

Dimensions (UK) Limited

Dimensions The Laurels 3 Nine Mile Ride

Inspection report

3 Nine Mile Ride
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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

Dimensions - The Laurels is a care home without nursing which is registered to provide a service for up to six people with learning disabilities. Some people have other associated difficulties including, needing support with behaviours which could be distressing and/or harmful. There were four people living in the home on the day of the visit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered person did not always ensure the quality assurance system in place was used effectively to help oversee the service and ensure compliance with the fundamental standards. The registered person did not ensure the management of medicines was always safe. The registered person did not ensure effective recruitment processes were followed so that people were protected from staff being employed who were not suitable. The registered person did not ensure we were informed about events such as allegations of abuse in a timely manner.

We have recommended that the registered person ensured they recorded and kept a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred.

We have recommended that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

Relatives felt they could approach the management and staff with any concerns. However, they felt communication between them and the staff team and what was happening at the service could be improved. The staff members felt staffing levels were adequate most of the time. The manager appreciated staff's contribution to ensure people received the best care and support. Staff felt the manager was managing the service well, and they were accessible and open with the staff members.

Staff had ongoing support via regular supervision and appraisals. They reportedly felt supported and maintained great team work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives felt their family members were kept safe in the service. The manager and staff understood their responsibilities to raise concerns. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There were contingency plans in place to respond to emergencies and the premises and equipment were kept clean.

People received effective care and support from staff who knew them well. People enjoyed the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

The manager was working with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of their care. The staff team recognised and responded to changes in risks to people and ensured a timely response and appropriate action was taken. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

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

Rating at last inspection

The last rating for this service was good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Dimensions The Laurels 3 Nine Mile Ride

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

The inspection was carried out by one inspector.

Service and service type

Dimensions The Laurels 3 Nine Mile Ride is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The manager overseeing the service assisted us with the inspection. We will refer to them as 'the manager' in the report. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. We will refer to them as 'the registered person' in the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the previous registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who uses the service. We also spoke with the manager and one member of the staff team. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service, for example, audits and quality assurance reports; records of accidents and incidents; compliments and complaints and maintenance records. We looked at four staff recruitment files and staff support information. We looked at two people's support plans and associated records.

After the inspection

We continued to seek clarification from the manager to validate the evidence found. We looked at further training information, maintenance information, quality assurance audits, meeting minutes. We spoke to four relatives of people living at the service. We contacted eight more members of the staff team and spoke to three. We contacted 10 professionals who work with the service and received two responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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 did not always have their medicines managed safely.
- We reviewed medicine administration record (MAR) charts for the people who use the service and found gaps. We discussed this with the manager to address it immediately.
- People were supported to have their medicines however we could not be sure it was done at the right times as prescribed due to gaps found. The manager informed us after inspection action taken to address these issues with the staff members.
- Where people were prescribed 'as required' medicines (PRN), we found there was not always clear guidance in place to identify when the person might need the medication or what symptoms they might present with to ensure they were not over medicated.
- One person did not have a PRN protocol. It was created after the inspection.
- Staff had carried out weekly medicine audits. These had identified there were no errors. They also indicated no medicine had to be returned to the pharmacy. However, we found it was still in the medicine cabinet.

The registered person did not ensure the systems were in place or robust enough to demonstrate safe management of medicine. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had medicine training as part of an annual refresher followed by a competency assessment.
- Medicines including specialised drugs were stored securely and regularly checked by the manager and senior staff.

Recruitment

- The registered person had recruitment procedures in place to ensure suitable staff were employed.
- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.
- We found some discrepancies with previous employment information. In one file out of four, missing information included evidence of conduct from a previous employment regarding staff's conduct and verifying reasons for leaving. There was a copy of DBS record was from a previous employment in health and social care. However, this employer was not on employment history and there was no explanation why it

was not there.

- We raised this with the manager, so they could provide further information. However, they confirmed this was not explored further. This meant the provider did not ensure their policy was followed consistently.
- Following this kind of practice of recruitment could place people at risk of receiving care from unsuitable staff.

The provider had not followed their established recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management (Premises)

- The registered person did not ensure the premises and safety of communal, personal and the living environment were consistently managed and checked to support people to stay safe.
- We saw the most recent fire risk assessment carried out November 2019 and recommendations list provided. During the inspection, we were not able to confirm if issues identified had been actioned. After the inspection, the manager provided that most items were actioned.
- We were concerned about the safety of the premises thus we contacted the Fire and rescue service and they had contact with the service a few days after the inspection.
- The service had legionella risk assessment carried out and there was a list of recommendations. The manager was not able to confirm what actions were completed.
- We were told the premises were owned by a landlord and there were ongoing communications with addressing any issues related to premises. We received confirmation following the inspection that work had commenced on the premises such as fixing fire doors and removing deadlegs.
- The staff checked equipment for people. They also monitored and recorded other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work.
- Emergency procedure plans were in place to ensure people were supported in the event of emergency.

