

Achieve Together Limited

Upper Selsdon Road

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Upper Selsdon Road is a supported living service providing personal care and support to up to 9 people with learning disabilities and/or autistic people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

The service did not always sufficiently assess all people and staff for the risk of COVID-19 infection. This could put some people and staff at an increased risk of potential harm. We have made a recommendation about preventing and controlling infections. The service had not always worked in accordance with the Mental Capacity Act 2005. This meant the provider had not always supported people to make decisions following best practice in decision-making.

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to pursue their interests and achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress.

The service gave people care and support in a clean environment. People had a choice about their living environment and were able to personalise their rooms. People benefitted from an interactive and stimulating environment.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests and to stay in touch with people important to them.

Staff enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that achieved the best possible health outcome. Staff supported people to play an active role in

maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service worked well with other agencies to do so.

People could communicate with staff and understand information given to them because staff understood their individual communication needs. People who had individual ways of communicating could interact comfortably with staff and others involved in their care and support because the staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations and was focused on their quality of life.

People could take part in activities and pursue interests that were tailored to them. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

The provider had not always sufficiently assessed, monitored and improved the quality of services provided. This meant the provider had not always identified the concerns we found and where they had identified concerns, action to address these had not always been taken in a timely manner. Staff training was not up to date. Some training for staff was overdue and the provider had not always taken action in a timely manner when training requirements were not met. Some relatives we spoke with felt the provider had not sufficiently involved them in the care of their loved ones. We have made a recommendation about engaging and involving people's families in their care and support.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did. People were involved in planning their care. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of inclusivity and empowerment. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Upper Selsdon Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager in post had submitted an application to register. Since our inspection, the manager's application has been processed and there is now a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant we had to discuss the inspection with the manager beforehand, so they could prepare people for our visit.

Inspection activity started on 13 September 2022 and ended on 03 October 2022. We visited the service on 13 September 2022 and 14 September 2022.

What we did before inspection

We reviewed information we had received about the service since the current provider took over the service on 26 November 2020. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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.

During the inspection

We spoke with three people using the service, one of which was able to share their experiences of using the service. We also spoke with two relatives of people using the service. We spoke with the registered manager, the regional manager and four care workers. We reviewed a range of records, including four people's care records, three staff files and various records relating to the management of the service. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- Infection prevention and control (IPC) did not always ensure all people and staff were sufficiently assessed for the risk of COVID-19.
- Government guidance to prevent the spread of, and risks associated with, COVID-19 directs providers to carefully assess and mitigate risks associated with COVID-19, particularly those that leave people more vulnerable, such as being aged 60 or over.
- One person's COVID-19 risk assessment did not include all the factors that could put them at an increased risk of severe COVID-19 infection and therefore, had not accurately assessed whether they were at an increased risk of severe COVID-19 infection. This meant the person's individual COVID-19 risk assessment was potentially less effective and put them at an increased risk of potential harm from COVID-19.

We recommend the provider carries out comprehensive individual COVID-19 risk assessments for people that consider all the factors known to put people at an increased risk of severe COVID-19 infection.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's IPC policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People's families told us that people were safe and secure. One person's relative said, "I think they are safe there" and another person's relative said, "Yes, [name of person] is safe there".
- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff had received safeguarding training and knew how to identify signs of abuse and report safeguarding concerns.
- The provider reported safeguarding concerns to the local authority and CQC when necessary.

Assessing risk, safety monitoring and management

- Notwithstanding that some people did not have comprehensive individual COVID-19 risk assessments, risks to them in other areas were appropriately assessed and managed.
- People had risk assessments and support plans. These provided detailed information about people's individual risks and care needs and included actions staff needed to take to keep them safe.
- People's risk assessments and support plans were reviewed and updated. Staff were informed of changes to people's care needs. The provider kept a daily record of people's care and support.
- There were health and safety checks of the premises and health and safety certificates were up to date.

