

Clyde House Limited

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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

About the service:

Clyde House is a residential care home which provides accommodation and personal care for up to 17 people with a mental health need. There were eight people living at the home when we completed the inspection, but one person was in hospital at the time of us undertaking our visit.

At the time of the inspection, the home was undergoing extensive renovation and there were plans in place to change the model of care. It is intended that in the near future, the current provider will apply to register Clyde House with the Care Quality Commission (CQC) as a supported living service for up to 11 people.

People's experience of using this service:

- Despite the renovation noise, there was a calm and relaxed atmosphere in the home and people spoke with excitement about the changes being made to the environment.
- People told us they were settled at the home and happy with the care and support provided.
- Staff were responsive to people's changing needs, but support plans hadn't always been updated when changes had been made. This meant determining the current clinical picture and control measures in place to manage risks was difficult to determine from the information recorded.
- 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 supported this practice.
- We saw people leaving the home independently and accessing the community throughout the inspection.
- There were issues identified during the inspection, which included the storage of confidential records and the security of the building. We found the main door unlocked and left on the catch which would enable unauthorised people to enter the home undetected which could pose a risk to people living there.
- All safety certificates and required risk assessments were in place. Medicines were managed safely, and staff were responsive to people's needs to support them to remain compliant with their treatment.
- The staff were quick to identify changes in people's presentation and worked closely with other health professionals, so people's health and well-being was maintained.
- The home had consistent management and oversight by a registered manager who was an integral part of the care provided and whom people and their relatives spoke fondly of.
- Opportunities were provided for people who used the service, their relatives and staff to feedback their views and experiences through surveys and meetings.
- People and their relatives told us they had no cause to complain, but indicated they would have no hesitation in raising a concern with the registered manager and felt it would be sorted promptly.
- People living at the home conversed with the registered manager throughout the inspection and people's relatives told us the registered manager was well known to them and their family member and they had confidence in their leadership.
- Relatives told us they would recommend the home to others looking for this type of care setting.

Rating at last inspection: The home was rated Requires Improvement when we last visited the home in September 2017. The report was published 05 December 2017. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Following the last inspection, we received an action plan dated 15 December 2017 detailing what action had been taken following our inspection to meet the regulatory requirements. We also met with the provider in December 2018 to receive a further update regarding the actions they had put in place. At this inspection we found a breach of regulation 12 so the service continues to be rated as Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating for the home.

Follow up: We will return to re-inspect the home in line with our inspection timescales for Requires Improvement. However, if the home re-registers as a supported living model, we will inspect the home in line with our timeframe for newly registered services. Inspection dates could be changed and brought forward if we receive any information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Clyde House Limited

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. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC). An inspection manager from the CQC also attended to observe the inspection as part of CQC's quality assurance procedures.

Service and service type:

Clyde House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. This meant the service did not know we would be visiting on this day.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection and inform our judgement.

During our inspection, we reviewed three care files, three medication administration records (MARs), three staff files including recruitment, training and supervision, as well as records relating to the oversight and governance of the home; environmental assessments, audits, policies and procedures.

We spoke with the registered manager, regional manager and two staff. We also spoke with four people living at the home. Following the inspection site visit, we spoke with a health professional and relative of a person living at the home by phone.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe, which meant there was an increased risk that people could be harmed. Regulations had not been met.

