

# Achieve Together Limited

# Pendean Court

## Inspection report

16 Pendean Court  
Barras Cross  
Liskeard  
Cornwall  
PL14 6DZ  
  
Tel: 01579340230






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Pendean Court is a residential care home providing personal care for up to eight adults who have a hearing loss, some of whom may have a learning disability or a physical disability. At the time of the inspection six people were living there.

Pendean Court is a detached, single-storey home that is fully wheelchair accessible and adapted to suit the needs of the people living at the service. Each person has their own en-suite bedroom and access to communal areas and a garden. Pendean Court is situated in Liskeard, Cornwall.

People's experience of using this service and what we found  
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of underpinning principles of "Right Support, Right Care, Right Culture.

Right support:

Staff supported people to have choice and control in their everyday lives. Their ability to do this had been impacted by staffing shortages in the service which meant people were not always able to attend planned events and sometimes had to share support. People were not always supported by enough staff on duty who had been trained to do their jobs properly.

Staff did not have access to people's care plans or communication plans. As staff had no guidance on how to support people or communicate with them effectively, this meant that there was no consistent understanding or approach in how to support people.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19. We were somewhat assured that the provider was using PPE effectively and safely. The head of services provided assurances that staff would follow the national infection control guidelines and wear correct PPE.

People lived in a safe and well-maintained environment which was set up to maximise their independence. The service was close to the centre of town and there was good access to the local community and amenities.

Staff supported people safely with their medicines and worked with health professionals to achieve good health outcomes.

People lived in a home that reflected their personalities, needs and interests. People were supported to maintain and develop relationships.

The provider had effective safeguarding systems in place and staff had an understanding of what to do to help ensure people were protected from the risk of harm or abuse.

People were supported to have some 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.

#### Right care:

The service did not have enough appropriately skilled staff to meet people's needs. The head of services acknowledged there were gaps in training and was attempting to address this.

People using the service had a hearing loss. Prior to the inspection we had received a concern that staff had not received communication training to be able to engage with people in an effective way. The head of service and interim manager acknowledged that this was a concern and were proactively looking at ways to resource training.

People using the service told us they felt they were cared for by skilled staff who were caring and respectful. We observed many kind and caring interactions between staff and people. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

#### Right culture:

Staff told us that due to the inconsistent leadership at the service they felt the service had been "leadership less". It had also impacted on the support and training that staff received and on the operation of the service.

Staffing levels had impacted on the interim managers availability to ensure that managerial tasks were completed. Feedback from staff, and the review of records and care documentation evidenced there was poor oversight of the service which was affecting aspects of the operations of the service. Audits to oversee the service were not always fully effective in identifying areas for improvement.

The provider had introduced an electronic care and record system which staff had difficulty accessing. The provider had failed to ensure that systems were effective to support staff in their work.

The service sought the views and opinions of people using the service, staff and professionals. Staff team meetings were held regularly and provided opportunities for staff and the interim manager to discuss any issues or proposed changes within the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 30 June 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 26 March 2019.

#### Why we inspected

This was the first inspection since the provider registered with the commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to staffing, lack of communication and activities and oversight of the service at this inspection. Following the inspection managers told us about actions they had taken to mitigate risk.

Please see the action we have told the provider to take at the end of this report. We have told the provider when improvements are needed to be made by.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pendean Court

## Detailed findings

### Background to this 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 a British Sign Language interpreter.

#### Service and service type

Pendean Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service since

their registration. We used all of this information to plan our inspection.

During the inspection

An unannounced inspection visit was carried out by one inspector on the 18 August 2022 where we reviewed the providers care records and documentation. On the 19 August the inspector and a British Sign Language (BSL) interpreter visited the service and spoke with five people about their experience of the care provided.

We spoke with three members of care staff, the interim manager and head of services.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with one relative and one health and social care professional about their experience of the service.

