

Clacton Family Trust Limited

Clacton Family Trust

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Clacton Family Trust provides accommodation and care for people with a learning disability and physical disabilities within a care home and supported living flats. The care home consists of five bungalows on one site. At the time of our inspection there were 37 people using this part of the service. Clacton Family Trust so provides personal care to people living in supported living units. People who use this part of the service have their own tenancies and receive most of their support from staff employed by Clacton Family Trust. At the time of our inspection, there were 33 people living in supported living units. These were predominantly located in a purpose-built property within the local area.

The care home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This should ensure that people who live in the care home 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 living in the care home did not always 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

People's medicines were not always managed safely

The service did not learn and make changes where improvements were identified by professionals to ensure people were safe.

The provider did not always maintain the environment to ensure it was safe for people living in the service. We recommend the provider a maintenance schedule is implemented to address environmental improvements.

The service was not consistently well led. The provider and management lacked effective oversight of the service in order to take prompt action when things started to go wrong

Systems were in place to monitor the quality of the service; however, these were not effective and failed to highlight concerns raised during the inspection.

The service did not learn and make changes where improvements were identified by professionals to ensure people were safe

End of life care plans were not always in place for people. We recommend the provider develops end of life care planning for people.

People's dignity was not always maintained did staff interacted with people in a caring and compassionate way.

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.

Mental capacity assessments were not always person centred and decision specific. We have recommended mental capacity assessments are reviewed.

People had access to adequate and meaningful activities for people

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 4 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Clacton Family Trust

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

Two Inspectors, an Assistant Inspector and a Specialist Advisor [with a specialism in learning disabilities], conducted the inspection.

Service and Service Type

Clacton Family Trust is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The registration also includes supported living. This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of Inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the Provider Information Return (information Providers are required to submit which details key

information about their service, their view of what they do well, and improvements they plan to make). This information helps support our inspections. We used all this information to assist in the planning of our inspection.

During the Inspection

The majority of people we met during Inspection had complex needs and were not able to tell us of their experiences of life at the service. We therefore used our observations of care and our discussion with relatives, professionals and staff to help form our judgements.

We spoke with four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, manager, team leaders and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the Inspection

We continued to seek clarification from the provider to validate evidence found and request any additional information. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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.

There were significant shortfalls in the management of medication and risk within the residential home. We did not find similar concerns within the supported living service.

Using medicines safely

- People's medication was not managed well. Where people exhibited behaviours that may challenge and/or put them/others (including staff) at risk of harm, 'as required' medication was in place. However, staff did not always understand how and when to administer this. One person was prescribed medication to reduce anxiety as well as separate medication for pain. A protocol was in place but lacked detail for staff to follow. One member of staff told us they had administered anxiety medication however, then realised they should have administered pain relief instead. They told us, "I didn't know what to do, so I just gave [person] lorazepam but I now know it should have been paracetamol." We raised this immediately with the registered manager who told us the protocol would be updated and staff informed of correct procedures.
- Medication Administration Records (MAR) were not always completed in line with national guidelines. For example, records showed multiple missing signatures and multiple people's medication had been hand written onto a MAR sheet without being signed in. One person's medication had not been written onto the MAR record, meaning staff may not be aware that it needed to be administered. We raised this immediately with the team leader who immediately added it.
- Observations of staff practice found staff did not follow or understand national guidelines for recording when they administered medication. One staff member signed the MAR record to say medication had been administered, however this was recorded before it had been given. We spoke with the member of staff about this, who told us, "I signed for it because it was given via PEG. I hadn't thought of the risk of something happening to prevent meds being administered." A percutaneous endoscopic gastrostomy (PEG) is a feeding tube which goes through the skin into stomach to give nutrients and fluids where people are unable to/ have limited ability to take orally. We spoke to the registered manager who told us they would discuss immediately with staff. Medicines administered via a PEG feed need to be checked to ensure they retain their effectiveness.
- Staff did not always follow the services procedures for booking in and out medication for people. We completed a stock check of medicines and found that one person was missing four tablets. Staff told us that they did not know if the person had taken their medication as a transfer document had not been completed. We immediately spoke to the registered manager and asked them to confirm the person had their medication with them as required. This was important as part of the person's care when they attended day services outside of the home.