Systems and processes to safeguard people from the risk of abuse

- Relatives said their family members were safe with the staff. However, recent changes to the service made them feel worried about their family members. We informed the manager of this to ensure people and relatives are supported appropriately with this as much as possible.
- When there had been safeguarding concerns raised, the provider worked with external professionals such as local authority to deal with it appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management (People)

- People were protected from risks associated with their health and the care they received.
- The manager and the staff team assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately including personal care, communication, emotional and behavioural support.
- Support plans provided guidance for staff on how to minimise risk without restricting people or their independence. Information about risks and needs were kept under review. As people's needs changed, risk assessments were also adjusted to reflect it.

Staffing

- People received support from staff on a one to one basis and in small groups. This was based on people's

individual needs.

- Staff felt there were usually enough staff to do their jobs safely. Some staff said it would be good to have extra staff to support people with their behaviours.
- The manager regularly reviewed the numbers needed. The manager was helpful ensuring the service operated at safe staffing levels. We saw staff responded to people's request for support during the day within an acceptable timeframe.

Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and free of malodour.
- Staff used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents. Information was recorded with actions taken.
- Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety.
- The service supported people who may become distressed and show behaviour that challenged, and the staff responded well to incidents of this kind. The service also worked with professionals around ideas of improvements or if things could have been done differently.
- One professional added, "I believe the staff are doing the best they can...and are still proactively seeking health team input for residents that require our support."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives thought staff had the training and skills required to supporting people.
- We reviewed the latest training information provided to us which recorded the provider's mandatory training. This showed that staff had up to date training. The manager was overseeing and booking training where necessary.
- The training information showed the mandatory training updates provided to staff at the service was not always in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in basic life support and safeguarding adults every three years. Whereas current best practice guidelines say basic life support should be updated annually.
- Training for Mental Capacity Act and Deprivation of Liberty Safeguards, and Equality and diversity had no refreshers. The guidance says the provider should assess the knowledge and competence at least annually and provide learning and development opportunities at least every three years.
- Following the recent CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people. We found, the provider's training policy did not include training on oral care.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff felt supported by the manager. They had support and supervisions meetings to discuss their professional development needs. Staff said they could approach the manager for help and advice.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's support plans were detailed and clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- Support plans detailed the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue, support plans identified the impact of these needs on them individually and how staff should support them in all areas. It was also to ensure people were able to live life to the full potential and as they chose.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- The service sought the advice of dietitians or Speech and Language Therapists, as necessary, and followed any advice given.
- Staff made sure foods were available to meet people's diverse and cultural needs and preferences. People also helped decide on menu choices.
- During the inspection, we saw that people enjoyed the food and were given options of food. Where different foods were requested, these were provided.

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

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's oral care was maintained and recorded as part of the support required. People had access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the staff had assisted people to see the dentists.
- People were referred to various health professionals in good time to address any health issues or changing needs. The manager and the staff were knowledgeable and informed about people's health and wellbeing.
- One professional said, "Although there has recently been a change in management, so understandably it has taken a bit of time for management to get organised and up to speed with all the health needs of the residents. They have involved us and requested our support (CTPLD team), so that is positive."

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

- The premises were clean and bright, and most furnishings and fittings were of a good quality.
- People were supported in choosing how they would like their bedrooms decorated.
- The people living at the service were able to mobilise independently or with aids such as walking frames or wheelchairs around the communal areas, their rooms, and the outdoor areas.
- Relatives agreed it was a homely place for their family members to live and staff were welcoming whenever they visited.

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. 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 found that they were. We also found any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People's rights to make their own decisions, where possible, were protected.
- We observed staff were polite and respectful towards people and respected their decisions.
- The manager was knowledgeable about MCA and ensured staff understood the importance of promoting people's rights and helping make any decisions.

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- People had specific support plans in place regarding their decision making. It gave a description of how people were able to make their own choices, to what degree and any help required, such as carry out Best Interest decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service continued to provide caring and kind support to people who were treated with respect. Staff showed knowledge when working with people and it was evident they knew them well.
- People were comfortable with staff and responded well to them. One person said, "They are nice [staff], never nasty and they respect me." Relatives agreed staff were caring when they supported their family members. They said, "Yes, they are caring and they are very good" and "Staff are so lovely and friendly."
- Staff provided support to meet the diverse needs of people using the service. These included those related to disability and gender such as making sure people could easily move around, enjoy various activities and be treated as individuals.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated how they liked and with items important to the person. People were well cared for. They wore clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- Relatives agreed staff protected people's dignity and privacy. One person told us staff were good at helping them with personal care.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy such as respecting their wishes and preserving dignity during personal care. Staff said, "We always talk to them how they should be talked to, treat them the best we can. I think this is something we are good at" and "Personal care is done in people's bedroom and privately, we try to understand people by how they communicate, respect people's choices and preferences."
- People were encouraged and supported to be independent. Staff helped people make choice, working together and involving them in day to day tasks that people would enjoy. Staff supported people to do as much for themselves as possible to enable them to retain their independence.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept in the lockable office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive person-centred care. Support plans were very detailed and written in an individualised style. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- Relatives said, "[The staff] have done a really good job supporting people", "[From] what we see, we have no problems. Staff are so pleasant and so kind to [family member] if she needs anything" and "[The staff] have always cared for [family member] well and managed the behaviours very well. It's like a home for [family member]."
- People's needs and support plans were assessed to ensure they remained up to date. Any changing needs were monitored, and support plans amended as required. Where a person's health had changed it was evident staff worked with other professionals to ensure was relevant and appropriate to needs.

