 support this practice.

People's care and support needs were monitored and reviewed to ensure care was provided in the way they needed. People had been involved in planning their care.

People knew how to raise concerns and complaints and were confident these would be listened to and acted on.

Staff and people were positive about the registered manager's leadership and support. Staff felt improvements had been made since our last inspection.

The provider had sought advice and guidance to enable them to make improvements to the governance of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

**Requires Improvement** ●

The service was not consistently safe.

The provider did not always follow safe recruitment procedures to demonstrate staff were suitable to work in the service.

Medicines were in the main managed safely but some areas required further improvement.

Systems to support the effective monitoring and reviewing of incidents and accidents were not sufficiently robust to ensure people were protected from future harm.

Staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks to people's health and well-being had been assessed and staff understood actions they needed to take to keep people safe.

### Is the service effective?

**Good** ●

The service was effective.

People were cared for by staff who were knowledgeable and skilled at meeting their needs. Staff felt supported to carry out their roles and responsibilities.

People were encouraged to maintain their health and well-being.

People's consent was sought before staff provided care.

### Is the service caring?

**Good** ●

The service was caring.

People were encouraged and supported to make choices and decisions about how their care was provided.

People were treated with dignity and respect and staff ensured their privacy was maintained.

Staff had developed positive, caring relationships with people.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make decisions and choices about how their care was provided. Staff demonstrated they provided personalised care.

People were supported to engage in meaningful activities and pursue their hobbies and interests.

A complaints policy was in place and people were supported to raise concerns and complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had begun to implement systems to monitor and review the quality of the service which was provided. These were not yet used effectively to drive improvement in the service.

People were supported to share their views about the service and were consulted about the development of the service.

The registered manager encouraged an open line of communication with their staff team.

# Autonomy: Victoria & Elizabeth

## **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 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.

This inspection took place on 15 January 2019 and was unannounced.

The inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is a person with professional expertise in care and/or nursing.

Before the inspection we looked at information we held about the service. This included notifications about changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with commissioners, responsible for funding and monitoring the care for some of the people using the service, to gain their views about the care provided. Our review of this information enabled us to ensure we were aware of, and could address, any potential areas of concern.

During our inspection we spoke with two people who used the service and observed care and support provided in communal areas. This helped us to evaluate the quality of interactions and support that took place between people and staff who support them. We also spoke with the provider, the registered manager and three members of staff from the care team.

We reviewed information including care plans and records for six people. We sampled medicine records and reviewed three staff recruitment files. We also reviewed records relating to the day-to-day management of the service, including records of meetings, complaints and staff rotas and the provider's internal audits and quality management systems.

# Is the service safe?

## Our findings

At our previous inspection of July 2018, we found the provider had not assessed and monitored people's safety. Risks to people were not assessed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found some improvements had been made at this inspection. However, the rating for the key question; Is the service safe, remains requires improvement.

The provider had improved systems and processes for protecting people from the risk of harm. Records showed that risks to people's health and well-being had been assessed, records were current and kept under review. Risk assessments included risks associated with the environment, people's health conditions and people's behaviours. Records were detailed and included guidance for staff on how to reduce the risks of harm for people. Guidance included details of who may be harmed, control measures to reduce the risks and what further action would be required to reduce the risk. When incidents had occurred, for example challenging behaviours, risk assessments had been reviewed and referrals made to external health and social professionals, where appropriate.

Behavioural risk assessments were in place where staff supported people to manage behaviours that challenged the service. These guided staff on people's profiles and triggers, including situations, terminology and actions to avoid, suggested interventions and response from staff. Where physical support was required, for example restraint, this was supported by protocols in the form of a 'safe holding plan' which gave specific instructions on the nature of the hold and numbers of staff. The registered manager monitored incidents through a scatter-graph and reviewed behavioural risk assessments following each incident. These were also reviewed by a specialist health professional. Staff were knowledgeable about how to keep people safe. One staff member told us, "Incidents do occur in the home (because of the nature of people's needs). We try and get people to learn safer coping mechanisms. Risk assessments are reviewed regularly by the team leaders and registered manager." Staff were able to describe people's individual needs and actions to take to keep them safe. This included level of supervision and supporting people in positive risk taking; respecting people's right to take considered risks to maintain their independence.

