HF Trust Limited

HF Trust - No 3 & 4a Milton Heights

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

Summary of findings

Overall summary

We inspected this service on 10 and 15 January 2017. HF Trust - No 3 & 4a is a registered care home providing care and support for up to five people with a learning disability. HF Trust have incorporated the values that underpin the Registering the Right Support policy. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to four people in house 3 and one person in house 4a. On the day of our inspection there were five people using the service.

The service had a registered manager in place. 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.

Risks to people were not always identified. Where risks had been identified they had not been reviewed or updated to ensure people were supported to stay safe. People's medicines were not always safely managed as guidance was inaccurate and out of date. People were not always protected from risks in the home environment as the service's mandatory checks had not always been completed.

People's physical, mental health and social needs had been assessed. Support plans were up to date and accurate. For one person, there was no record of any individual preferences, interests or aspirations the person may have in their current placement to ensure they had as much choice and control as possible.

Although people's rooms had been personalised to their choice, the communal areas of the house, decoration and signage were not reflective of any personalisation.

There was a complaints process in place which had followed procedure. We asked, but were not provided with, examples of how complaints had been used as an opportunity to improve the service.

Systems for monitoring and improving the service were not always effective. Auditing systems had not identified the issues we found during the inspection. Incidents were not always investigated to identify actions needed to reduce the risk of further events. The provider did not ensure the necessary improvements were made, sustained and lessons learnt where necessary.

The provider (HF Trust) had clear visions and values. The registered manager showed an awareness of these values and a desire to achieve good outcomes for people. Staff and relatives spoke positively of the management. The staff appreciated the presence of the registered manager in the service to provide direct support. However, we were not assured of the effectiveness of the management of the service as issues

found during the inspection had not been identified in the quality assurance processes.

Staff were supported through regular supervisions and had access to development opportunities. Staff completed training to ensure they had the skills and knowledge to meet people's needs. Staff were encouraged to attend team meetings and to work well together as a team.

People's nutritional needs were met and people had choice and were involved in preparation of meals when able. People were supported to access external health professionals when required.

People and their relatives told us the staff were caring. Staff demonstrated that people were treated with kindness in their day-to-day care and support. Communication methods were explained and staff understood the different ways people communicated. People's privacy and dignity needs were understood and respected.

People were supported to access a range of activities that they enjoyed and we saw them being supported to attend these during the inspection.

There were systems and processes in place to safeguard people from abuse. Staff were clear about their responsibilities to report any concerns to senior staff and were confident to do so. The provider had recruitment processes in place that ensure people were supported by staff that were suitable to work with vulnerable adults. There were sufficient numbers of staff to support people to stay safe.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of the Care Quality Commission (Registration) Regulations 2009. This is the first time the service has been rated Requires Improvement. 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 always safe.

People were not always protected from a risk of harm.

People's medicines were not always safely managed.

The provider had not ensured necessary improvements were made, sustained and lessons learnt where necessary.

There were enough staff to support people.

Is the service effective?

Good

The service was effective.

People's needs had been assessed before they moved to the service.

People were cared for by staff that received ongoing training and support by management to undertake their roles effectively.

People were supported in line with the Mental Capacity Act 2005.

People were supported to have a healthy balanced diet and to access health care appropriately.

Is the service caring?

Good

The service was caring.

Staff were caring and knew people well.

People's choices and preferences were respected.

People were encouraged to be independent.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support plans were not always up to date to reflect current support needs.

Complaints had not been used to consider improvements that may be needed.

People had access to a range of activities to maintain their social stimulation.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes in place were not robust and had not identified the concerns found during this inspection. This meant the governance of the service was not effective.

The registered manager and staff were committed to providing people with a good quality of life in line with the values of the provider

HF Trust - No 3 & 4a Milton Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

The first day of this inspection took place on 10 January 2017 and was unannounced. The inspection team consisted of one inspector. One inspector returned on 15 January 2017 to meet with the registered manager who was absent on the first day of the inspection and to complete the inspection.

On the first day of our inspection we spent time observing care throughout the service. We spoke to one person and contacted four relatives for feedback after the inspection and heard from three. We also spoke with the operational development manager, registered manager, two senior support workers and a support worker.

We looked at three people's care records, the medication administration records (MAR) for two people, two staff records including training and recruitment information. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of social and health professionals and commissioners to obtain their feedback and view about the service. However, we did not receive any feedback from these professionals.

