

Achieve Together Limited

231 Brook Lane

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

The service provides care and support for up to 10 people who may be living with a learning disability or autism. At the time of our inspection seven people were using the service.

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

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care and right culture.

Right support:

- The model of care failed to provide people with the appropriate opportunities to maximise their choices.

Right care:

- Care was not always provided in a person-centred manner and relatives told us they felt people were isolated.

Right culture:

- The leadership in the service failed to create a culture of inclusion which empowered people's lives

The provider failed to ensure the service was consistently well led and governance systems did not protect people from possible harm.

Staff were not always trained to administer medicines properly.

The provider failed to notify CQC and the local authority about incidents of possible abuse.

Infection control procedures were not always effective or in place. Staff failed to wear PPE appropriately which placed people at risk.

We could not be assured sufficient staff were deployed at all times to meet people's needs.

The provider failed to manage and monitor risk effectively.

Requirements of the MCA were not consistently followed. Care records failed to demonstrate the least restrictive practice had been reviewed on a frequent basis.

The provider failed to ensure staff were appropriately trained and qualified to meet people's needs at all times.

Whilst the provider had systems in place for investigating and responding to complaints, not all complaints were appropriately dealt with in a timely manner. People were not always kept updated on progress.

The provider failed to ensure effective infection control procedures were consistently applied.

The design and layout of the premises was not suitable for people to access safely.

Relatives told us staff were caring and said they were compassionate in their approach.

Safe recruitment practices were followed.

Relatives told us they were supported to maintain a balanced diet and said they were assisted to access external healthcare appointments when needed.

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

This is the 231 Brooks Lane's first inspection under the new provider.

Why we inspected

The inspection was prompted in part due to concerns received about risk management, staffing and training. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, staff deployment, training, notification of incidents, mental capacity, premises and governance. We issued the provider with a warning notice in relation to Regulation 18 (staffing) and told them to make improvements. Please see the action we have told the provider to take at the end of this report. 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.

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. Due to the issues we found, we referred our concerns the local authority and their quality team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not 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?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always 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.

231 Brook Lane

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 the inspection.

Service and service type

The service provides accommodation for people who requires personal care. The service is registered to provide care and support for up to 10 people.

This service did not 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. A new manager had recently started and told us it was their intention to become the registered manager.

Notice of inspection

This inspection was announced. This is because we needed to be sure people were available to meet with us.

What we did before inspection

We looked at the information we held about the service including notifications they had made to us about important events. We used this information to help us plan our inspection.

During the inspection

The inspection was carried out during over two days and consisted of a day visit and an evening visit. We spoke with three relatives to obtain their views about the care provided. We spoke with three support workers, the manager, the regional manager, the health promotion nurse and a supporting manager from

another location under the same provider. We obtained feedback from three professionals.

We reviewed a range of records. This included three people's care records, medication records, infection control records, staff records and maintenance records. We also received a number of reports from the provider relating to governance, improvement plans and care plan and risk assessment audits.

After the inspection

The provider sent us additional information after we provided written feedback which was also analysed and used as to support our judgements. After the inspection we received feedback from three members of staff which was used to support our judgements.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- We were not satisfied appropriately skilled and trained staff were always available to administer medicines in the event of an emergency.
- Some people required specific medicines in the event of having a seizure or an allergic reaction. Care records including medicines records stated buccal midazolam and adrenaline auto-injections may be required to respond to a reaction or a seizure. The training matrix stated, 78.57% of staff were required to undertake training in relation to buccal administration and 78.57% of staff were required to undertake training for the use of anaphylaxis auto injectors. Adrenaline Auto-Injector devices (AAls), also known as adrenaline pens, are prescribed to people with allergies who are at risk of having a severe allergic reaction (known as 'anaphylaxis').
- STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. STOMP is about helping people to stay well and have a good quality of life. The training matrix detailed 44.44% of staff had either not completed STOMP or their training was considered overdue. The matrix also highlighted 23.81% of staff had either not completed medication training or it was overdue.
- The management team were honest about the improvements required to ensure medicines were managed safely. The manager said, "Not all staff are trained to administer medicine. I asked who can administer meds when I first started, and it wasn't enough so more needs to be done."
- Due to the lack of trained staff to administer such medicines, we referred our concerns to the local authority safeguarding team and the local authority quality team. The quality team advised us they would be in contact with the home to provide support and guidance.