This was a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

Following our concerns relating to medicines, we asked a pharmacist inspector to visit the service on 7 August 2019 to check risks had been reduced. Following our visit, action had been taken to reduce risks

Assessing risk, safety monitoring and management

- In the care home, risk assessments covered all areas of identified and known risk including behaviours that challenge others, epilepsy and continence, however staff did not always follow these. One person had a specific risk assessment to reduce the risk of placing items in their mouth. We observed that a medication room had been left open with keys left inside the room. This meant the person could have accessed the room and the medication within. The registered manager was present and immediately raised this with staff, outlining the risks to people and this specific person.
- The provider could not demonstrate they had risk assessments relating to legionella. Given the vulnerability of people living in the service and their complex needs, we wrote to the nominated individual and asked them to demonstrate they were managing their legionella risks effectively. They were unable to demonstrate this and told us a full retest would be completed on 29 August 2019 by an external professional.
- Staff understood and encouraged positive risk taking within the supported living service. The registered manager told us how they were supporting a person living in the community to access local nightlife. She told us, "We are supporting one person to access the local pub. As well as this, we are also supporting two people to access the local night club. We risk assessed the whole thing and its scary, but we support this, and the person really enjoys it."
- Equipment was maintained. These checks included wheelchairs and fire equipment across all services.

Preventing and controlling infection

- Infection control was not always well maintained in the care home. In Archway House, we found a syringe used for administering PEG medication has been left on a dirty, stained paper towel. We showed this to the registered manager who told us, "That towel has been there for some time, it's disgusting." In Norfolk House, we found two people's inhaler spacers had not been appropriately cleaned and had dried food on them. We raised this immediately with the registered manager who spoke to staff and confirmed they had not been washed. On our return to the service, we found new spacers were in place for people.

Learning lessons when things go wrong

- Lessons had not been learnt. Opportunities to improve and sustain safe care had not taken place. Previous professional reports from the local authority and Clinical Commissioning Groups, had highlighted shortfalls. For example, the registered manager could not demonstrate that the residential service had taken sustained learning from support given by professionals. This resulted in our inspection identifying similar issues and concerns.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding of adults and knew how to recognise and protect people from the risk of abuse.
- Staff knew how to report any safeguarding concerns, within the service, and externally. A staff member told us, "I would talk to my supervisor if I was concerned. If something was not done, I would go up to

management and then go even higher. I'm very protective of people. I'm not afraid to speak up."

- The registered manager and provider were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority. However, the registered manager had not informed the commission of safeguarding in the service. We raised this with the registered manager immediately and asked for these to be submitted.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- Relatives and staff told us there were enough staff to meet people's needs. A relative told us, "I am not aware of any issues with staffing levels, so I think it is fine." A staff member told us, "Staffing was an issue, but not now as we have agency. Before, we didn't have enough staff but now we have agency every day."
- Rota's were in place and staff was allocated based on people's needs. On the day of inspection, we saw people have 1:1 support that they required.

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 now deteriorated to Requires Improvement.

This means the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Environmental improvements since the last inspection had not been sustained. The registered manager and staff told us they had raised maintenance and health and safety issues with the provider but that these had not been addressed. Records showed that two fire doors required repairs to ensure they were fit for purpose. This meant people were at risk of harm in the event of a fire. These had been reported since April 2019, but no action had been taken to mitigate risk or undertake the remedial works.
- Other concerns found included broken wall tiles, mirror and towel dispenser in a toilet that was accessed by people living in the service. We raised this with the registered manager on three occasions during inspection and found despite the registered manager requesting it to be locked, we found staff had not followed this and it remained accessible. We found one person accessing the toilet who had to be removed by staff for their safety due to the risks identified.
- During inspection a grab rail used to get in and out of the bath was not secured and came away from the bath. This created a significant risk for any person using the bath and could have caused them harm. This was given to the registered manager to address.
- An entrance door to Archway had been locked using a single key, held by the supervisor, due to a failure of the security system. We asked one member of staff how they would evacuate people in an emergency and staff told us they had not thought about this. Following the inspection, we asked the nominated individual what action they were taking in the immediate and interim to minimise and manage risk. We returned to the service on 18 July 2019 and work was undertaken to rectify the immediate environment concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- 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. Related capacity assessments were in place however these lacked person and decision specific information and was generic in content.

We recommend the provider review mental capacity assessments to ensure they are compliant with the MCA .

- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.
- Staff received training and told us they understand the requirements of the Mental Capacity Act in their day to day job. One staff member told us, " I have done MCA training and I have a booklet of information around those things and understand it"
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.