Assessing risk, safety monitoring and management

- ☐ Security arrangements and consideration of environmental risks needed strengthening. Upon arrival at the home and throughout the inspection, we found the front door was unlocked and remained on the latch, which could enable unauthorised people to enter the home undetected. We informed the registered manager who told us the front door was unlocked and left on the latch, to enable people living at the home freedom of movement to come and go as they pleased. This was of concern because it was noted in the incidents log that in February 2019, an unauthorised person had entered Clyde House and was found in the dining room calling out to people living at the home. This person is known to ask people living at the home for money and places them in a vulnerable position. Because of their response to staff when asked to leave, police were called.
- ☐ We saw risk was not always identified and acted upon. For example, the door to the cellar was unlocked and enabled people direct access to the cellar. We found the meter room unlocked and the door open with the keys in the door. There were historical records contained in the room, discarded furniture and insulation rolls. The registered manager and staff gave the keys to the visiting contractors to access but had not identified this being left open and unsecured as a cause for concern.
- ☐ A smoking shelter had been erected at the front of the property, but this had subsequently been moved following the commencement of refurbishment works. It was common knowledge amongst the staff and the registered manager that people had resumed smoking in the porch to the home, which could increase the risk of a fire starting on the premises.
- ☐ Improvements were needed to ensure support plans contained the most current risks and the measures in place to manage these. We identified historical risks were captured, but there was no context or timeframe to these to determine their relevance to the person at that time.
- ☐ It was evident the registered manager and staff were responsive to people's changing needs, but this was not consistently captured in support plans to determine the 'story' behind the risk or the measures implemented in response to these changes. For example, a person was not complying with their medicines at the prescribed time, so the registered manager had sought agreement from the GP that these could be given later. This was recorded in the daily log and not the support plan that documented medicines as being given between 20.00 and 22.00. The daily log was archived each month which meant if staff did not know about the flexibility in medicine times, this person may receive inconsistent support.
- ☐ The registered manager informed us that all the risk assessments and support plans would be changed imminently to reflect the changes in the service. The service was during this transition as we undertook the inspection.

The above information evidences a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Following the inspection, the registered manager contacted us and informed us that a coded door lock had been installed on the cellar door and to the archive room so only staff with the code could gain entry. The staff were now ensuring that the front door was locked so any visitors would have to ring the bell to gain access to the home. There were plans to change the front door lock and to provide people living at Clyde House with a front door key so they were not required to await staff answering the door. We will follow this up at our next inspection to determine the measures implemented have been maintained and are effective.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were observed to be comfortable in the presence of each other and with staff.
- ☐ People told us, "I feel safe, the people here are lovely" and "Yes, it is safe here, it is a sanctuary." A relative said, "I've no concerns at all. I was surprised at how quick [person's name] settled here. They are really happy."
- ☐ There was a safeguarding poster on display on the noticeboard, so people living at the home had access to safeguarding information.
- ☐ Staff continued to receive safeguarding training in required timeframes and the provider had safeguarding and whistleblowing policies and procedures in place.
- ☐ Staff spoken with knew the different types of abuse and told us what they would do if they had a concern regarding how a person was being treated.
- ☐ A record was maintained of any accident or incident that occurred. There were no patterns or trends to accidents or incidents occurring. Information had been passed to other agencies as required and people had been supported to report incidents that had occurred when out of the home and in the community.

Staffing and recruitment

- ☐ People told us staff were always available at the times they needed them. People said, "Yes, all the staff give support when I need it" and "They help me with the shower and are always able to help when I ask."
- ☐ Enough numbers of staff were available to meet people's needs. Staffing was increased when people had appointments or staff were required to leave the home during their shift.
- ☐ The registered manager continued to carry out relevant employment checks prior to new staff commencing in employment at the home.

Using medicines safely

- ☐ There continued to be an effective and safe system in place to manage people's medicines. People told us their medicines were given to them at the times they required, and they could access pain relief when needed. People said, "Yes, I get my medicine at breakfast time, tea time and supper time" and "Yes. I get medicine when needed. I couldn't do it on my own."
- ☐ People were supported to self-medicate if this was their choice and measures were in place to ensure this was done safely.
- ☐ The treatment room and medicines were organised and tidy. Staff had received training and policies and procedures were available to support safe administration.
- ☐ The medicine administration records (MARs) were completed accurately and there were no omissions of staff signatures. All medicine stocks tallied with the person's MAR when checked which demonstrated medicines had been administered as prescribed.
- ☐ People had procedures and guidance in place for 'when needed' medicines that weren't prescribed to be taken regularly.

Preventing and controlling infection

- ☐ Staff had access to personal protective equipment, for example, gloves and aprons were used where required.

- ☐ Staff maintained infection control practices and despite the refurbishment work being undertaken, it was evident from our walk round that a high standard of cleanliness was maintained.