# 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. We have rated this key question 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

- The interim manager explained that in the last nine months ten staff had left the service or were long term absent. This had an impact on the service as experienced staff who knew people well had left the service as well as shortfalls in staff availability.
- On the first day of the inspection there were two members of staff on duty to provide support to people, and to undertake catering and housekeeping tasks. The interim manager came in later and offered support alongside their managerial duties. We asked staff if there were any plans for the day and were told; "There's not enough staff, we are too busy just caring for people"
- Staff expressed frustration regarding the staffing levels at the service. They commented "People's care needs are met but there is room for improvement due to lack of staff. [Person's name] spends a lot of time in their room and there's no time to chat to her" and "We try to get people to keep their rooms tidy but we do all the cooking and cleaning."
- We saw four weeks of rotas which showed the service at times operated at their assessed 'emergency minimum' numbers for all or some of the day. This meant peoples opportunities to leave the service, or take part in activities in the service, were severely limited. It also meant that people's care needs or requests for assistance were not always responded to due to staff availability.

The provider did not take appropriate steps to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to provide support to people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they liked the staff and they felt able to ask them for support when needed.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.
- The head of services told us that agreement had been reached to employ a domestic for the service for two days a week. This would free up care staff from undertaking some of these tasks.

### Assessing risk, safety monitoring and management

- People may sometimes find it difficult to express themselves or manage their emotions. The interim manager acknowledged that no person in the service had a behavioural care plan and felt this would benefit one person. As staff had limited or no guidance for this person, this meant that there was no consistent understanding or approach in how to support them.



- The care plans available to staff during the inspection did not have any risk assessments. However, the interim manager forwarded to us care plans that he was in the process of reviewing and in these risks, such as supporting people with their mobility and equipment were recorded along with action to take to mitigate risk. These care plans and risks assessments needed to be made available to staff.
- People had Personal Emergency Evacuation Plans in place so staff and first responders would know how to support people to leave the building in an emergency. However, these were kept electronically and were not accessible in an emergency. The interim manager agreed to print them off and place them near the fire exit, so they were available to staff and emergency services.

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

- People told us they felt safe and cared for. People were encouraged to report any concerns they may have about their welfare to the interim manager or staff.
- The service had effective systems in place to protect people from abuse and staff had an understanding of what to do to make sure people were protected from harm.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- The service supported people to manage some aspects of their finances. We checked the monies for some people in the service and this tallied with finance records.

#### Using medicines safely

- Staff had not recorded on the Medicine Administration Records (MAR) sheets the amount of medicines they had received, the date or who had received them. This could lead to errors in auditing the medicines in stock. The interim manager provided assurance this would be addressed immediately.
- There were systems in place to help ensure people received their medicines safely and as prescribed. Only staff who had received training in how to support people with medicines administered it.
- If people needed 'as required' medicines such as pain killers, staff had to check with a manager before administering it. The interim manager told us that the PRN protocols were currently being reviewed.
- Staff had signed MAR sheets to indicate when people had received their medicines.

#### Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was using PPE effectively and safely. On the unannounced visit to the service care staff were not following national infection control guidelines. Staff were not wearing masks and told us they did not need to. When the interim manager attended the service, he was wearing correct PPE and immediately told the staff to wear PPE. In discussion with the interim manager and head of services they were aware of what PPE should be worn and told us they would be considering what action they would take with staff who diverted from the national guidance. For the remaining duration of the inspection all staff wore correct PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors in line with government guidance. During an outbreak of COVID-19 relatives had been encouraged to maintain contact using technology and regular telephone calls.

### Learning lessons when things go wrong

- The interim manager commenced at the service in December 2021 and wanted to learn from issues and incidents. There was limited documentary evidence recording how the service reflected and learnt from issues and incidents when things went wrong. This is discussed in the well led section of this report.

# 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 of this newly registered service. We have rated this key question requires improvement.

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

Staff support, training, skills and experience

- Staff gave us different accounts about the level of induction they had received. Recent staff told us they had no induction or shadowing and relied on staff to provide with them guidance on shift.
- Staff told us, and training records showed significant gaps in staff training. This placed people at risk as staff did not have up to date training and guidance.
- People at the service experienced hearing loss. Prior to the inspection we had received concerns that staff were not experienced or did not have training in how to communicate with people with a hearing loss. Staff told us that a number of staff had left that had British Sign Language (BSL) training which meant that over half of the team had no experience in this area. The head of service and interim manager acknowledged that this was a concern and were proactively looking at ways to resource training.