Staff support: induction, training, skills and experience

- Staff told us competency assessments do take place, however these were not always completed when concerns were identified and action is not always taken when concerns are raised. During the Inspection, we raised concerns about one member of staff's practice and capabilities relating to the dispensing of medicines. The registered manager told us there were concerns about their practice, however no competency assessment had taken place or action taken to prevent risks to people. We raised our concerns about this to the registered manager and asked for immediate action to be taken.
- Relatives gave us mixed feedback on whether they felt staff were trained and knew what they were doing. One relative told us, "The training is fine." Another relative told us, "I don't feel the staff are well trained or know what they are doing." The inspection highlighted shortfalls within the residential service and although staff had received training (including regarding medicines management), this had not always implemented in practice.
- Staff had a clear understanding of their role and what was expected of them. Training is completed face to face and via e-learning and includes safeguarding and medicines administration. Staff told us they had the training they needed to support people's individual needs. One staff member told us, "If anything I would moan there is too much training and we do a lot of refresher training!"
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received a comprehensive induction programme. One staff member told us, "The induction was good. I had three shadow shifts of 12 hours. I worked with my key person former 1:1 so although care plans aren't very good and did not tell me much, I got all the info I needed from them."

Staff working with other agencies to provide consistent, effective, timely care

- Care plans contained communication passports for when people needed to access hospital in an emergency. These included likes, dislikes, current medicines, medical history and plans of what to do if people were anxious. However, one person had become ill and the service was advised to contact a GP which they did, although no follow up was completed when the GP was unable to attend. We discussed this with the registered manager who told us they had identified this and had followed this up with staff.

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood giving people healthy choices of food and we observed fresh fruit and low sugar-based drinks being offered throughout the inspection.
- The service promoted healthy eating. One relative told us, "Staff try and get [person] to eat fresh stuff, I am ok with what they are doing with that."

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us people were supported with their healthcare. One relative told us, "They look after [person's] health very well and contact the hospitals / GP when needed". The registered manager told us how people in supported living were supported to maintain healthier lives. They told us, "People who live in the supported living are support to attend "healthy for life" at the sports centre. This has helped build people's confidence."
- People had detailed notes in their health folders so that staff and or visiting health care professionals could access information they might wish to know about the person's needs.

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always treat service users with dignity and respect and respect professional boundaries between staff and people. For example, one person was trying to gain access to the medication room which was open with a member of staff present. During this time, the supervisor on shift attempted to stop the person from gaining access however the person continued to do so. Whilst on the phone, the staff member pushed a person out of the office doorway to prevent them entering. This incident evidenced that people were not always supported in a dignified manner and did not always understand how to support people appropriately.
- During our observations, staff were observed identifying somebody needing support with continence care. Discussions of a sensitive nature were held between staff in the communal area, with other service users present. One staff member was heard saying "if it's not [person] I'll finish eating and bring them up" (referring to another person). Another staff member said, "it's definitely [person] isn't it, is the smell following them." We immediately raised these incidents with the registered manager and asked them to take appropriate action.
- Staff understood how to promote people's independence. One member of staff told us, "I encourage the person I support to do a lot themselves including dressing." Relatives also told us they felt people's independence was supported by staff.
- The service respected people's personal information. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

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

- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. We observed staff assisting people with tasks and activities they had chosen to do.
- Throughout the inspection, we saw how they adapted their approach to ensure their interaction was meaningful to the person and enhanced their wellbeing.
- People were supported with their own individual diversity. For example, one person was supported by the service and staff to attend Pride yearly. The registered manager told us, "We have one person we support who attends Pride yearly, staff support [person] and everyone has an amazing time." Another person had been supported to get a tattoo and we asked if they were getting another, they gestured that they were. Staff told us they were going to support the person to do this.

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

- Relatives told us they were not always involved in people's care. One relative told us, "We have not a specific meeting about [person] for quite a while and they should be more often." Another relative told us, "I have not been asked to be involved in [person] support plan."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's needs had been assessed before they moved into the service and plans had been developed. People were not always involved in the planning and review of their care. We spoke to the registered manager about this who told us the service was looking at different ways of involving people in their care
- People's care plans lacked detail and clear information about specific needs, personal preferences, routines and how staff should best support them. For example, epilepsy management plans did not always record detailed information for staff relating to triggers. One person had triggers relating to food however no specific information was given to staff outlining exactly what these were and any consequences of these.
- Support plans were not always regularly reviewed and updated to reflect people's changing needs on a regular basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service did not always have documents available to people in easy read formats. One relative told us, "We discovered [person] has no information available in Easy Read form or picture form to meet [person's] communication needs." We spoke with the registered manager about this who told us the service was making improvements to make information available to people in easy read.
- Staff knew and understood how to communicate with people. One staff member told us, "[person] uses gesture to show when they want to go out. With another person, it's more of a facial expression - a cry facial expression for pain or hungry. You must spend time with people to learn. I like to find out for myself." Another told us, "Communication has to be person centred. Instead of complicating the language, its sometimes about showing someone something such as show them objects. One person has cards that he uses with pictures."