Learning lessons when things go wrong

- ☐ The registered manager was actively involved in all aspects of the service and was keen to learn from experience and make improvements to enhance the service and experiences of people.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ People's needs were met by staff who were familiar with the people living at the home. Staff understood the importance of gaining consent from people prior to completing care tasks and it was evident throughout the inspection that people were free to come and go as they pleased. People told us, "I can go anywhere, when I want. I'm not stopped", "I go for a pint and can go out when I like" and "Yes. I go to town sometimes."
- ☐ We found the registered manager continued to work within the principles of the MCA so people's rights were protected, and people were offered choice and remained in control.
- ☐ People were responsible for their own finances, but when required, people had appointeeships in place that were managed by the court of protection and these were reviewed annually.
- ☐ Best interest meetings were evidenced. For example, because of the refurbishment and changes in the service model, it was identified that a person living at the home would be unable to manage a supported living tenancy and required residential care. It was deemed the person didn't have capacity to understand their care and treatment needs, so an IMCA (Independent Mental Capacity Advocate) was supporting them. Best interest meetings were arranged with the registered manager, IMCA, person's care manager and their nearest relative to consider appropriate homes that would meet their needs and to make a best interest decision regarding their future.
- ☐ Some of the people living at Clyde house had lived together for a few years and continued to be involved in identifying their needs, choices and preferences.

Staff support: induction, training, skills and experience

- ☐ People told us the staff had the right skills and knowledge to support them. People said, "They know what they are doing" and "Yes, of course. The staff are very good."
- ☐ Staff told us, "We have quite a lot of training; fire training, health and safety showed where all the key things were, online courses about medications and how to care for the residents. We are always doing courses."
- ☐ Staff had completed, safeguarding, manual handling, person centred care, infection control, fire safety, health and safety, DoLS/MCA training. e-learning and practical moving and handling. Compliance with training was high and staff told us they had opportunity to complete further training if they felt this was required.
- ☐ Staff completed training and shadowed other staff as part of their induction. Staff had all completed a level two National Vocational Qualification (NVQ) in health care or above.
- ☐ Staff confirmed receiving bi-monthly supervision and an annual appraisal. They told us they felt well supported and the registered manager was approachable any time if they had a concern.

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

- ☐ People told us, "Oh we get lovely food. My diabetes is well managed thanks to the staff here giving me the right food. The board tells you what there is and then you can choose between the meals on offer as to what you fancy", "Yes, they cook breakfast, dinner and tea. I only usually eat at supper time. It's great food. You get as much as you want" and "It's nice here. The food is very nice."
- ☐ People were encouraged and supported to maintain a healthy diet. The meals were homecooked and the registered manager devised the menu's depending on people's preferences and in consideration of the season.
- ☐ Meals were adaptable to people's needs and the registered manager said people could have what they wanted within reason. One of the staff went to Manchester and purchased specific food items a person liked. A person raised at a residents' meeting that they wanted kippers, so kippers were purchased for them.
- ☐ People had nutritional risk assessments, care plans and their weight was monitored so any changes in weight could be identified and responded to.
- ☐ We observed a person had been losing weight and staff had been quick to raise this and consult the person's GP for support.

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

- ☐ A health professional told us, "My experience of working with the service is very positive. They've supported people with extremely complex needs and when people have needed other services, the registered manager is quick to make referral."
- ☐ We saw involvement from a variety of different professionals recorded in people's care plans which included; mental health teams, falls team, diabetes nurse, opticians, dentist and GP's.
- ☐ People were provided with support to stop smoking.

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

- ☐ At the time of the inspection, the home was being refurbished. The number of bedrooms had been reduced and kitchens were being redesigned to meet people's needs in a supported living model.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People told us, "The staff are really lovely people. All the staff are nice" and "The staff are very kind people. I am very happy here."
- ☐ A healthcare professional and relative commended the care provided to people living at the home. Comments included; "People are treated with compassion. The care provided is very good, people are well cared for and when asked during reviews, people confirm being very happy living here", "My relative is 100% treated with kindness. I have no concerns. They are really happy."
- ☐ We heard staff calmly and kindly responding to people. There was continuous chatter and people engaged with staff at different times throughout the inspection.
- ☐ We observed people maintained control over their lives and staff were flexible and accommodated changes in people's needs. People's needs differed, and it was observed that people had support available when they needed it.
- ☐ Policies, staff training, assessments and care records considered equality and diversity and promoted and demonstrated anti-discriminatory practice.
- ☐ The staff upheld the rights of people they supported and ensured people's care needs were met in line with their preferences.