A lack of staff induction and training has contributed to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- A speech and language assessment in respect of a person's diet had been undertaken but this was not referred to in the person's care plan that was available for staff. In the electronic care plan a SALT assessment had been incorporated but it was not the most recent one and the person's needs had changed from the previous SALT assessment. Therefore, staff did not have up to date information, guidance or direction in how to support the person with their dietary needs.
- People were satisfied with the quality and quantity of food and drinks available. Some people were involved in menu planning.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Staff respected people's beliefs and ensured that their diet reflected their views.

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

- There had been no new admissions to the service since 2018. There were two vacancies at the service. The head of service stated the vacant beds would not be filled at this time due to the proposed work to improve the quality of the service.

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

- People's rooms were personalised to their individual requirements. People told us they liked their rooms and had personalised them to reflect their interests and hobbies.
- The provider had invested in the property and had redecorated some areas of the home, with others still being completed. People told us they were involved in choosing paint colours, the décor, decorations and furnishings in their home.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was an outdoor space which people could access and use safely.
- The property was fitted with equipment such as overhead hoist equipment and grab rails for people to use in support of their independence.

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

- People told us that staff contacted relevant health professionals for health check-ups and if they felt unwell.
- People's health conditions were well managed, and staff engaged with external healthcare professionals for example GP's and speech and language therapists.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.

# 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 of this newly registered service. We have rated this key question 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 told us they were happy living at Pendean Court. Comments included "It's perfect" and "Brilliant".
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded to their needs.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff respected people's individuality and supported them in a non-discriminatory way. For example, staff were aware of people's cultural beliefs and respected them.

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

- People were involved in decisions about what to do throughout the day although their choices were limited due to low staff numbers.
- The head of service was available to talk with people from the service whenever people wanted to share their views with them. The head of service was aware that due to the management changes in the service it was important for people to have some management consistency, hence her availability to the people living at Pendean Court.
- Staff supported people to keep in touch with their family. The service had opened for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of keeping in contact with family and friends by using technology, supporting people to visit relatives and providing updates from the interim manager.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them. Relatives were updated about people's wellbeing and progress.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected.

# 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 of this newly registered service. We have rated this key question requires improvement.

This meant people's needs were not always met.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- Staff did not have access to up to date people's care plans to direct, inform and guide them in how to meet their care needs. Care records that were available for staff that we were shown during the inspection were dated 2018 and were written by the previous care provider.
- Three staff told us they had not seen a care plan or any documentation and were reliant on other staff and people explaining how they wished care to be provided. We concluded that staff were providing personal care without access to appropriate and up to date care records. Therefore, staff did not have guidance, information or direction in how to support people.
- The interim manager was currently reviewing people's care plans which were to be available for staff electronically. However, staff stated they were not able to access the electronic care plans.
- People told us about their hobbies and interests. However, on reviewing care records it was evident that people had limited opportunity to partake in activities in or outside of the service. This was observed during the inspection when a person had asked to go to the shops for three days in a row and was told by a staff member "Not enough staff today and hopefully we can go tomorrow."
- Activities occurred only when a third member of staff was on duty and within the timeframe of the third staff member shift. The third member of staff was on duty from 09.30 to 16.30pm and therefore activities could not occur outside of these hours. This meant that people had time restrictions when they could partake in activities and this was reliant on the staffing levels of the service.
- Staff told us they wanted people to engage in more activities and were frustrated this was not happening.

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. The Accessible Information Standard 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.

- People at Pendean Court had a hearing loss. The interim manager acknowledged there were no communication plans in place. There was no information in how staff could support people with their communication. For example, when a person signed and said 'horrible', this meant the person was trying to express that they were in pain. The interim manager acknowledged that people had their own individual signs for words i.e. different signs for weather were used by people in the service. There was no information, guidance or direction in how to communicate with people effectively.

