Avenues South East

Avenues South East - 492 Maidstone 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

About the service
Avenues South East - 492 Maidstone Road is a residential home providing care and support for four adults living with multiple learning disabilities. People who lived in the home had autism, cerebral palsy, communication difficulties, visual impairment, challenging behaviour and PICA, which is the persistent eating of substances with no nutritional value such as fabric and foliage. The service is part of a group of homes managed by the Avenues Trust. At the time of our visit, there were four people living in the home.

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
Appropriate staffing levels were not always maintained to ensure people's needs were met. Staff were not always supported through training and supervision in line with the provider's policy. The systems used to assess and monitor the quality of the service were not always effective to drive improvement. Records were not always consistent and updated when required to prevent the risk of unsafe care and support.

The home environment appeared clean and without any odours; however, hygiene levels required to be improved to prevent the risk of infection. The home environment was designed to meet people's needs; however, this required to be refurbished.

Relatives were complimentary about the service and told us their loved ones were safe and their needs were being met. People were protected from the risk of abuse, and risks to people had been identified, assessed and had appropriate risk management plans in place. Accidents and incidents were reported and recorded, and any lessons learnt were used to improve the quality of the service. People were supported with their medicines safely.

People were supported by staff who treated them with kindness, compassion and respect. People's privacy and dignity was respected, and their independence promoted. People's communication needs had been assessed and information was presented in formats that met their needs. People were supported to participate in activities that were of interest to them and build relationships with those important to them to prevent social isolation. Relatives knew how to make a complaint if they were dissatisfied with the service but told us they had nothing to complain about.

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. People's needs were assessed, and care and support planed and delivered to meet individual needs. People were supported to eat healthy amounts for wellbeing and supported to access healthcare services where required. The service worked in partnership with key agencies and health and social care professionals to plan to and deliver care and support that met individual needs.

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.

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 16 September 2017).

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

Enforcement
We have identified breaches in relation to staffing levels, supporting staff and systems used for assessing and monitoring the quality of the service at this inspection.
Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Avenues South East - 492 Maidstone 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
The inspection was carried out by one inspector.

Service and service type
Avenues South East - 492 Maidstone 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 and carried out on 24 February 2020.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We observed people as they engaged with staff and the support provided in communal areas. We spoke with one person using the service, four members of staff including an operations manager, an assistant manager and two care workers. We reviewed three people's care plans, risk assessments and medicines records. We also reviewed a range of records including safeguarding and complaints logs, menus, audits, health and safety checks and minutes of staff meetings.

After the inspection
We spoke with two relatives by telephone to gather their views about the service. We interviewed the registered manager and a care worker on the telephone. We reviewed staff recruitment records, training and supervision and other records used in managing the service.

Requires Improvement

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.

Staffing and recruitment

- Staffing levels were not consistently maintained to ensure people's needs were met. On the day of our inspection, the service did not support two people to attend a planned activity due to low staffing levels.
- Staff gave us mixed views about staffing levels. A member of staff commented, "Sometimes staffing is good but other times we are left with two instead of three staff [on the late shift]; this is happening regularly." Another member of staff informed us, "We are short of staff and the staffing levels are low and people are not able to go on their planned activities. There should be five staff on shift on certain days to support with one-to-one and the activities, but we have three staff on shift."
- At our inspection, the number of staff on shift was not consistent with the numbers required to support people's needs. A shift planner we reviewed showed more than three staff was required to support people on an evening shift as one person was on a 24-hour one-to-one support and two staff support was required for two people to access the local community for activities.
- At the time of this inspection, the service was using agency staff to cover staff absences and vacant shifts. We found that agency staff were not always regular and were not familiar with people's needs and this did not promote consistency and continuity of care.

A failure to ensure sufficient staff support was available to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager informed us staffing levels were planned based on individual needs and confirmed the use of agency staff. They said where possible they try to cover all vacant shifts. Following our inspection, the registered manager informed us that two more permanent staff had been recruited and were currently undergoing a pre-employment check before they began work.

- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff could work at the service. These checks included two references, proof of identity, right to work in the United Kingdom and criminal records checks.

Preventing and controlling infection

- The home environment appeared clean and without malodour. However, people were not always protected from the risk of infections as one person had a wound which they continuously picked at to bleed and with which they touched other surfaces in the home. We found that the GP prescribed oral and topical medicines for this person and they were previously supported by the wound clinic but had since been discharged.

● Staff said more could be done to improve wound management and which would improve the hygiene levels at the home and reduce the risk of infections and cross contamination especially with bodily fluids.
● Following our inspection, the registered manager made a new referral to the would clinic to promote safe care and treatment.
● Staff had completed infection control and food hygiene training and were provided with personal protective equipment such as aprons and gloves.