The provider had ensured safety testing had been carried out to ensure areas such as fire, electrics and gas were certified as safe. People's care plans included individual evacuation assessments (referred to as PEEPS). These assessments provided guidance for staff on the support required to enable each person to evacuate safely in response to any emergency. Assessments took into account any specific needs. For example, one person required audio and visual equipment to alert them in the event of a fire due to sensory impairment. We saw these were in place and routinely maintained.

Staff recruitment processes did not always protect people from being cared for by unsuitable staff. Records did not demonstrate that recruitment checks had always been completed before staff started work. Staff recruitment files included application forms and checks with the Disclosure and Barring Service (DBS) which helps employers to make safer recruitment decisions. However two staff files showed DBS checks dated after the person had started to work in the service. There was no explanation to account for this. None of the

staff files that we reviewed included any employment references. The provider told us they undertook telephone references as part of the recruitment process but could provide no evidence of this as outcomes were not formally recorded. We had raised this as a concern in our last inspection of July 2018 but the provider had not made improvements. The provider remained unable to demonstrate they operated robust recruitment procedures, including relevant checks, to ensure only fit and proper staff were employed to provide care and support. The provider told us they had begun to obtain evidence of references for all staff and would ensure more robust recruitment procedures were put in place.

Medicines were in the main managed safely but there were areas which required improvement. Temperatures of medicines rooms were not monitored. The provider's medication policy stated that the temperature should not exceed 25 degrees centigrade and should be monitored and recorded daily. This is required to ensure medicines are stored within the recommended temperature range to maintain their condition. Medicine administration records (MAR) were completed to confirm people had received their medicines as prescribed. However, MAR records for two people did not detail their allergies. Although these people did not have any allergies, accurate recording is important as a quick reference for staff and other health professionals involved in reviewing or administering people's medicines. Where people were prescribed medicines to be taken as and when required, PRN, these were supported by protocols. However, these required further details to provide staff with the guidance they needed to administer the medicines. For example, protocols for medicines prescribed to support people when they became anxious did not detail what the signs and symptoms of agitation were.

Medicines were administered by team leaders who were senior staff and had been appropriately trained. Staff told us they completed on-line training and training with the local authority. They then shadowed staff who were experienced in administering medicines before their practice was observed to assess their competency. However, there were no written guidelines or robust records to enable senior staff to record the details of outcomes from competency observations. This is important to ensure consistent standards and assessment are used in appraising staff competency.

The provider was in the process of making improvements to the premises, which included redecoration of rooms and communal areas. They told us this work was on-going. The provider had not carried out environmental risk assessments to ensure the premises were well maintained, fit for purpose, and safe for people, staff and visitors. They told us they would undertake risk assessments following our inspection.

People told us they felt safe using the service. One person told us, "I feel safe because of the staff. I know I need help and staff know when I get agitated and can calm me down." A second person told us, "I am very comfortable here. Staff are very supportive and have helped me with coping strategies."

Staff were able to tell us about the signs and types of abuse. Staff were confident about how they would report any allegations or actual abuse and had no concerns about this. Staff were confident to raise concerns about potential malpractice, known as whistleblowing, outside of the service with relevant external agencies but told us they had not had reason to do this. Records confirmed staff had completed training in safeguarding.

The provider ensured there were sufficient numbers of staff to meet people's assessed needs and keep them safe. The provider determined the number of staff required based on people's individual commissioned hours. People told us they felt there were enough staff available to meet their needs as staff gave them time and didn't rush them when they needed help. A staff member told us, "There is some sickness but managers cover this. We [staff] will pick up overtime and we do this to ensure people are safe. There are some days when we could do with an extra body, but residents always get the support they need." Two staff members



told us that there were occasions when they were short staffed, but this did not happen regularly and was covered through staff working longer shifts. We reviewed staff rotas over three weeks for the service and saw there were occasions when staff worked long hours. Staff told us this was their choice as it was important to ensure consistency for people. The registered manager told us they did not use agency staff and had a limited number of casual staff they could call upon. They told us they were in the process of recruiting new staff which would help reduce staff overtime hours.