Staffing and recruitment

- There were enough staff to support people safely and new staff were safely recruited.
- Staff responded promptly to people's requests for support.
- The provider carried out appropriate checks on new staff to ensure they were suitable to work with vulnerable people. This included checking with the Disclosure and Barring Service (DBS). The DBS checks contain information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were used safely.
- People were given their medicines safely and at the right time.
- Staff giving people their medicines had completed medicines administration training.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicine.
- People's medicines were reviewed and changed if necessary.
- Medicines were received, stored and disposed of safely. The provider carried out regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Visiting in care homes

- People could have visitors whenever they wanted.
- The provider's visiting policy and practice followed national guidance for visiting people living in supported living accommodation.

Learning lessons when things go wrong

- The provider and staff learned lessons when things went wrong.
- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and audited.
- The provider analysed accidents and incidents information to identify any trends or patterns and took action to mitigate the risk of further accidents and incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service did not always work in accordance with the MCA and associated code of practice.
- The provider had not always carried out decision-specific mental capacity assessments and best interests meetings regarding decisions for people who lacked the mental capacity to make their own financial decisions. In addition, some people's mental capacity assessments were generalised and not decision-specific.
- A person can lack capacity to make some decisions but still have the capacity to make other decisions. The MCA states mental capacity assessments must be decision-specific.
- If someone lacks the capacity to make a decision and the decision needs to be made for them, the MCA states the decision must be made in their best interests. Best interests meetings support a person's involvement in decisions affecting them and consider the views of their carers, family, people who may have an interest in their welfare and people appointed to act for them.

The provider's failure to ensure the service worked in accordance with the MCA and associated code of practice was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the registered manager said going forward they would carry out decision-specific

mental capacity assessments and best interests meetings for people who lacked the mental capacity to make specific decisions.

Staff support: induction, training, skills and experience

- People were provided with care and support by staff that received training and support.
- New staff completed induction training and compulsory core training.
- Staff received regular supervision to support their development.
- One person's relative said, "I think they [staff] are well trained".
- However, training records showed staff training was not always up to date. Training for a number of staff was overdue, including food safety; Mental Capacity Act and Deprivation of Liberty Safeguards; diabetes; mental health and sexuality and personal relationships.
- While some staff training had already been overdue by up to seven months and in some cases for over one year, we noted the provider had arranged for some staff to complete overdue training within the next three months.

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

- People's needs and choices were assessed.
- People and their families were involved in assessments of their care and support needs. People's needs and choices were assessed before they moved into the service and were reviewed and updated.
- Assessments of people's care and support needs were detailed and provided staff with information to give people the support they required.
- People's support plans included their life history, healthcare conditions, care needs, the support they required, their preferences and the things they wanted to achieve in terms of independence and how they lived their lives. The information was used to plan and deliver people's care and support.
- Staff knew people well and provided care in accordance with their needs and preferences and people were given choice.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff supported people to do their food shopping and prepare meals.
- The provider consulted people about what they liked to eat, and the service had a menu that reflected people's choices.
- People could prepare their own meals and eat meals of their choosing.
- One person's relative told us, "[Name of person] eats very well. They let them choose what they want to eat. They cook their own meals individually" and another person's relative said, "I think this is brilliant. They know [name of person] likes and dislikes. They do participate in the cooking and meal preparation, as far as I know".

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

- Staff worked with other agencies and professionals to provide consistent, effective care in a timely manner and people were supported to access healthcare services and live healthier lives.
- People were supported to manage their health and their medical conditions. Meetings were held to discuss people's needs. Staff shared concerns they had about people's health and wellbeing with healthcare professionals and people were supported to attend health care appointments.
- Referrals were made to healthcare services in a timely manner and healthcare professionals visited people regularly.
- People were supported to take exercise, eat a nutritious diet and be active.
- A person's relative said, "If there are any problems, they do get it sorted. They sort out the GP, dentist and

hospital appointments. We have good communication and they would tell me if there were any problems or [name of person] wasn't well".

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported.
- There was a stable team of staff and staff knew people and their needs and preferences well. This meant people received consistent care.
- People's social, cultural and spiritual preferences were recorded, so staff knew how to support people in accordance with their interests and likes and dislikes.
- Staff interacted with people with kindness and respect and communicated with them in a friendly and compassionate manner.
- Relative's comments included, "All the staff I have ever met have been caring" and "They know [name of person] well" and "I am happy with their personal care, [name of person] is always clean and tidy".