Assessing risk, safety monitoring and management
● People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and had appropriate risk management plans specific to individual needs in areas such as communication, personal care, eating and drinking, medicines, accessing the local community and behaviours that required a response. Health related risks such as epilepsy were also identified and managed.
● For each risk identified, there were appropriate risk management plans in place which provided staff with guidance on how to minimise or prevent the risk occurring. For example, staff were provided with clear guidance of actions they should take if an individual with epilepsy experienced a seizure.
● Where required, healthcare professionals including speech and language therapists were involved in assessing and managing risks for example with choking to ensure people were protected from the risk of avoidable harm.
● Individual risks assessments and management plans were kept under review. However, the documents were not updated to reflect changes in people's levels of risks. The registered manager informed us this was because no changes had occurred. For example, we saw that one person's travel management plan was first written in 2013 but has since not been updated; an annual review date was on the record. Please see our well-led section for actions we have taken.
● Arrangements were in place to deal with foreseeable emergencies and to maintain the safety of the premises. Health and safety checks including fire safety, gas safety, carbon monoxide, water temperature, room temperature checks and monthly health and safety inspections were carried out to ensure the environment and equipment was safe for use.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. Relatives said their loved ones were safe living at the home.
● The service had safeguarding and whistleblowing policies and procedures in place which provided staff guidance on actions to take if they had any concerns of abuse.
● Staff had completed safeguarding training and had the knowledge and skills to identify safeguarding concerns and to act on them appropriately to ensure people remained safe. Staff also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice.
● The management team knew of their responsibility to protect people in their care from harm. Where there was a concern of abuse, they had acted to ensure people remained safe and reported their concerns to the local authority safeguarding team and CQC as required.

Using medicines safely
● People were supported to receive their medicines safely. The service had a medicine policy in place and staff had completed medicines training. Their competency had been checked to ensure they had the knowledge and skills to safely support people with their medicines.
● Medicines were received, stored, administered and disposed of safely. Medicines were stored in lockable cabinets in people's rooms and in the office and daily room temperatures were maintained to ensure medicines were effective when used.
● A medicines administration record (MAR) included a list of medicines, dosage, frequency, reason people were taking the medicine, route, how they would like to take their medicines and any side effects. The MARs

were completed without gaps and the number of medicines in stock matched with the numbers recorded.
● Where people were prescribed 'as required' medicines (PRN) such as a pain-relief, there was a PRN protocol in place for staff on when they could administer these medicines.
● Healthcare professionals including the home's GP carried out regular reviews of people's medicines to reduce the risk of overprescribing and to ensure people were only taking medicines they needed.

Learning lessons when things go wrong
● Lessons were learnt from accidents and incidents. The provider had policies and procedures about dealing with accidents and incidents which provided staff guidance on how to report and record.
● Staff understood the importance of reporting and recording accidents and incidents and took appropriate actions by contacting health and social care professions to ensure people remained safe.
● Where things went wrong, for example, in relation to a medicine's management, action was taken to ensure people's medicines were safely managed and information was shared with staff teams to prevent reoccurrence.

Requires Improvement

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

Staff support: induction, training, skills and experience

- Staff were not always supported through, training and supervision. Staff completed training the provider considered mandatory in areas including basic life support, moving and handling, health and safety, fire safety, safeguarding and the Mental Capacity Act (MCA). However, training was not always refreshed regularly in line with the provider's policy. For example, seven out of 12 staff had not refreshed their moving and handling training and six of 12 staff safeguarding adults training had not been refreshed.
- It was the provider's policy to ensure one-to-one supervision was carried out every six to eight weeks. On the day of our inspection, we were unable to gain access to staff supervision records; hence, the provider emailed us this evidence following our inspection. We reviewed supervision records for a period of 12 months for three members of staff. We identified that supervision was not always carried out in line with the provider's policy.
- Staff told us they did not always feel supported in their role and that supervision sessions were lacking, they confirmed they had a one-to-one session in January 2020; however sometimes they had to wait four to five months for another supervision session.

The failure to ensure that staff received appropriate support through training and supervision was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We raised these issues with the registered manager, and they informed us that they had experienced difficulties with information technology (IT) for a month. They said staff had been recently updating their training courses but were unable to provide us with the updated information.

- All new staff completed an induction which included familiarising with the providers policy and procedures, training and shadowing experienced members of staff. Staff confirmed they had an induction when they began working at the service.

