

Mrs Olayinka I Bukola

159 Wensley Road

## Inspection report

159 Wensley Road  
Coley Park  
Reading  
Berkshire  
RG1 6DU

Tel: 01189589022

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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

159 Wensley Road is a small care home without nursing providing care and accommodation for up to four people with a learning disability. At the time of the inspection there were three people living at the service.

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

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

The registered manager did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards were always effective in identifying when the fundamental standards were not met. The registered manager did not ensure effective recruitment processes were in place to ensure as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines and premises was not always safe. The registered manager did not inform us about events such as an injury to a person using a service in a timely manner.

We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met.

Most of the staff were up to date with their mandatory training. The manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had not always received ongoing support via regular supervision and appraisals. However, they felt supported and maintained great team work.

The staff members felt staffing levels could be improved to ensure better management of people's activities and staff time such as breaks. The registered manager appreciated staff's contribution to ensure people received the best care and support. Staff felt the registered manager was supportive and open with them. However, communication and what was happening at the service could be improved. People and relatives felt they could approach the management and staff with any concerns. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

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

People were happy living at the service. Relatives felt their family members were kept safe in the service. The registered manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There were contingency plans in place to respond to emergencies and the premises and equipment were kept clean.

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

People liked their staff and liked living in the service. The registered manager was working with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of their care.

The registered manager encouraged feedback from people and families. The staff team recognised and responded to changes in risks to people and ensured a timely response and appropriate action was taken. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was good (published 5 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to regulations 12, 17 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. Staff recruitment was not always robust; medicine management and premises were not always managed safely; effective systems and governance overview were not always used to ensure the service met the required fundamental standards of care.

Please see what action we have asked the provider to take at the end of this full report.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 159 Wensley 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

159 Wensley Road 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 service had a manager registered with the Care Quality Commission. This means that they and the 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.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service. In addition, we spoke with the registered manager and three members of the staff team. We observed some interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; medicine management, records of accidents, incidents; compliments and complaints, and maintenance records. We looked at three staff recruitment files and staff support information. We looked at two people's support plans and associated records.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at training information, further maintenance records, policies and meeting minutes. We spoke with two relatives and received feedback from two professionals who had regular contact with 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People did not always have their medicines managed safely.
- We reviewed medicine stock and we found two boxes of expired medicine.
- We found two bottles of eye drops open but not dated when it was opened. We discussed this with the registered manager who took action to discard them. Other medicines were stored securely and regularly checked by the registered manager and senior staff.
- Staff had medicine training as part of an annual refresher followed by a competency assessment. Part of the assessment form was to review staff's knowledge regarding the application of topical medicine, but it was not filled in. We noted this to the registered manager and they explained they were not supporting people with creams.
- However, we found at least one person needed help with applying creams as part of their support plan and we pointed this to the registered manager.
- We also noted to the registered manager they did not have a specific training to assess staff's competence in medicine. This training was booked after inspection.
- When people went out for longer trips such as to visit relatives, a form would be completed to say what medicine has been removed from the service. One person went home but the paperwork was not complete. The registered manager could not find the completed forms for this person.
- Where people were prescribed 'as required' (PRN) medicines, we found there was not always clear guidance in place to identify when the person might need the medication or what symptoms they might present with. We noted this to the registered manager and they were able to explain when someone may need PRN medicine. However, this was not part of the protocol. The registered manager said they would adjust the guidance to ensure it was clear for staff.

The registered manager did not ensure the proper and safe management of medicines. This was a breach of Regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed medicine administration record charts for the people who use the service and found no gaps.
- People were supported to have their medicines at the right times as prescribed.

### Recruitment

- The registered manager did not use safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.

- We found some gaps and inaccuracies in employment histories and missing current photographs to prove staff identity in all files.
- We also found the registered person and registered manager had not sought to obtain any information about any physical or mental health conditions which were relevant to applicants' capability to do the job.
- Where required, the registered person had not always obtained satisfactory evidence of an applicant's conduct in prior employment working in health or social care. They did not seek verification of the reason why the employment ended.
- We raised this with the registered manager who had provided some information but not all of it.
- This meant the registered person had not carried out all the required checks on applicants before allowing them to support the people who use the service. This placed people at risk of receiving care from unsuitable staff.

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

- Staff files included a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.