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been recorded as received by the service. However, we received feedback that from a professional that a complaint was made and had not been dealt with by the

service. We spoke to the registered manager who told us the service had now begun to record all informal complaints to ensure people received responses appropriately.

- Relatives told us they were able to raise complaints. One relative told us, "When a support worker was poking fun at [person]. We spoke to the top manager and then the support worker was stopped from working with vulnerable adults."
- Relatives said that they felt able to speak to the registered manager at any time. One relative told us, "I can speak to the registered manager and they know me. They are ok like that."

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not always in place for every person to ensure their final wishes were met. We spoke to the registered manager who told us that one person did have specific end of life arrangements in place due to their cultural beliefs. The registered manager confirmed that others living in the service however did not have this level of information and following the inspection, this would be developed for all people living in the residential service.

We recommend the provider develops and implements end of life care plans for people in line with current guidance.

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 able to follow a variety of interests and activities both internally and externally to the service. At the time of inspection, people were accessing the community with staff as per their wishes. Relatives told us people had meaningful access to activities. One relative told us, "I'm not really sure what specific activities [does], but I know [person] does go out a lot and we are happy with that." Another relative told us, "The service is good. If I go out with [person], they come with me and I can use the van if it is further out."
- People were able to follow and actively take part in cultural activities and were supported by the staff to do so. The registered manager told us, "We have one person who is supported by the staff team to go to church and we link in with the leaders there. We have other staff of the same religion and they support [person] to attend cultural festivals and gets clothes for them."

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.

There were shortfalls in the management and oversight of the service within the residential home. We did not find similar concerns within the supported living service.

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

- Quality assurance processes were not always effective. The lack of robust quality assurance meant people were at risk of receiving poor care. Concerns such as medicine shortfalls and safety issues raised during the inspection had not been picked up by the provider's systems. The registered manager was not always completing audits and identifying or addressing issues.
- The registered manager lacked oversight of the service and was unaware of some recent issues within the service such as safeguards and environmental concerns. The registered manager told us, "I didn't know about the safeguard, no one told me. It was only when I was told that the police were visiting that someone told me. I did not know about the lock issue until I tried to get in."

The provider and registered manager failed to have oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service however had failed to do so. Notifications had not been sent to us in relation to this. We raised this with the registered manager and asked for these to be submitted after the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- The provider had decided in Spring 2019 to change the management arrangements for the residential and supported living service. They moved the registered manager to the supported living part of the service and a new manager was in place for the residential service. The registered manager was still required to have legal oversight of both services.

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

characteristics

- At the time of the inspection, the service was in the process of sending out a survey during the inspection to relatives to capture their views on the service.. The registered manager told us the service was looking at methods of getting feedback from people who use the service.
- Staff had not always received formal supervision and appraisals of their performance. This was confirmed by the registered manager who told us this was due to a lack of time but told us they spoke to staff regularly. Following the employment of the new manager, the registered manager said this would be addressed and formalised.

Continuous learning and improving care; 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

- Professional support and feedback did not prompt learning to improve care. We found that professionals had been supporting the residential service since May 2019 and concerns and feedback had been given to the service to identify where improvements were required. While the service did have an internal action plan following professionals' involvement, these had not been prioritised by management and no significant action had been taken to implement the required changes. For example, an internal medicines audit in March 2019 had highlighted front profile sheets within medication files were needed for staff. This was again highlighted during a medicines audit carried out by the healthcare professionals on 1 July 2019 and again on inspection on 17 July 2019. There was a lack of continuous learning and improvement
- We understand from information provided that the provider is considering separating the service into individual registrations. This had been discussed at previous inspections and was highlighted as a potential challenge and cause of previous concerns relating to the quality and safety of the residential service.

Working in partnership with others

- We received mixed feedback from professionals about the services partnership working. One professional told us, "The supported living service have worked ceaselessly with me, family, and health professionals around two people and provide a real home for them both." Another told us the registered manager had been offered training but had not attended training. We spoke to the registered manager who told us that they would have attended but did not have the time to attend training when it was offered due to managing two services
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services.

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 Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of all incidents that affect the health, safety and welfare of people who use services.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was failing to ensure people's safety from unsafe medicine practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good

Governance

The registered person's lacked oversight of the service and quality assurance systems were ineffective.