Effective arrangements for the safe management of medicines were not in place. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The training matrix detailed some staff had been booked to attend refresher training whilst others had been allocated to attend webinars. The health promotion nurse said, "For this service I will be looking at the training and their medication processes. I need to get them up to date." The regional manager acknowledged improvement was required and had put additional management in place to support the service.

Assessing risk, safety monitoring and management

- We could not be assured suitable arrangements were in place to regularly assess risk. For example, a professional said, "X had a small fingernail sized scab on their head, there was nothing in the records about

how this injury happened" and "X had a bruise inside their left arm. The staff and the manager hadn't noticed it and no body map was in place." A member of staff said, "I don't know when the care plans were last reviewed or how up to date they are."

- Professionals told us they were concerned about the lack of risk assessment reviews taking place in relation to accidents and incidents. They said not all staff had the knowledge or expertise to identify triggers to behaviours that may challenge others. They said they didn't feel confident all staff knew how to respond to incidents where people required emotional support or redirection.
- A relative described a particular condition their loved one had been diagnosed with and told us all staff needed be fully aware of the risks and behaviours they displayed to ensure the person was kept safe. Only 31.25% of staff had undertaken the specific training required to have the relevant knowledge and skills to provide effective and safe care for this person.

Effective arrangements were not in place to monitor and manage risk. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We could not be assured people were always protected against the risk of possible abuse. Staff had undertaken e-learning safeguarding training, however, the training matrix stated twelve out of 23 staff had not yet completed safeguarding adults "face to face" training.
- Incidents were not always reported to us as required by the registration regulations. The manager said, "I will be honest, we found out about an incident that hadn't been reported to safeguarding and it happened a couple of months ago. X fell during a seizure and they hit their head on the wall twice. Staff did call 111. The incident took place on February 6. We referred it to safeguarding yesterday."
- Staff and professionals told us they were not confident potential safeguarding concerns were always reported. A member of staff said, "I'm sure the new manager would report any issues and I certainly would, but I don't think things have always been reported in the past."

The provider failed to notify relevant organisations about possible abuse. This was a breach of regulation 18 (notification of other incidents) Care Quality Commission (Registration Regulations) 2009.

- Staff were knowledgeable about the different types of abuse and felt confident the new manager would take action if required. Staff were aware they could report concerns externally and evidence obtained after the inspection supported this. A member of staff said, "If anyone tried to harm someone (person) here I would contact CQC, but I have never seen anything intentional or any abuse."

Staffing and recruitment

- The provider failed to ensure sufficiently skilled, qualified and experienced staff were deployed at all times. The manager said, "We have six staff on in the day and three at night-time. There is also a 9am until 4pm shift and this is to help with supporting people in the community."
- At the time of our inspection, the senior management team told us the organisation were in the process of recruiting eight support workers for the service. A member of staff said, "When the old manager left, a lot of staff left with her so now we have a lot of jobs here that aren't yet filled." Another member of staff said, "We have been using a lot of agency staff, but we try and use the same one's so there is continuity for people living here."
- A professional said, "I spoke with staff and they couldn't answer basic questions about people's care needs." A relative said, "Because of the staffing issues, I looked at X diary to check what activities had been taking place and it's pretty much been nothing. I considered taking X somewhere else. X is funded one to one for 10 hours a day. I asked about their staff levels and they can't show me how they are providing these

10 hours on a one to one basis. These 10 hours are basically getting shared which isn't right."

The provider failed to ensure suitable numbers of trained staff were deployed at all times. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post.
- A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. When we asked the management team where the cleaning schedules were, the manager told us there were no cleaning schedules in place. The manager said, "I know, it's not good enough. I identified that there were none in place and that is on my to do list."
- Staff fed back to us they felt the home was not always clean and said furniture was often damaged without being repaired or cleaned appropriately.
- We were not assured that the provider was preventing visitors from catching and spreading infections. On the second day of our inspection we were not asked to provide evidence of a negative lateral flow test. We were advised by a professional staff did not always wear their PPE appropriately. We observed staff failing to wear masks properly during our second day of inspection.

The provider failed to ensure effective procedures were in place to maintain cleanliness and to reduce the possibility of the spread of infection in the home. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we received various infection control and cleaning records and we were told these had now been put in place.

Learning lessons when things go wrong

- The new manager advised us there were many issues they had identified in the service that required attention. They said, "I have only been here for two weeks, but I can see a lot of areas to improve on." Other members of the management team told us they were disappointed with the current level of service being provided and said lessons would be learned from the lack of effective oversight.