This was a breach of Regulation 9 Person-centred care, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visits the interim manager shared with us a communication plan template that would be implemented. Whilst this is a positive step this had been implemented as a result of our feedback and the provider had not been proactive in looking at communication needs.
- People told us they were supported to maintain relationships which were important to them, with friends and relatives.

Improving care quality in response to complaints or concerns

- People told us that if they had any concerns, they felt able to approach staff to discuss their issues with them.
- The interim manager and head of services were keen to engage with complainants so that they could learn from their experiences. The interim manager had been in contact with a complainant who agreed to meet with them so that there could be an understanding of issues and work towards improvements.
- The provider had a satisfactory complaints policy in place.

# 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 of this newly registered service. We have rated this key question 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

- There was no registered manger in post. Staff told us that due to the absence of a manager at the service they felt it had "been leadership less." They spoke positively about the interim manager but was aware that he would not be remaining at the service and therefore were concerned about the future leadership of the service.
- Staffing levels had impacted on the interim managers availability to ensure that managerial tasks were completed. For example, some monthly audits had not been completed. The head of services explained that pressures within the service had impacted on managerial tasks as the interim manager had needed to complete shifts due to the staffing levels in the service and lost the support from the deputy manager who resigned.
- There were insufficient trained staff on duty to ensure that people's needs could be met. Staff stated, and rotas showed, they were often working with minimum staffing levels which then impacted on people. For example two people need two staff to support them with personal care, which meant there were no staff available to assist others in this time period; there were no dedicated catering or housekeeping staff, so staff had to undertake these tasks which took them away from supporting people.
- The lack of leadership and oversight had impacted on the induction, support and training that staff received and on the operation of the service.
- There was a lack of organisation in the service to ensure staff were kept up to date with people's care needs. Care plans had not been updated in line with assessments from external professionals. Staff were not provided with adequate guidance to meet people's needs. Staff did not have access to up to date care plans to direct, inform and guide them in how to meet people's care needs.
- There was a lack of organisation in the service which impacted on people's lives. For example, the communication book recorded that food had not been prepared the previous evening, so that none was available for people that morning. Staff said that the lack of organising food had occurred before. There was a lack of leadership in organising the shift to ensure people's care needs and the running of the service were being managed effectively.
- The providers systems and processes had not identified national guidance on infection control was not being followed by staff, as detailed in the safe section of this report.

Continuous learning and improving care



- The interim manager and head of service shared with us the providers quality audit system. From this an action plan was implemented so that any areas for improvement could be identified and addressed by the managers of the service. They had identified that there were shortfalls in their service and identified some areas for improvement as found in this inspection, for example communication and care plans. What is of concern is that the issues had been around prior to and since the interim manager was in post in December 2021 and there had been limited or no progress made in these areas. In addition, their quality audits had failed to identify the issues highlighted in this report, such as lack of information available to staff to mitigate risks, and failure to comply with infection prevention control guidance.
- The provider had introduced an electronic care and record system. However, staff, and the interim manager told us the laptops kept 'crashing' and they had lost work or were unable to complete their work on the laptops. The provider had failed to ensure that systems were effective to support staff in their work.
- The interim manager and head of service did not have the correct authorisations to be able to review information on the providers computer system. This meant there were gaps in their knowledge, for example training statistics for the service they oversaw.

The providers lack of leadership and oversight did not always support the delivery of high-quality, person-centred care. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Management and staff were committed to their roles and had built positive and caring relationships with people.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the head of service and interim manager when needed.

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 interim manager and head of services understood their responsibilities under the duty of candour.
- The interim manager and head of services took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The service sought the views and opinions of people using the service, staff and professionals.
- Staff team meetings were held regularly and provided opportunities for staff and the interim manager to discuss any issues or proposed changes within the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.

- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider must at all times take appropriate steps to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to provide support to people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Staff did not have access to care plans or communication plans so that staff did not have guidance, information or direction in how to support or communicate effectively with people.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers lack of leadership and oversight did not always support the delivery of high-quality, person-centred care.

### The enforcement action we took:

Warning notice