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

- Before people started using the service, individual needs assessments were carried out to ensure their needs could be met and these were reviewed to ensure the service was still suitable.
- Assessments contained information about people's physical, mental and social care needs; including personal care, eating and drinking, medicines, behaviours and activities they had interest in.
- Where required, appropriate health and social care professionals were involved to ensure people received appropriate care and support that met their needs and within best practice guidelines.

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

● People were supported to eat and drink enough for their health and wellbeing. Individual nutritional needs had been assessed and met. Support plans included guidance for staff on the level of support each person required with their nutritional needs.

● The service had a menu in place to promote choice and staff knew people well and the level of support required to meet their nutritional needs. We observed during a lunch time meal where a person refused their lunch meal, staff offered them an alternative and encouraged them to eat for their health and wellbeing.

● Where people required their food prepared differently due to a medical reasons or due to the risk of choking, we observed staff followed appropriate guidelines recommended by healthcare professionals such as speech and language therapists.

● People were supported to maintain a healthy weight. One person received their nutritional needs through a PEG tube. A PEG tube is feeding tube used to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Staff had received training and had the knowledge and skills required to support the person meet their nutritional and hydration needs.

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

● People were supported to maintain good health. Each person had a health action plan and where required were supported to access healthcare services.

● Records showed that people had received treatment from GPs, opticians, dieticians, dentist, nurses, speech and language therapists and various hospital teams.

● The service worked in partnership with healthcare professionals including GPs to plan and deliver care and support that met individual needs.

● Each person had a hospital passport which provided hospital staff and emergency services important information about them and to ensure they received safe care and treatment when required.

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

● The home environment was designed to meet people's needs; however, this required renovation.

● At our inspection, we identified that a recent storm had damaged the garden, a kitchen cabinet door had been removed and parts of the home including communal areas and people's bedrooms needed to be redecorated. The management team informed us the home was due to be refurbished as part of the provider's plans to improve on the standard and safety of the environment. We saw email confirmation of potential work to be done at the house and we will check on this at our next inspection.

● We observed that aspects of the home had been recently improved included the front courtyard mostly used for car parking.

● The home is a bungalow with all rooms on the same floor. People's rooms were decorated and personalised to their needs.

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.

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's rights were protected because staff sought their consent before supporting them. Staff had completed MCA training and understood the need to work within the principles of MCA.

● Where people were unable to make specific decisions about their care and support needs, for example about medicines and flu vaccinations, the use of PEG tube, mental capacity assessments were carried out as well as best interest decisions in line with the Act.

● Where people were deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions of the authorisations were being met; these were also kept under review and new applications had been made to the appropriate authorities to review and approve them.

Good

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

- People were supported by a staff team that cared about them. A relative told us, "The care is wonderful, it is the best my loved one has ever had in his life. My loved one has been happy, laughing and is the happiest I have ever known him for years". Another relative said, "All the staff I know are very good."
- Staff knew people well and delivered care and support that met their needs. A relative informed us, "They [staff] love my relative as much as we do, staff are very kind and support my relative grow and do things we never thought he could have done." A staff member informed us, "I love working here because of these guys [people]."
- Care plans included information about things that were important to people, their likes and dislikes and what makes their perfect day. All this information helps staff build a positive relationship with people and ensure their needs were met.
- People's diverse needs has been assessed, respected and met. Care plans included information including people's religion, culture and sexual needs. Where required there was guidance in place for staff on how to ensure these needs were met. A staff member informed, "We respect people's 'private time', we promote their privacy and support them to maintain hygiene levels."

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

- People, their relatives or advocates were involved in planning their care and support needs. Relatives told us they had been consulted about their loved one's care and support needs and their views were taken into consideration and acted on.
- People had choice and control of their care and support needs and could make day-to-day decisions for example about the food they ate, clothes they wore, and activities they participated in.
- Staff told us they presented information in formats that met their needs including using verbal communication, pictures and communication boards to ensure people understood and could make informed choices for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted, their rights to confidentiality upheld and they were not discriminated against in any way.
- Staff told us they promoted privacy and dignity by knocking on people's bedroom doors and carried out personal care support behind closed doors. They also said they support and educate people about maintaining their own privacy and dignity by ensure people wore appropriate clothing when out in the communal areas.

● Information about people was kept confidential, records were kept in a locked office and staff said information about people was shared on a need to know basis.
● People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. This included tidying their own rooms, laundering of clothes and preparing meals and drinks.

Good

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.

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 participate in activities that interest them. People were engaged in activities including arts and crafts, music, shopping, local walks. People were also supported with aromatherapy and sensory sessions.
- At our inspection, we observed one person was supported into the local community to participate in an activity of interest. However, two other people who had planned activities later in the day were unable to attend due to low staffing levels. See our safe sections for action we have taken.
- People were supported to maintain relationships with those important to them. Relatives told us they could visit people at the home without any restrictions. People were also supported to visit their relatives where this had been planned for. For example, one person was supported to regularly visit a relative who had been recently hospitalised.