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. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff were appropriately trained, skilled and experienced to meet people's needs at all times. A record titled, 'Brook Lane service specific training matrix' contained a list of training courses staff were required to complete to enable them to have the specific skills and knowledge to meet people's needs. The record identified significant failures in compliance. For example, a member of staff who commenced employment on 8 July 2019 had achieved a training compliance score of 27.27%. A second member of staff who commenced employment on 4 March 2014 also achieved a training score of compliance of 27.27%. A third member of staff who commenced employment on 27 July 2005 achieved a training compliance score of 36.36%, and a fourth member of staff who commenced employment on 25 November 2015 achieved a training compliance score of 27.77%. This meant we could not be satisfied staff were always up to date with best practice guidance or how to provide effective care and support.
- The training matrix stated eleven staff were overdue face to face epilepsy awareness training. There was significant non-compliance in subjects such as, Makaton awareness, mental health awareness, sexuality and personal relationships.

The provider failed to ensure staff were suitably skilled, qualified and experienced to meet people needs safely. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The training matrix detailed some staff had been booked to attend refresher training whilst others had been booked to attend webinars to aid their learning and development. The regional manager acknowledged improvements were required with regards to training and said additional support had been put in place to make improvements.

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

- The design and adaptation of the service failed to promote people's wellbeing and independence. For example, the garden area was overgrown and was not safe for people to access. A relative told us they felt extremely sad this had been allowed to happen and said, "It's a lovely garden, money was raised by family members to make it a nice safe place for people to enjoy but look at the state of it." Another relative told us funds had been raised to create a sensory room and said, "It's pretty much a shed, it's not used because it's just been left. The garden has been completely neglected."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whilst we found no evidence to suggest people were being deprived of their liberty unlawfully, we could not be assured staff held sufficient knowledge to ensure consent to care were always sought in line with legislation. For example, 12 out of 23 staff had not yet completed, 'MCA and DoLS' training. A professional who visited the service to review safeguards told us they were not confident staff were familiar with people's care needs, the risks associated with their care or about the decisions made in a person's best interests. We could not be assured the provider considered least restrictive practice due to the lack of regular care reviews.

The provider failed to ensure staff were suitably trained and qualified to assess people's capacity to consent to care. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We could not be assured people consistently received care in line with best practice guidance. Staff were not always trained appropriately, and records did not always demonstrate care reviews had taken place regularly or that best practice updates had been discussed.
- Whilst records provided information about people's preferences, due to staff deployment and recruitment, people were not always able to engage in their chosen activities.
- Assessments of people's needs were completed before they moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.

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

- A lack of reporting to external organisations and a failure to regularly review and analyse accidents and incidents did not demonstrate staff consistently responded to people's changing needs in a timely manner.

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

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Feedback from relatives about the quality of food and drink was mostly positive. Comments included, "The food is pretty decent here, they need to be considerate because X can't eat certain things and they do accommodate that", "X is allergic to a few things and I know it's in their care plan."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative said, "The staff know about what X can eat and drink and I think the meals are pretty balanced." We observed people were provided with a balanced meal during our evening visit to the home.

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

- People were supported to access healthcare appointments. However, due to the impact of COVID-19 this had on occasions been difficult to achieve.
- When people needed support from specialists such as speech and language therapy (SaLT), this continued to be arranged by staff through people's GPs and other external support networks.

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. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not ensure all principles of Right support, right care and right culture were met. The provider failed to ensure people were provided with the appropriate opportunities to maximise their choices. Care was not always provided in a person-centred manner and relatives told us people were unable to access community services. The leadership in the service failed to create a culture of inclusion which empowered people's lives. Records we viewed, feedback from relatives and our observations demonstrated elements of the service were not always respectful in supporting people to achieve their wishes.
- Records demonstrated how people preferred to be cared for. Care review documents did contain some detail which showed people had expressed an interest in visiting certain leisure activities and places of interest.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. We saw no evidence that anyone who used the service was discriminated against.
- Comments from relatives included, "The staff here do try their best and many have worked really hard, especially during COVID when things were tough. I take my hat off to them really. I come here a lot and so I would know if people were being discriminated against and I don't believe they are" and "I have not seen anyone here be disrespected because they have a disability."

Respecting and promoting people's privacy, dignity and independence

- Permanent staff demonstrated good knowledge of people, including their likes, dislikes and preferences regarding their care needs.
- Staff were respectful in how they engaged with people and we observed a dignified approach.
- Staff told us more permanent staff would help to achieve better levels of independence for people when engaging in the community. One member of staff said, "We have all been restricted because of COVID but things are different now, we can take them (people) places and do more but we don't always have enough staff and that means people don't always have independence. They can't even use the garden because it's a mess."