People were cared for in a clean environment. The provider had recruited a member of staff who was responsible for undertaking domestic duties within the service. They were knowledgeable about their responsibilities in protecting people from the risk of infections whilst undertaking cleaning. They told us they worked with care staff to support their understanding of the right products to use for specific tasks. The provider ensured personal protective equipment, such as gloves and aprons, were available for staff to use and staff had completed training in preventing and control infections.

## Is the service effective?

### Our findings

Records showed people's needs had been assessed and this information was used to form the basis of their care plan. Assessments took account of people's needs, wishes and preferences in addition to what was important to the person. For example, for one person it was important for them to spend time with their family and this was included in their care plan. People's family and, where appropriate, health and social care professionals, were consulted and involved in the assessment process. This provided staff with a good overview of people's histories and supported staff to meet people's diverse needs.

There was an equality and diversity policy in place. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff told us they were given training that gave them the knowledge and skills they needed in their roles. One staff member told us, "I am up to date with my training, including MAYBO (conflict management training for staff to enable them to respond positively to behaviours that challenge) which I did in November 2018. Before I did this, I could not get involved in any restraints. I think the home is good at training staff and expanding our knowledge levels. For example, I and a few other staff have asked to do British Sign Language training and this is being looked into." A second staff member told us, "I was new to this [care] and the training was very good. It links to my role and to the resident's needs. My induction was okay. I met people on an individual basis to get to know them when I started and learnt about them from their support plan."

The provider had updated staff training since our last inspection to ensure staff knowledge and skills were updated. We reviewed the provider's training matrix which showed staff were provided with a range of training to meet people's needs. This included specialist training such as behaviours that challenge, which staff told us they had just completed but was not supported by certificates at the time of our inspection.

Staff told us that they received regular supervision and support in their roles. One staff member told us, "My supervision is with a team leader and is now more regular since the last CQC visit. The last one was last week and prior to this it was in November 2018." A second staff member told us, "The best thing here is the management, they are so supportive. They discuss things, like the last inspection report, and asked my views on how to improve." A third staff member told us, "I get regular supervision. They are useful because I can discuss how I am feeling; you get the time to talk about things."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager told us people were able to make their own decisions. They explained to us how they offered people as much information as possible so they were able to make informed choices. They showed an understanding of the process to follow if they thought someone was not able to make their own decisions. Where people had DoLS authorisation in place, the registered manager had made applications for these to be reviewed prior to the expiry date.

Records showed people's mental capacity to understand and consent to their care and treatment had been assessed. Records did not always clearly reflect people's mental capacity to make specific decisions about their care and treatment. The registered manager told us they would ensure records were more detailed to reflect best interest assessments in relation to specific decisions.

Staff demonstrated a good awareness of the principles of the MCA and we observed staff seeking consent before providing care and support. One person told us, "I go out when I want and plan my own day. The staff understand me and discuss with me about what I want." Staff respected people's right to decline care and support and make unwise decisions, though there were strategies in care plans to support people to make informed choices and decisions. We saw people were able to choose where they spent their time and could move freely around the home or go out.

People were supported to have sufficient amounts to eat and drink. Staff encouraged people to choose a healthy, balanced diet as far as possible. One person described how staff supported them in taking them shopping to choose their meals and ingredients and eating meals out with their friends. People had access to kitchen areas within their apartments which supported them to develop daily living skills. A second person described how they enjoyed baking and was encouraged by staff to bake for family and friends which brought them pleasure.