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

- People were supported to express their views and be involved in decisions about their care.
- The service carried out assessments and reviews with people and their families to plan what care people needed and how it should be delivered.
- Residents' meetings were held to enable people to raise issues and contribute to the development and running of the service. People completed feedback questionnaires about the quality of the service provided.
- Staff asked people what they would like to do and when they wanted to do things and asked them how they would like things done.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful way that promoted their privacy, dignity and independence.
- Staff understood the need to protect people's privacy and dignity when providing care and support and people received their personal care in their own rooms. Staff knocked, introduced themselves and asked for permission before entering people's rooms.
- Staff spoke to people in an adult manner.
- One person's relative said, "They definitely treat [name of person] with respect and allow them their privacy if they want". Another person's relative told us, "They are very good and caring there. I've seen them treat everyone living there with respect and dignity. [Name of person] can be private if they want. Independence wise, they do encourage them, for example, bathing and washing their own hair and cutting their nails".
- Confidential information was stored securely and used in line with data protection laws.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised and provided in a person-centred way to ensure they had choice and control and to meet their needs and preferences.
- People had individual support plans, which included information for staff about their life history, their social, cultural and spiritual preferences, their interests, the activities they enjoyed and people that were important to them. This meant staff had personalised information about people, which helped them deliver care and support in a person-centred way.
- People's care plans were reviewed to ensure they remained accurate and reflected people's needs and preferences. Staff completed daily records of the care and support given to people and these contained information about what people had done during the day and their physical and emotional well-being. The information was used in staff handovers when shifts changed, to help staff know how people were feeling and what support they might need at that time.
- People's daily care and support records showed people were receiving care and support in line with their support plans. People could choose how they wanted to receive their care and support and they had control over when and how it was provided.
- Some people worked with a charity called Stay Up Late and were involved in its No Bed Times campaign. This was a campaign that worked to ensure people with learning disabilities and/or autistic people receiving care and support services could get up and go to bed whenever they liked. People living at the Upper Selsdon Road service were able to get up and go to bed any time they liked.
- One person's relative said, "[Name of person] is allowed to get up when they want".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the AIS.
- People's communication needs had been assessed and recorded and their support plans included personalised information for staff about how to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships, follow their interests and participate in activities.
- People's support plans contained personalised information for staff about their interests, the activities they liked to do, and which people were important to them. People were supported to engage in a range of activities and maintain the relationships that were important to them.
- People went to parties and daytime and night-time raves; some people were in employment; people went out the community; some people were linked in with the local church; some people went to daycentres and people went to the cinema and pubs, for example.
- People were supported to visit their families and keep in touch with people important to them. A person's relative said, "I am in contact with the home by phone. They are easy to contact and easy to talk to" and another person's relative told us, "[Name of manager] facilitates a Zoom call once a week with us and [name of person]. It is really good, and he relates well with [name of registered manager] and she gets him to talk to us".
- People were also supported to participate in festivals such as Halloween and Christmas, for example, and people's birthdays were celebrated.
- A person's relative told us, "[Name of person] goes out and about to clubs etc. They have taken them to London and to Brighton. At the end of September, they are having a late-night disco with people from other services in the area, this will be part of their birthday celebrations".

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and there were procedures in place to investigate and act on complaints.
- People and their families were given information in ways they could understand about how to make a complaint and how it would be dealt with by the provider.
- One person's relative said, "No, I have never made a complaint. I have raised concerns and we were listened to".
- The provider had not received any complaints within the last 12 months. The provider had received compliments from people's relatives, including, "[Name of person] looks very happy and shall I say content. He is so well cared for. It's a big worry off our shoulders" and "This has been another challenging year and we want to seize this opportunity to thank you, your staff and all who have helped in the smooth running of the home".