Requires Improvement

Is the service safe?

Our findings

Before the inspection, we received information from the registered manager on their PIR (Provider information return) that 'The support plan will highlight any risks associated with the support and it is reviewed yearly or unless there are changes. All risk assessments are completed on HFT's computerised Health and Safety System known as [brand name] so risk assessments can be monitored and will notify staff when due for renewal.' However, we found during the inspection that people were not always adequately protected from known risks that could cause harm to themselves or others.

Records relating to people's risks were not always accurate or up to date. For example, a person had moved into the home in June 2017. Their risks had not been reviewed and updated to identify any new risks associated with the new service and to fully guide staff how to manage these safely. We saw a review had taken place on 5 October 2017 with the person's social worker who noted that the risk assessments still needed to be updated in areas such as behaviour that challenges, medication, showering/bathing, going out in the community, crisis risk assessment and finances. We saw that these risk assessments had not been updated at the time of our inspection on 10 and 15 January 2017 and still related to the person's previous service, despite dates stating they had been reviewed in July and October 2017. We also found information in the person's records that there was a risk if the person was using the stairs at the same time as staff or other people. This information had not been incorporated into any risk assessment or management plan to reduce the risk. We asked the registered manager about this but they were not aware of this risk. They said they would ensure a risk assessment and management in respect of this was put in place.

During the inspection we reviewed how people's epilepsy was managed. We saw that one person with epilepsy did not have a risk assessment when bathing. The person's care plan had undated bathing guidelines but there was no mention that the person had epilepsy and how to ensure the person was protected when bathing in case they had a seizure. We asked the registered manager who said that the person now only had a shower. However, there was no information to reflect this change or risk assessment, including details of how staff should support the person during showering to ensure they remained safe in the event of a seizure. We also saw there was no risk assessment for the person undertaking an activity, which could result in injury if the person had a seizure during that time.

We looked at the person's individual care plan for administration of rescue medicines in the event of a seizure. This was dated March 2015 but had been initialled as reviewed on 24 January 2017. This stated that the medicine should be given if the seizure exceeded five minutes. The information stated that another medicine '[Name] may also use [drug name and dose] for serial seizures'. It stated that if the person had two seizures within an hour to administer this medicine. This information was confusing as it did not state clearly whether this should be used instead of, or alongside the other rescue medicine to treat the seizure. When we asked a member of staff they explained that the person was no longer prescribed the first rescue medicine and only the second rescue medicine was in use. Therefore, the information was confusing and inaccurate and could present risks if the person needed to have emergency medicines given.

Although people's records documented that they had received their prescribed medicines, the policy on

managing non-prescribed 'as required' medicines for two people had not been adhered to. The HF Trust medicines policy stated that 'All PRN medication must have guidelines which clearly state the meaning of 'As Required' and guideline in the person's file'. It also states that guidelines should be regularly reviewed. Where 'as required' guidance was in place, these did not always indicate signs and symptoms that the medicine may be required. We also did not find written GP agreement or consultation with a pharmacist to indicate it was safe for the person to be given, non-prescribed medicine in line with their other medicines or allergies. This meant people could be at risk of either not receiving their 'as required' medicines or they could affect other medicines being taken.

Staff had recorded safety incidents and near misses to management. These were recorded on the provider's computerised recording system for reviewing. However, these had not been incorporated into risk assessments to reflect how to manage newly identified risks. This meant learning was not always shared across the service to improve safety.

People were not always protected from risks in the home environment as the safety of this had not been consistently monitored. There was a health and safety file, which had records of checks on the premises. For example, we saw that weekly checks were required to test the smoke detectors, fire alarms, extinguishers, blankets and fire doors. We saw that after a check on 30th October 2017 there had been only two checks up to the date of the inspection, one on 6 November 2017 and 21 December 2017. This meant the required weekly checks had not taken place to ensure people were safe in the event of a fire. We discussed this with the registered manager who said the checks may have taken place but had not been recorded. However, we had no evidence to suggest the checks had taken place. We also saw a quarterly inspection undertaken by the regional manager on 3 November 2017 stating that environmental risk assessments for moving and handling and for using a stepladder were not in place. We did not see any evidence of this being completed.

Failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All prescribed medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposal of prescribed medicines. The MAR charts documented that people had received their medicines as prescribed. We saw that staff had received training on managing and administering medicines and their competency regularly observed and recorded.