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.

- Support plans clearly described the support people needed to communicate effectively and what staff needed to do.
- Staff were aware of different ways of communicating with people, for example, pictures, using pen and paper, visual aids and giving them time to respond.
- We discussed the principles of AIS with the manager to ensure all information presented was in a format people would be able to receive and understand.

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

- People were supported to develop and maintain relationships with individuals that mattered to them as well as looking at how to avoid social isolation.
- People had a range of activities they could be involved in and staff ensured they regularly engaged in community outings.
- People were supported to follow their interests and take part in social activities according to their choices.
- Where possible the service provided access to local community events to enhance social activities for all people. This took into account their individual interests and links with different communities. During our inspection we observed people were going out throughout the day.

Improving care quality in response to complaints or concerns

- There had been two complaints since our last inspection. One of the complaints was still ongoing and the service was working with the local authority to address it.
- The manager took complaints and concerns seriously and would use it as an opportunity to capture any trends to improve the service.
- Staff felt confident the manager would address any issues should anyone raise a concern with them. The manager also thanked the staff and appreciated their work.
- Where relatives raised queries during our phone calls as part of this inspection, we passed these on to the manager to review and address.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events within a reasonable time frame, although had notified other agencies, including safeguarding, social services.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider's quality assurance process was not always effective. Records were not always completed accurately or updated when necessary.
- The registered person did not ensure the concerns found on the inspection were identified as part of the auditing. For example, where we found inaccuracies with medicine management, this was also not always identified using the quality assurance system in place. The registered person did not ensure correct recruitment procedures were followed to confirm staff employed were suitable for their role.
- The provider's quality assurance processes were not always effective. Failure to identify and act on these issues could potentially place people at risk of harm or abuse.

The registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission, the manager had a comprehensive understanding of what this required them to do.

- Since the last inspection, there had been two serious injuries that were notifiable incidents indicating duty of candour was applied.
- We looked at the evidence to check if the records of actions taken according to the regulation had been followed when these serious injuries had occurred. From the information provided, it was not clear if all steps to be taken and outcomes had been actioned showing the registered person was open and transparent with people when things went wrong according to provider's policy.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour and its requirements are met at all times including clear record keeping.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff worked together to promote people's wellbeing, safety, and security. We observed a supportive staffing culture.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The manager worked alongside staff in the service at times. This way they could monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
- Staff felt listened to and stated the manager was approachable. Staff said the service was managed well. They said, "Manager is easily accessible, who is always happy to help and easily reachable; somebody you can talk to and get response from them", "The manager is efficient, he is very good and makes sure everything is done for the people we support that they are never lacking anything" and "Yes, [it is managed well], especially we've got [the manager] now, it's fantastic".
- The manager praised the staff team saying, "I feel staff are very person-centred towards the service users. I'm part of the team and we get along well. We try our best to support service users and I feel we have good relationships with relatives and professionals. The team is trying very hard [to support service users well]."
- The manager added he felt supported by the provider's senior management team and other managers. He said, "[Senior management] is very good and very supportive. We have good communications and other people in the company are very supportive, there is a circle of support."
- One community professional said, "On the whole, I think so [there is good management and leadership], although as I've said, there has been a change in leadership and I think it has taken a bit of time for new staff to find their feet."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The last annual survey was carried out in 2017 for people who use the service, relatives, and professionals to find out what was working well and not so well. The manager was not able to find any surveys completed more recently. However, the manager and staff held meetings for people who use the service to listen and gather any views or concerns they had.
- Relatives said the communication between them and the service could be improved, and more timely updates would be useful and appreciated. We passed this feedback to the manager to action.
- The manager promoted a positive, caring, transparent and inclusive culture within the service. The staff team were motivated to provide care and support to people as their needs and health were changing.
- The manager held staff meetings to ensure any items arising from audits, reviews, people's meetings, any other verbal or written feedback were shared with the staff team. The staff felt the meetings were useful and helped them keep up to date with what was going on in the service.

Working in partnership with others; Continuous learning and improving care

- We saw people and staff had good relationships with each other. We observed staff were respectful

towards people.

- The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.
- One professional said, "I have only been working with the current manager for a few months now, and I feel are developing a good working relationship. His team leads are good in their roles."
- People's records contained information of visits or consultations with external professionals. Those seen included GPs, hospital consultants, dietitians, chiropodists and members of the community mental health team. People could also maintain links with the local community.
- The manager had started recently in the service and was working on building partnership working with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events, 'without delay'.</p> <p>Regulation 18 (1)(2)(a)(b)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available. Regulation 19 (1) (2) (3)</p>