People's care plans showed staff worked in partnership with other agencies and health professionals to ensure people's health and wellbeing was maintained. Care plans included health support plans with goals that people had identified as being important them to achieve to stay healthy. These included taking medicines as prescribed, eating a healthy, balanced diet and maintaining relationships. Staff supported people to attend routine appointments, such as dental and opticians, in addition to specialist appointments. Care records did not always provide a clear audit trail of the healthcare appointments people had attended and outcomes of these. For example, appointments were recorded as part of daily care notes which made it difficult to audit when appointments had been attended and outcomes or any follow up requirements to these. Outcome of meetings and reviews with health and social care professionals were not always clear from care records. The registered manager told us they would review recording systems and anticipate this concern would be addressed with the planned introduction of electronic care planning.

People had access to communal areas and were encouraged to personalise their rooms with items they had brought from home. The provider was in the process of upgrading the premises through redecoration. We found some communal areas were exposed. For example, lounges had large windows which did not have window coverings, leaving people vulnerable to being viewed by neighbouring properties. Two members of staff told us they felt blinds were needed in communal lounges as these felt exposed. When we raised this with a senior staff member, they told this was being looked into but some people had expressed a preference for no window coverings.

## Is the service caring?

### Our findings

People we spoke with were positive about the care they received. One person told us, "I am very happy here. The staff are really kind to me. They know me well and help me and respect if I need time alone. I have my own independence, that's important to me. Staff respect my privacy." A second person told us, "I have a good relationship with most staff. They know me really well and work well with me." We observed staff knocked and waited before entering people's rooms. Staff intervened in a timely manner if they noted a person was becoming anxious.

People's life history and wishes were considered as part of their care. Care plans included detailed profiles and included people's aims and wishes and goals for the future. People told us they were supported to make choices and decisions about how they wanted their care to be provided and about how they wanted to live their daily lives. Care plans also detailed people's religious and cultural beliefs and specific preferences, for instance, gender of carers.

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs. For example, one staff member consulted with a person regarding meeting with us, helping them to decide if they wanted staff support, explaining the reason for the chat and what would happen after. This was a very calm, caring interaction and demonstrated the staff member knew the person very well and followed guidance within their care plan. One staff member told us, "We always give person centred care and support to do what they want. It's important to do whatever they wish, this is their home after all." A second staff member told us, "I enjoy working here. We have good relationships with our residents and deliver good care."

Staff told us they had the time they needed to meet people's needs. We observed staff were calm and relaxed and spent time talking and chatting with people as well as supporting them. One person told us, "There is always enough staff to support us." A staff member told us, "We get quality time to be with people and get to know them on a personal level." People were supported to be as independent as possible, learning daily life skills such as cooking and shopping and management of finances. People spoke about an overall aim of living in the community independently or with minimum staff support and, wherever possible, staff provided enabling that care that encouraged this.

If people were unable to make decisions for themselves and had no relatives to support them, the provider was aware of advocacy organisations who would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed. People told us they could have people to visit them if they wanted to. They were encouraged to remain in contact with family and friends and staff supported people with this.

The provider had made some improvements to the organisation and storage of records since our last

inspection. People's care records and personal information were usually kept securely and the provider had a confidentiality policy.

## Is the service responsive?

### Our findings

Care plans had been developed through assessments involving people and, where appropriate, their relatives or representatives. The registered manager had reviewed and updated care plans and records since our last inspection. Care plans included what staff needed to know about the person, what was important to them, likes and dislikes, communication and how to engage with the person and who/what was important to the person. People's care plans were detailed with information for staff to build a rapport with people. These included details of hobbies of interests and routines that were important to them. For example, for one person it was important for them to be able to spend time alone in their room with their favourite items and music. They told us staff respected this preference and gave them the time they needed. A second person's care plan described phrases staff should use and those they should avoid as they resulted in a negative reaction from the person. This information supported staff to provide personalised care.

People were encouraged to take part in a range of activities, both to pursue hobbies and interests, and to support people to move on from the service. People pursued further education and accessed local community centres, leisure centres and shopping and socialised. One person described how staff supported them to go on holidays, day trips and go out into the local community. A second person described how staff supported them to go out to pursue their hobbies, sports, music and meals out. People were also supported to spend time with their family and friends. Staff ensured people were engaged in meaningful activities, felt part of their local community and reduced the risk of social isolation.