The service had policies and procedures in place including local safeguarding protocols. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Finance processes were in place to support people manage their money and monthly audits and spot checks were carried out. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I have had training and feel confident. We have face to face updates every three years."

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and were carrying out planned activities with people in the service during the inspection. One staff member told us, "Yes, I feel we do have enough staff to support people here." One relative when asked about whether there were enough staff said, "Absolutely. [Name] has their one to one staffing." During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

People were protected from the risk of infection. Infection control policies and procedures were in place and

we observed staff following safe practice. The home was clean and free from malodours and correct procedures were in place and followed where food was prepared and stored. Staff told us they were supported with infection control measures and practices. One staff member said, "We have food hygiene and infection control training."

Good

Is the service effective?

Our findings

People's needs were assessed prior to them moving to the home to ensure their individual care needs could be met in line with current guidance and best practice. This included people's individual preferences relating to their care and communication needs. We spoke with a relative who confirmed they had been involved in the assessment process and had made visits prior to their relative moving to the service.

We saw that people's bedroom reflected their personal preferences in respect of pictures and soft furnishings. However, in the communal areas of the home, decoration and signage was not reflective of a person's home. Following the inspection, we asked for feedback about how people were involved in how the home was decorated and furnished. We were told that if people could not verbalise how they wanted the house to look that best interest meetings were held with parents, care managers and staff to discuss what people liked. One wall in the lounge had been decorated with wall paper showing people on holiday with staff. We were told 'The individual's sofas in the lounge faces the TV and staff sofa the other side, which looks a bit awkward but suits the individuals as they're direct to the TV which they like to watch.'

Staff provided effective care and support to people. People were supported by staff that had the skills and knowledge to meet their needs. New staff had completed an induction to ensure they had the appropriate skills and were confident to support people effectively. We asked three relatives their views on the skills of the staff and no-one raised concerns about the ability of the staff. We spoke with three staff who said they felt the training was relevant and available to enable them to carry out their roles effectively and safely. Staff training records were maintained and we saw planned training was up to date. Where needed specialist training, for example for epilepsy, had been completed by staff. A senior support worker explained the induction process for new staff, which involved shadowing a more experienced member of staff and reading information on the people in the service.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training.

People's independence was enhanced by the use of personalised technology. For example, people's bedrooms had fingerprint opening locks. The service also had features, such as one bedroom with automatic opening and closing curtains; or equipment such as door sensors and a seizure monitor on a mattress.

People were involved in decisions about what they wanted to eat and drink alongside being supported to ensure a balanced and healthy diet. A relative told us that a person was supported to try new foods and were involved in shopping for meals. Another relative said, "They help [name] to make her own food which she enjoys."

People had access to relevant healthcare professionals and services when necessary. People were supported to attend GP appointments, visits to the dentists and opticians and hospital appointments. The service also accessed appropriate professionals, such as speech and language therapist (SALT) and district

nurses when required. This information was documented in people's health action plans (HAPs). Follow up appointments were logged on the electronic system to flag up when these were due. This ensured people had consistent support to ensure any medical investigation or treatment was followed through to minimise health risks.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. Staff had received training and understood how to support people in line with the principles of the Act. Throughout our inspection we saw staff routinely seeking people's consent. One staff member said, "We assume people have capacity to make decisions unless proved otherwise. If not, then we follow the best interest process." Families and other professionals who knew the individual well had been involved where the person was assessed as not having capacity about certain decisions and best interest meetings had taken place.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This procedure is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any DoLS applications had been made to the local authority. These had been submitted as required. The service had positive behaviour support plans in place to ensure that physical restraint was minimised.

Good

Is the service caring?

Our findings

The home provided a caring service to people with support from staff members who knew them well. A relative said, "Brilliant. If your [relative] is happy, you're happy!" Another relative said, "So kind and lovely and do all they can to make him happy." People were treated with dignity and respect and staff knew people's preferences.

Throughout the inspection we observed staff treating people with dignity, respect and compassion. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Staff at the service had received HF Trust's GEM (Going the extra mile) awards for supporting a person in hospital until the end of life.

Staff had received training to provide person centred active support (PCAS) which encourages people to express their likes, dislikes and how they wished to be supported. Staff training also included equality and diversity. We saw that people's activities had incorporated their likes and dislikes.