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

- ☐ People told us they were at the heart of the care provided and said they felt consulted as required. People said; "Oh yes they do listen" and "I don't actually talk a lot. Some people can't shut up, but they deal with it. You can talk to the staff about anything. They are not just support workers they actually know a thing or two about mental health."
- ☐ There were eight people living at Clyde House supported by a small staff team ensuring continuity of care. Staff demonstrated they had a good understanding of people's individual needs and people's methods of communicating their needs to them.
- ☐ The refurbishment works had been discussed with people in a group and individually to determine their thoughts and any concerns about the changes. This was being revisited as works were underway.
- ☐ Staff and the registered manager spoke of people with fondness and at times when people had required hospital admission or treatment, staff had maintained daily contact and visited regularly to ensure doctors and nurses communicated with the person regarding their care.
- ☐ People received personalised care that was determined by their preferences, wishes and needs.

Respecting and promoting people's privacy, dignity and independence

- People told us; "Yes, they (staff) would knock on (the door) before entering" and "I think I am low maintenance, so I don't need a lot of involvement. We are friends, we are like one big family here."
- We observed staff considered people's privacy and provided care in a discreet and dignified manner. Staff knocked on people's doors before entering their bedrooms and respected people's wishes if they didn't want to engage at that time.
- People were supported to maintain their independence and engaged in activities of daily living supported by staff. A relative told us, "Staff support [person's name] to change and to do more for themselves. It's done without pressure, so they don't even realise they are doing it."
- People were confident and approached us during the inspection and enquired about the purpose of our visit. They told us about the refurbishment works and their excitement for the changes to the environment and supported living model that was being implemented.
- The registered manager told us some people had lived at the home for many years and were accustomed to residential care. They told us the transition to supported living would be tailored to people's needs and done tentatively to ensure people were able to manage the change.
- People currently supported staff with light duties and during the transition, people were being encouraged to engage in more household activities. People were encouraged to empty bins, maintain their bedrooms and were able to make hot and cold drinks for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People spoke positively about the care provided at Clyde House and told us they held the staff in the highest regard. A person said; "It's like a big family here. I see the registered manager as my next of kin. I can talk to the staff just the same as anyone, they all know what they are doing. I feel like a free man – you are free here."
- ☐ Staff told us, "We do have an activities coordinator. The men tend to like to go out on their own though. They will sometimes watch films and play games. They are all different and have their own routines already."
- People had autonomy to choose how they occupied their day. There was an activities coordinator available between the two houses, but people told us they preferred to do their own thing and weren't interested in structured activity. People had been supported on holiday and there were plans to support another person to Blackpool for a few days at their request.
- ☐ A health professional commended the staff and registered manager regarding their knowledge and responsiveness to people's needs.
- ☐ The service continued to involve people, and relevant others, in the assessment and care planning process. People told us they felt involved and consulted regarding their care needs.
- ☐ People's needs had been holistically assessed. Care plans included information from people's care manager and detailed what was important to people, what they enjoyed and what they didn't like. There were sections on all elements of the person's health and social care needs.
- ☐ At our last inspection, a recommendation had been made because daily logs didn't contain the required detail to determine the care provided. At this inspection, we found this had been addressed and included details about the person's day and care provided.
- ☐ We saw people had communication plans in place which detailed the most effective ways to support the person to communicate. The registered manager was confident regarding accessible information and had ensured literature was available in different formats when required. This included for staff where the registered manager had arranged for training to be transcribed in the person's native language to support learning.
- ☐ People's care was reviewed regularly in conjunction with them and people expressed feeling involved in their care. As discussed in the safe domain, support plans were not always updated as required to reflect changes but there were already plans in place to address this.

Improving care quality in response to complaints or concerns

- ☐ Information about how to complain was made readily available to people and was re-iterated to people living at the home through meetings and reviews. The registered manager also enquired with people individually whether they had any concerns to ensure these were captured.
- ☐ People told us; "I don't have any complaints, I'm happy" and "I'd see the registered manager if I had an

issue. She would do something about anything to do with this place."