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. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Relatives told us people were isolated from the community and felt more could be done to assist them in engaging with the general public and with local amenities. One relative said, "X used to go the gym all the time but (person) doesn't go." A second relative said, "X used to go out a lot but they just don't have the staff to do it so we come over and take (person) out. X have funded one to one so there should be no excuses."
- People were supported and encouraged to maintain relationships with loved ones. Relatives told us they were provided with opportunity to spend time with people. One relative said, "The home had a really hard time during COVID, it was awful and so difficult for us as family members. The staff tried their best and they done what they could to keep us in touch with them (people)."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was advertised in a format which was user friendly for people and relatives. A relative said, "X wouldn't be able to complain about anything, X behaviours would change if he wasn't happy then we would know something was wrong and we would raise it."
- The provider did have a record of complaints which showed some investigations into concerns had been conducted. However, relatives did not have confidence complaints had always been taken seriously or investigated. A relative said, "We have made complaints in the past and sometimes it's dealt with and other times it's not." Another relative said, "Clothes are always getting mixed up, X comes back home (parent's house) with other people's clothes and another residents (person's) underwear on. I've complained so many times and it doesn't get better" and "X has to wear pads because he's incontinent. He runs out of pads all the time and I have to come and sort it out. I complained about that and I am still sorting it, it's why I'm here now."

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 careers.

- We could not be assured all staff were trained and skilled in using personalised communication systems to engage with people and understand their needs. A member of staff said, "We try and get regular staff from the agencies but sometimes it's not always possible so communication can be difficult."
- People had individual communication plans/passports that detailed effective and preferred methods of

communication, including the approach to use for different situations.

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

- We could not be assured staff were always knowledgeable about people's preferences or that they could explain how people preferred to be supported.
- People were not always provided with enjoyable activities and relatives consistently told us there was a lack of meaningful stimulation in the service. However, during the inspection people had been supported to visit areas of interest including a theme park and a shopping trip.
- Staff involved people where possible when assessing their care needs and relatives told us they were provided with opportunity to provide input.

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. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst the provider had systems in place to assess and monitor the quality of the service, management failed to ensure suitable oversight was in place to drive improvement in a timely manner. Ineffective governance systems in relation to staff deployment, medicines management, risk management, training and infection control placed people at risk of possible harm or inappropriate care. Governance systems failed to ensure accidents and incidents were always reported and reviews into people's care were not always conducted after incidents had taken place.

A failure to ensure governance systems were effective at driving improvement was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The providers governance systems had identified the concerns we found regarding staff training and staff deployment. A leadership team had been put together to help drive improvement in the service and the local authority were in the process of working with the provider to make improvements. The leadership team told us the issues we identified were due mainly to the difficulty in recruiting competent numbers of staff since the registered manager had left. The new manager was enthusiastic and open with us during the inspection about the challenges the home faced. Relatives were complimentary about the new manager and told us the senior support manager had helped significantly by meeting with relatives and working with the service to drive improvements. One relative said, "We are a lot happier now but there is a long way to go."

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

- The provider failed to consistently instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management and staff failed to consistently put people's needs and wishes at the heart of everything they did. One relative said, "It's a real shame, the home has been hit with COVID and now the manager (registered manager) has left and many staff have gone. Because of all this change and the impact of COVID a lot needs to be improved to start getting things back to the way they once were" and "People used to do so much more so hopefully with the managers coming in to help things will get better."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was not always working in accordance with this regulation within their practice. For example, when relatives complained about the lack of activities, the lack of stimulation and mixed up laundry, we found detailed investigations had not always been carried out. Lessons learned had not been documented and letters of apology had not always been provided.

Working in partnership with others

- The service worked in partnership with advocacy organisations and other health and social care organisations such as GP's and local healthcare agencies.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to ensure incidents reportable to CQC and other relevant organisations were made in a timely manner and that investigations into concerns were conducted thoroughly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure staff were appropriately trained to comply with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to manage risk effectively and medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure appropriate arrangements were in place for maintaining cleanliness in the service. Steps to reduce the possible spread of infection were not robust and the environment was not always accessible and safe for people to use.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not effective at driving improvement which placed people at risk of receiving inappropriate care.

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 18 HSCA RA Regulations 2014 Staffing The provider failed significantly to ensure suitably skilled, qualified and experienced staff were deployed at all times to meet people's needs.

The enforcement action we took:

We issued a warning notice for Regulation 18- (1) (2) (a) Staffing