People's records had communication profiles containing guidance to support staff to effectively communicate with individuals. Staff had a good knowledge of how people communicated. For example, one person used drawings to communicate and staff understood how to respond to the person to let them know they understood what they were communicating. We saw details in another person's records about different body language and what it meant and staff were able to tell us how the person communicated.

Guidance also included information, such as what key words to use and certain words the person understood and preferred. There was information on Makaton signs people may use to tell others about their daily life and activity. Where necessary, there was information on the importance of eye contact when communicating. Information was also included, such as using the person's name at the start of a sentence and asking the person to repeat back to ensure understanding. This meant people's opportunities to express their views were optimised. We observed staff communicating with people that reflected their understanding of the guidance.

Throughout our inspection we saw staff promoting people's independence. One member of staff said, "We encourage people to do as much for themselves as possible." An example of this was having a hot water dispenser so people could make their own drinks when they chose with minimal support.

People's privacy was respected. A person's records stated the importance of them having weekly phone contact with their relative. It stated that staff should respect this time and allow privacy and for the person to communicate 'on their own terms' with the relative. People's dignity had been considered. The language used in support plans was respectful, people were addressed by their preferred names and staff knocked on people's doors before entering.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Support plans and other personal records were

stored securely.

Requires Improvement

Is the service responsive?

Our findings

People's assessments were incorporated into a support plan on an electronic system. Staff were trained to use the 'Fusion Model' which focussed on all the important areas of people's lives. This included choice, person centred active support, total communication, personal growth, creative solutions and personalised technology. These were drawn into a plan to provide information on how a person was to be supported in line with their needs and preferences. The person's support plan and risk assessments were updated electronically then printed and put in the person's support records.

Support plans did not always accurately reflect up to date information. For example, a person's paper records detailed activities related to the previous placement so did not evidence what had been considered locally for the person. The service had not recorded any individual preferences, interests or aspirations the person may have in new placement to ensure as much choice and control as possible. The service was continuing to support the individual's preferences, interests and aspirations as detailed in the previous support plan. However, their current support plan had not been updated to show how this was being achieved in the new placement.

We asked the registered manager which system staff referred to for advice and we were told it was the paper files that new staff read through to gain an understanding of people's needs. Therefore, our finding in respect of a person's support plan not being accurate or updated meant staff, especially new or relief staff would not have access to care records that fully reflected people's current needs. It also stated the person liked to have a bath but only a shower was now available in the new service. This meant some support plans may result in care not being provided consistently in accordance with people's individual needs and preferences.

Failure to maintain an accurate and complete record is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had received four compliments mainly from relatives complimenting staff on their care and support people were receiving. The provider had a policy and arrangements in place to deal with complaints. People had access to an easy read version of the complaints form in order for them to raise a complaint with or without support if needed. The operations manager and registered manager explained the action taken if complaints or concerns had been raised. This included investigating the concern or complaint, providing written feedback to the complainant and notifying CQC and the local safeguarding team if required.

We asked the registered manager for records on how concerns and complaints were evaluated to use as an opportunity to learn from and actions put in place to reduce future concerns. However, the registered manager did not provide any information on examples of where this had been carried out.

All of the relatives we spoke with knew how to complain and were confident that the registered manager would take action when needed. A relative said, "I've never really had to complain. Would speak to

[registered manager] if I did."

People were encouraged and supported to develop and maintain relationships with people that mattered to them. A relative explained the importance of their relative having regular opportunities to meet up with their partner more often and were hopeful that staff would enable this to happen.

People could keep in touch with their families as measures were in place to enable this to happen. For example, a person's support plan stated that they required staff to arrange and support on visits to families and friends. A relative confirmed these visits were taking place. Another person was taken to visit their sibling on a regular basis, which their parent appreciated very much.

People were supported to follow their interests and take part in activities that they enjoyed and were relevant to them both locally and in the wider community. Staff were knowledgeable about what people enjoyed and respected people's right to choose the types of activities they liked to do. We saw people were involved in activities, such as swimming, bowling, walking and attending local clubs. People also had the opportunity to have holidays. One person had gone to Spain and their relative said, "[Name] really enjoyed it. Was thrilled."

People had been supported to record what was important to them should they die. The service had supported a person through a long illness and had maintained support whilst the person was in hospital up until their death. The person's family had expressed their appreciation for the support given to the person and themselves and donated a bench for the house to remember them by. They also visited the service regularly to keep in touch with the staff and residents.