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- However, the provider had systems and processes in place to be able to support people with end of life care should the need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not operated effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate risks relating to the health, safety and welfare of people and others.
- The provider's audits had not identified all the issues we found during our inspection.
- The provider's systems and processes had not ensured all staff training was up to date, that staff competency was regularly assessed, and that staff training and competency were sufficiently monitored. The provider had not taken action in a timely manner when staff training requirements were not met.
- The provider's systems and processes had not ensured all people and staff were sufficiently assessed for the risk of COVID-19 infection. Not all people's COVID-19 risk assessments accurately reflected whether they were at an increased risk of severe COVID-19 infection. This meant the provider had not always put personalised and effective plans in place for people to protect them from the risk of COVID-19. This put some people who were at an increased risk of severe COVID-19 infection at an increased risk of potential harm from COVID-19.
- The registered manager was unable to demonstrate sufficient understanding regarding the implementation and application of the Mental Capacity Act 2005.

The provider's failure to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the registered manager told us they had started to carry out staff competency assessments regularly, to ensure people received their care and support from suitably qualified staff.
- Staff had written job descriptions and were given a staff handbook. The provider also had a set of values, which were shared with staff. These gave staff clear information about their roles and what was expected of them.

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

- Some of the feedback we received as part of the inspection suggested the provider had not always involved all people's families when reviewing people's care.
- One person's relative said, "We haven't had any meetings for a long time. I have had no meetings for several years with them about anything. I would like to be included in review meetings and discussions regarding [name of person] care."
- The provider carried out family feedback surveys to involve families in the development of the service.
- The provider carried out feedback surveys with people and staff and acted on people's feedback and suggestions and staff concerns and ideas.
- The service had a suggestions box for people and staff and management had an open-door policy for people and staff to talk with them about anything whenever they wanted.
- The provider's processes meant people's equality characteristics were considered when providing their care and support.

We recommend the provider contacts people's families and asks them how they would like to be involved in planning and reviewing their loved ones' care and support.

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

- The home had a positive culture that was person-centred, inclusive and empowering and achieved good outcomes for people.
- People spoke positively about the registered manager and staff. One person said, "They are good here. They do a good job. They look after me well. I am happy here".
- The registered manager and staff spoke in positive terms about people. They treated them as individuals and supported them to make their own choices, do the things they wanted to do and achieve their goals, including being as independent as possible.
- Staff comments included, "As far as this place is concerned, we have very good teamwork and we give the maximum support to the people we support" and "I am very happy with the support here, we work as a team and they [management] support me". Staff also said, "The team works well" and "You can raise things. [Name of registered manager] is supportive like that. They [management] do actually listen to us".
- The registered manager said, "I am supportive, and staff are supportive, we are very much like a happy family here". People and staff worked together in planning how people's care and support was provided, including planning activities and the home's menu, for example. One person's relative said, "The manager is brilliant. She is amazing. Overall, the service is well managed".
- The support people received had a positive impact on their quality of life.
- Some people exercised more and went places and out in the community more than they had done in previous services. People were able to personalise their rooms more than they had previously done, including painting murals on their bedroom walls. People were supported to be as active as possible, including taking positive risks. Some people went to work, some people were involved in organising events and some people went nightclubbing, for example.

Continuous learning and improving care

- The service had systems and processes in place to support learning.
- The provider held regular managers' meetings, and these kept the manager up to date with guidance. The registered manager also worked closely with a local GP regarding medicines guidance and practice.
- Updates and learning were shared with staff at staff handovers, in supervision and during staff meetings and people's care records were updated with new information for staff.
- The registered manager was also part of the Croydon Care Managers group and the Surrey Care Group and worked with the provider's internal audit department. This meant the registered manager was further supported to keep up to date with guidance and new ways of working to improve people's 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

- The provider understood their responsibilities in relation to the duty of candour.
- The registered manager and staff communicated openly and honestly with people and their families and other organisations when there was an incident.

Working in partnership with others

- The service worked in partnership with a wide range of services and organisations to meet people's needs.
- The registered manager and staff worked well with other health and social care professionals, community services, leisure facilities and local authorities, for example, to provide people's care and support.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice and failed to ensure all staff were able to apply the principles and codes of conduct associated with the Mental Capacity Act 2005 when appropriate.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate effectively systems and processes to assess, monitor and improve the quality of the services provided and failed to seek and act on feedback from all relevant persons on the services provided, for the purposes of continually evaluating and improving such services.</p>