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

- Care and support was planned and delivered to meet individual needs; however, where care plans were reviewed they were not always updated to reflect people's changing needs. See our well led section for actions we have taken.
- Each person had a care and support plan which included important information about the support they required with personal care, medicines, eating and drinking, communication, behaviours and activities.
- Care plans included information about people's health conditions, any known allergies and their likes and dislikes. Where required there were specific care plans for people in areas including PEG rotation, wound care and epilepsy.
- Care plans provided staff guidance on how each person's needs should be safely met. For example, there was positive behaviour support plan in place where this was required. Staff knew people well and gave examples of the specific supports they provide to ensure individual needs were safely met.
- Daily care notes showed the care and support provided was in line with the care and support planned for. Care plans were kept under review to ensure people's changing needs were met.

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.

- People's communication needs had been identified, assessed and met. People had complex communication needs and could not always communicate verbally. Where required, a communication

passport was used to provide staff guidance on how people communicate and the support they should provide to ensure their communication need were met.

● Staff told us of the various ways people communicated at the home including the use of words, pictures, body and sign language.

● Some people could make informed choices when shown items and others use a communication board where information such as activities of the day and staff on duty were displayed to ensure their needs were met. Information was also presented in easy read and pictorial formats where this was required.

Improving care quality in response to complaints or concerns

● The service had an effective system in place to handle complaints. Relatives told us they knew how to make a complaint if they were unhappy with the service. However, they did not have anything to complain about. One relative raised a concern with us which we have shared with the service to address.

● The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.

● The service had not received any complaints in the past one year. Where complaints had been made previously, these were responded to in line with the provider's complaint policy and had been dealt with appropriately to the complainant's satisfaction.

Requires Improvement

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records were not always managed well. Care plans and risk assessments were not always rewritten during annual reviews but rather a date of review was written on these records. For example, some support plans including those around behaviour management were first written in 2013 and then then every year a review date was written on them without any change in the content. Some care and support plans also had sentences cancelled out of them and others had hand written information added.
- The systems and processes in place for assessing and monitoring the quality of the service was not always effective and did not always drive improvement. Regular monitoring checks were completed, however, where issues were identified such as rewriting care and support plans these were not completed. However, the service was acting to improve staffing levels and staff training.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. However, staff morale was low and staff did not always feel supported in their role. One staff member could not recall the last time they saw the registered manager and another staff said, "[Registered manager's name] writes loads of notes in the communication book once a week and then goes away and this is not having any impact."
- We found that the culture at the service had also changed and this was having an impact on the quality of the service. A staff member mentions there was a 'lazy culture' and staff just wanted to do the 'bare minimum'. Another staff member informed us, "Staff just can't be bothered sometimes."

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post who was responsible for managing another service of similar nature, the registered manager was also responsible for supporting a team of staff that deliver a care at home service for two people. All three services are within the Kent and Medway area. The registered manager understood their responsibility to meet the requirements of the regulations and had notified CQC of significant events that had occurred at the service. They also displayed their last CQC inspection rating at the home.

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

characteristics

● The provider had sought feedback from various stakeholders to improve the quality of the service. Records showed that the service had received many compliments from relatives, members of the public about how well people were being looked after.

● Staff meetings were held to promote best practice and to gather staff views about the service. Minutes of meetings we reviewed covered topics such as support for people, accidents and incidents, health and safety, policies and procedures and general issues at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 demonstrated a commitment and willingness to provide high quality care. However, the systems, processes and resources in place were not always effective to ensure people received the high standard of care and support they aimed to deliver.

● Despite this relatives were complimentary of the service. A relative informed us, "I think the service is nothing short of excellent." Another relative said, "The service is perfectly alright, I am very satisfied."

● The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. Staff were encouraged and supported to report all accidents and incidents and to be open and honest if something went wrong.

Working in partnership with others

●The service worked in partnership with key organisations including the local authority which commissioned them and other health and social care professionals to plan and deliver an effective service. The management team contacted healthcare professionals where they had concerns to ensure people's healthcare needs were met.

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 17 HSCA RA Regulations 2014 Good governance The provider had systems in place to assess and monitor the quality and safety of the service. However, the systems in place were not always effective in driving improvement and put people at risk of receiving unsafe care and support. Records were not always updated when required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were put at risk of receiving unsafe care and support because sufficient numbers of staff were not always available to support their needs. Staff were not always supported with training and supervision which puts people at risk of receiving unsafe care and support.