#### Assessing risk, safety monitoring and management (Premises)

- The registered manager did not ensure the premises and safety of communal, personal and the living environment were consistently checked and managed to support people to stay safe.
- The fire door and fire escape routes were not checked for the last three to four weeks.
- The temperature checks of hot and cold water were not carried out consistently.
- We asked to see legionella risk assessment that would also include information about checking thermostatic mixing valves, any static water areas and completing water sampling but there was nothing in place.
- After the inspection, the registered manager informed us the outside contractor was booked to carry out necessary work for the service in regard to legionella.
- At the last fire safety visit in December 2018 by an outside contractor, it was identified the electrical inspection was last carried out in 2000 and it was out of date. The provider was recommended to carry out the visit and remedial works as soon as possible. However, the visit was only done in October 2019.
- The service's approach to assessing and managing environmental and equipment-related risks was inconsistent.

The registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people. This was a breach of Regulation 12 (2)(d) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing

- Staff did not feel there were usually enough staff to do their jobs safely. Staff told us they did not always have enough time to have a break during a long shift.
- Some staff said they were not always able to support people according to their wishes such as go out for different activities. They felt another staff member in the evening would be helpful.
- The registered manager regularly reviewed the staffing numbers needed. They also helped ensure the service operated at safe staffing levels as much as possible. We saw staff responded to people's request for support during the day.

- People received support from staff on a one to one basis and in small groups. This was based on people's individual needs.
- There was on-call system in place covered by senior staff that staff could contact if they needed any help or advice.

#### Assessing risk, safety monitoring and management (people)

- People were protected from risks associated with their health and the care they received.
- The registered manager and staff team assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately included personal care, communication, emotional and behavioural support.
- Support plans provided guidance for staff on how to minimise risk without restricting people or their independence. As people's needs changed, risk assessments were also adjusted to reflect those changes.
- Business continuity plans were in place to ensure people were supported in the event of emergency.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the service and they knew who to ask for help if they felt unsafe. Relatives said their family members were safe with the staff.
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the registered manager would act on any concerns reported to ensure people's safety.

#### Preventing and controlling infection

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

#### Learning lessons when things go wrong

- The registered manager had a system for recording accidents and incidents and information was recorded in detail with appropriate actions taken. They reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence.
- The service supported people who may become distressed and show behaviour that challenged, and the staff responded well to incidents of this kind. The service also worked with professionals around ideas of improvements or if things could have been done differently.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- We reviewed the latest training information provided to us which recorded mandatory training. Not all staff have had up to date training. For example, one out of five staff did not have their up to date training in mandatory topics. The registered manager told us missing training for each member of staff had been booked via the online training programme. There had been no identified negative impact on people or their care at this time.
- The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Some staff felt more in-depth training in mental health would be useful.
- Staff felt supported by the registered manager. However, not all staff have had their support and supervision meetings. Staff said they could approach the registered manager for help and advice.

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

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

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- Staff made sure foods were available to meet people's diverse and cultural needs and preferences. People were involved in choosing their own meals and helping prepare them.
- The service sought the advice of dietitians or Speech and Language Therapists, as necessary, and followed any advice given.

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

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's oral care was maintained. People had access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the staff had assisted people to see the dentists. The registered manager said they would review the best practice guidance recently published to ensure people were supported well with their oral care.
- People were referred to various health professionals in good time to address any health issues or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing.
- We saw the care for people's health and wellbeing was proactive and organised well.
- One professional said, "Staff follow the instructions and guidance to look after people. If I needed information, they always provide it in a timely manner. I found they look after people's needs well."

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

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- People were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made, and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.
- People were also involved in the service refurbishment such as choosing colours of the walls and upgrading the stairs, so it would have an imitation of the waterfall.
- The people living at the service were able to mobilise independently around the communal areas, their rooms, and the outdoor areas.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager said the people who use the service did not have any DoLS in place.
- People's rights to make their own decisions, where possible, were protected.
- We observed staff were polite and respectful towards people and respected their decisions.
- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- Support plans also described of how people were able to make their own choices and to what degree, and how staff should support them to make informed decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service continued to provide caring and kind support to people who were treated with respect.
- Staff understood the importance to treat people well and with respect. They said, "I really do show respect and do as much as I can to support them" and "I do respect everyone. [People] have a right to be respected and heard. I listen to people and what they want and help them. It's the small things that matter."
- People were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members. They said, "I cannot fault them, [my relative] is looked after properly, and [staff] are so nice to him" and "Yes, [my relative] is happy there, he has a job and gets on well."
- People said, "I like it here and I am happy. I made my own dinner and it tastes nice" and "I like it here and I like the staff. Staff help me [when needed]".
- People agreed staff knew how they liked things done when supporting them. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, pictures and other items important to the person.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with respect, dignity and compassion, and respecting their privacy.
- People were encouraged and supported to be independent. Staff were helping people to make choices, working together and involving them in day to day tasks which people enjoyed. Staff supported people to do as much for themselves as possible.
- People's right to confidentiality was protected. All personal records were either stored on a password protected computer system or kept locked away in the office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### 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.