Where people had sensory loss, for example hearing or eyesight impairments, care plans detailed how staff should communicate with people. This included details such as giving information in a specific format, for instance, step by step, and how the person processed information. Where people communicated through signing, communication systems were available to support the person to share and receive information. This helped to ensure people were provided with information in a format they could understand, in line with the requirements of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a complaints policy and procedure in place which supported people to raise concerns and understand how these would be managed. People told us they felt confident to speak out if they were not happy about this, either to staff or to the registered manager. The registered manager was committed to resolving people's concerns informally in the first instance. They told us that because they were available to people using the service, they were able to resolve concerns quickly without these escalating into formal complaints.

## Is the service well-led?

### Our findings

At our previous inspection of July 2018, we found the provider did not have an effective system to assess and monitor the quality of service that people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection, however further improvements were required as systems were not being used effectively to ensure people received high-quality care.

The rating for the key question; Is the service well-led has been revised from inadequate to requires improvement.

The provider had recently introduced systems to monitor the quality of the service which were in the early stages of implementation. These included audits on areas including medicines, staff rotas, records and environment. However, audits did not always identify shortfalls and where shortfalls were identified this were not always addressed. For example, an audit had identified staff were not always completing the accident book in addition to incident records in the event of incidents where this was required. Therefore, ineffective auditing and analysis meant any trends or lessons to be learned were not robust. The audit on medicines had identified the temperature of the room used to store medicine were not being undertaken, however no action had been taken to address this. An audit of staff recruitment had not identified previous employment references were not in place. The audit of the environment had not identified environmental risk assessments had not been undertaken to promote people's welfare and safety.

This was a continued breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken action and identified that they required support to make the required improvements to the governance of the service. They had engaged an external consultant who had begun to review systems and processes and was advising and guiding on what was needed to improve and develop the service. The provider told us an imminent improvement was the introduction of electronic care planning, which would improve standards of recording, reviewing and auditing of the care provided. The consultant had already begun work on implementing systems and procedures to ensure an in-depth analysis of incidents within the service, that included identifying root-cause of incidents to help reduce the risk of future harm for people.

At our previous inspection of July 2018, we found the provider had failed to meet their registration responsibilities to notify CQC about incidents that affect the people using the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

When potential safeguarding incidents had occurred, these had been recorded but appropriate notifications to local authorities or to the CQC had not always been made. This is important to enable external agencies to evaluate the potential impact for people and decide the level of intervention required to keep people safe. For example, one person had been exposed to potential harm through endangering themselves which

had resulted in emergency medical help being sought. This incident had not been notified to CQC, though it had been notified to the local authority safeguarding team.

Following our inspection, the provider submitted a relevant notification and told us they would ensure both CQC and external agencies were notified of significant incidents and events in the service in line with their responsibilities.

Staff described the registered manager as open and supportive and spoke positively about changes that had been made since our last inspection. One staff member told us, "There have been some changes since the last CQC visit. One of these was the daily communication book which has improved communication between staff." A second staff member described more robust and detailed care records and risk assessments, which were regularly reviewed by the registered manager.

Staff told us there were regularly staff meetings where information was shared and staff were able to share their views. One staff member told us, "We have regular staff meetings. They are good, we can plan what we want to say." Records showed meetings were held regularly and used to discuss best practice in terms of the care provided, communication and team work and impact of changes in legislation. Staff described positive teamwork and felt respected and valued by the registered manager.

People were supported to share their views directly with the registered manager, through representatives or through staff members. People who we spoke with told us they felt confident to approach staff or the registered manager at any time and were consulted about the general development for the service. Care records showed people shared their views about the service provided. One person was able to discuss plans to develop the service and described how they had been consulted and kept informed of these developments. The registered manager told us traditional methods of gaining people's views, such as meetings and surveys, were not successful so they used more informal approaches.

The provider worked in partnership with other agencies to ensure people received care in line with best practice. The local authority commissioners, responsible for funding some of the people who used the service, had found some concerns in the service provided and these were being closely monitored under their contractual responsibilities.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not operate effective systems to ensure they assessed and monitored the quality of the service provided.

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

requirement