Requires Improvement

Is the service well-led?

Our findings

Management oversight of the home was not effective. HF Trust had established quality assurance systems and processes to assess and monitor the quality and safety of the service provided so action could be taken when necessary. However, these processes had not been operated effectively to ensure compliance with the regulations. For example, the registered manager's compliance action plan for December 2017 under 'Action required' stated 'Best practice is implemented in the service by monthly compliance checks and action plans are completed. Daily, weekly and monthly safety checks are carried out and records kept in Health and Safety file.' However we found these checks had not taken place as stated. The breach in Regulation 12 were also an example of poor governance as not all necessary risk assessments were in place or had been updated to reflect current risks. Weekly checks on fire safety had not been documented as per the provider's policy. This meant the service's governance processes were not being implemented sufficiently to identify areas of concern.

We also found that not all people had accurate and up to date records. For example, a person's support plan did not reflect their move to this service in respect of ensuring their wishes had been fully explored and local resources considered to limit social isolation.

The registered manager told us they worked a week on and a week off and were part of the staff team on the week they worked. We were told that there were two part-time senior support workers who were responsible for the management of the service in the registered manager's absence. However, on the first day of the inspection there were no senior support workers on duty. We asked for feedback following the inspection of how the service was managed when the registered manager was not on duty. We were informed that there was no senior support workers on duty due to the senior who should have been working calling in sick that morning. We were told that two senior support workers deputised and completed checks on the environment. If they needed support they would refer to the registered manager's line managers and on call manager. However, in view of our findings of an ineffective governance of the service, we were not assured of the robustness of the management structure in this service.

Failure to operate systems effectively to ensure the quality of the service; maintain management records in respect of the regulated activity and evaluate and improve practice in respect of processing information is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found certain incidents had not been notified as required to the Care Quality Commission. For example, an incident had been reported that could have put a person at risk crossing a road. This had not been reported under acts of omission which could cause harm or place the person at risk of harm.

A location must notify us about the outcome of any applications they make to deprive a person of their liberty (DoLS) under the Mental Capacity Act 2005. We had not received any notifications to inform us of any outcomes. For example, we saw a DoLS authorisation for a person had been granted in September 2017 but no notification had been made to inform the CQC in respect of this.

Failure to notify the CQC of significant events or outcomes of DoLS authorisations without delay whilst services are being provided in the carrying on of a regulated activity are a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager said people were given opportunities to have their say in the service. This was mainly in the form of encouraging feedback from the people and their families about the support being received. This included face to face meetings, telephone, email, text messages, feedback questionnaires and complaints and compliments. We asked for feedback from relatives about whether they felt communication was effective and if they were appropriately updated on how their relative was getting on. This is particularly important where people's communication may be affected. All the relatives we spoke with felt that communication needed to be improved. A relative said, "I need to chase up to get information which is frustrating." Another relative said "It would be nice to know what they are doing more often as it can be difficult to get information from [name]." We contacted the service following these comments to suggest the service explore how more individualised updates could be put in place to improve communication.

HF Trust had strong vision and values commitment. These included 'We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best life possible.' Their aim was to ensure people were at the centre of everything. A model of support had been developed to ensure people received person centred care. We saw that there was a strong awareness of these values from the registered manager and staff in the service. Staff we spoke with enjoyed their role and felt proud to work for the Trust. They felt supported by the registered manager. A staff member said, "Very fair. A hands on manager and visible in the service which is appreciated." Another staff member said, "Very popular. Approachable for advice." We asked relatives if they felt the service was well managed. We had positive feedback and one relative commented, "Brilliant." Another said, "Very accommodating. Does what he can and approachable."

Staff told us there were regular team meetings where they could discuss updates and share information. We looked at some records and saw that training was discussed and to remind people of ensuring appointments were put on the provider's electronic system. A member of staff we spoke with said they felt these were a good way of developing team working.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Not all statutory notifications had been submitted as required to the CQC

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified. Where risks had been identified they had not been reviewed or updated to ensure people were supported to stay safe. People's medicines were not always safely managed as guidance was inaccurate and out of date. People were not always protected from risks in their home environment as the service's mandatory checks had not always been completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring and improving the service were not always effective. Auditing systems had not identified the issues we found during the inspection. Incidents were not always investigated to identify actions needed to reduce the risk of further events. The provider did not ensure the necessary improvements were made, sustained and lessons learned where necessary.