- We asked to see the policy for AIS to ensure the provider was aware how to follow AIS ensuring they could meet the standard. However, we did not receive it.
- We discussed AIS with the registered manager to ensure the service was meeting it and all information presented was in a format people would be able to receive and understand.

We recommend the service seeks advice and guidance from a reputable source about having a policy and procedure for AIS to ensure the standard is met.

- Support plans clearly described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- Staff were aware of different ways of communicating with people and giving them time to respond.

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

- People received support that was individualised to their personal needs. Support plans were detailed and written according to what each person needed as an individual. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs and support plans were regularly assessed for any changes. People's changing needs were monitored, and support plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other professionals.
- People's skills and development was also discussed in key worker meetings. We noted to the registered manager some records could be clearer to ensure goals and outcome indicated the progress of the person developing a particular skill.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The registered manager worked alongside staff in the service. This way they could monitor practice regularly during the day and ensure appropriate action was taken to address any issues.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People had a range of activities they could be involved in and staff ensured they got

out of the house regularly.

- People were supported to follow their interests and take part in social activities according to their choices. People were involved in the local community and visited local shops and other venues.
- Where possible, the service provided access to local events to enhance social activities for all people. This took into account their individual interests and links with different communities.
- During our inspection we observed people were supported to attend their chosen activities such as a work place.

Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection.
- The registered manager took complaints and concerns seriously and told us they would use it as an opportunity to capture any trends and improve the service.
- Staff felt confident the registered manager would address any issues should anyone raise a concern with them. The registered manager also thanked the staff and appreciated their work.
- Where relatives raised a few queries during our phone calls, we passed to the registered manager to review and address them.

End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service.
- The registered manager said there was nothing in place in regard to people's care at the end of life yet. They said this would be discussed with people and their relatives about people's choices in relation to end of life care, preferences relating to protected characteristics, culture and spiritual needs.

# 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.

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 registered manager was clear about their role. We discussed with them the duty of candour, requirements to follow the regulation and what incidents were required to be notified to the Care Quality Commission.

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

- The provider's quality assurance process was not always effective. Records were not always completed accurately or updated when necessary.
- The registered manager failed to identify all of the concerns found on the inspection. For example, they did not ensure correct recruitment procedures were in place and used appropriately to confirm staff employed were suitable for their role. Where we found inaccuracies with medicine management, this was also not always identified using the quality assurance system in place. The safety of premises and records relating to this were not consistently maintained.
- We asked to see other audits, the registered manager said there were no other audits carried out. They carried out checks such as people's finances records, medicine, care records and policies and procedures.
- During inspection, we identified there was one incident the registered manager should have notified us about. We asked them to submit a notification after the inspection, which was done.
- The registered manager submitted other notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- The registered manager did not have effective quality assurance systems in place to help them identify shortfalls and complete timely actions.

The registered manager and provider had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. They had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- The registered manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. It was clear they wanted to help people achieve positive outcomes and live life to the full.
- Some staff felt working together and communication within the service could be improved at times. However, staff had clearly defined roles and understood their responsibilities to care for the people who use the service. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided.
- Some staff also said it would be nice for the provider to have more visibility in the service, so they could talk about any issues, problems and how they could improve the service.
- Staff felt the registered manager was approachable and helped when needed.
- The registered manager praised the staff team saying, "The staff are fantastic. People's care is their priority. Staff and residents work together as a team and it's fantastic to watch. When the chips are down, they all come together. The staff are there for me to support and we work together."
- The registered manager added she felt supported by their seniors within the organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They were motivated to provide care and support to people as their needs and health were changing.
- The registered manager worked alongside staff that helped them observe daily practice and pick up any issues promptly.
- The registered manager had an open-door policy and welcomed any feedback of how to maintain a good service.
- The registered manager and staff held meetings for people who use the service to listen and gather any views or concerns they had.
- The registered manager also held some staff team meetings to ensure any items arising from audits, reviews, people's meetings, relatives' feedback were shared with the staff team.

Working in partnership with others

- The registered manager had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GP's, dietician, mental health team and the local authority.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing and ensure they were involved as fully as possible.

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>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe. The registered person did not ensure all actions were completed in a timely manner to make the service a safe place to provide care and support to people. Regulation 12 (1)(2)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A). Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not operate effective recruitment procedures to ensure people were</p>

safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available. Regulation 19 (1) (2) (3)