- The registered manager had not received any recent complaints. However, systems were in place for the reporting, investigating and responding to any issues or concerns brought to their attention.
- There were several compliments that had been received which commended the level of care provided. Comments included; 'I just wanted to say how much I appreciate working with you and your team. Both people told us that they were happy in their home and wanted to go back as soon as possible' and 'Just a line to say what a wonderful time I had yesterday at your open day. It was a lovely atmosphere and the residents appeared to be having a great time. Your staff are wonderful. The interaction between staff and residents was great'.

End of life care and support

- A health professional praised the registered manager and staff for their compassion in supporting people at end of life. They told us, "All my gents one by one have become unwell and all wanted to die at the home with the staff around them. They went above and beyond in all cases."
- At the time of our inspection, the service was not providing care and support for anyone at the end of their life. The registered manager expressed it was people's home and they would be supported to remain in there at the end of life if this was possible.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

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

- ☐ The registered manager was committed to ensuring people's freedom and empowering people to remain independent, but in doing so they had compromised the security of the building and premises which could have exposed people to unnecessary risk. This had resulted in a breach of the regulations which has been evidenced in the safe domain. We did receive an update following the inspection detailing how our concerns had been addressed and this will be followed up at our next inspection to determine these measures have been maintained.
- ☐ We found storage of confidential records was not secure and when questioned, the registered manager and regional manager were unable to indicate what the archive and storage process was. Within the boxes of records were bank statements, medical records, diaries and department of work and pension letters containing national insurance numbers. Coupled with the security of the building, this was of concern that people's records could be accessible to unauthorised persons. We requested this door be locked during the inspection and identified the risks to staff just handing over keys when it was their responsibility to ensure policies and procedures were followed. We checked on the day of inspection and determined the room was locked throughout the remainder of our visit. There were plans for the documentation to be moved and archived off the premises which would prevent this re-occurring.
- ☐ There was a clear operational structure in place to support the staff team. There was a regional manager, registered manager and an auditing team that undertook visits at the home. Audits were in place for medicines, infection control and the general running of the home. The registered manager completed reviews, updates of records and maintained oversight as they worked alongside staff and people.
- ☐ Staff said they worked well as a team and felt supported in their role. The registered manager was described as approachable, having an 'open door' and always being available for advice and support. A staff member said, "The registered manager is very approachable. All the new managers visiting seem nice too."
- ☐ The registered manager was always contactable on the phone for advice and support when not on shift and saw people living at the home as an extension of their family, whilst maintaining professional boundaries.
- ☐ Staff had up to date policies and procedures, which detailed what was expected of them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ People, their relatives and health professionals spoke highly of the registered manager. One person said; "The registered manager is a nice lady. I like living here", "I see them as my family now. I can tell them anything." A health professional said, "The home has good leadership. The registered manager is

compassionate and understands people's needs. They go above and beyond." A relative said, "The home is good, we are really happy. [Person's name] is very settled and happy so I would 110% recommend the home to others."

- ☐ The service had a statement of purpose which outlined the aims and what people could expect from the service. The service was currently going through significant change, so a new model of care would be provided. The provider had other supported model provisions and was aware of the registration process.
- ☐ The Care Quality Commission had met with the registered manager and provider and were kept informed of changes to the service and plans.

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

- ☐ The registered manager checked with people informally regarding their satisfaction with the service and if improvements were needed. They also sent satisfaction surveys, so people were able to provide feedback on the quality of care received. The surveys viewed indicated positive responses and satisfaction with the care received.
- ☐ People and their relatives confirmed being able to speak to the registered manager anytime to provide feedback regarding the service.
- ☐ Resident and staff meetings were conducted regularly to provide people an opportunity to raise issues or concerns. This was in addition to reviews with people when feedback was also encouraged.
- ☐ Staff told us they were actively encouraged to share their views and ideas daily and more formally through team meetings and supervisions.

Continuous learning and improving care and Working in partnership with others

- ☐ The service worked well with other health professionals. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not mitigating against environmental risks which could have compromised people's safety. There were insufficient systems in place in relation to building security and storage of confidential records.</p>