

# Achieve Together Limited

# The Sheiling

## Inspection report

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11 August 2022

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Sheiling is a residential care home providing personal care and support to up to three people with a learning disability and or autistic people. At the time of our inspection there were three people using the service. The service consisted of three single bedrooms, a bathroom and downstairs toilet. There was a large garden, and the house next door was another registered service with the same provider and manager who oversaw both services.

### 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.

Right support: People had some control and choice over their lives. There was a core team of staff who knew people's needs well and how they liked to be supported in line with their needs. However, the service has been impacted by the COVID 19 pandemic which has affected people's opportunity to go out. At least one person was now experiencing some anxiety when accessing the community and although this was being addressed the service had not sourced external support.

Appropriate finance to access activities was in place to meet people's needs but people were not engaging in activities as they were before the COVID 19 pandemic and clear objectives were not set to measure people's progress towards desired goals.

The environment was clean but poorly maintained with some overdue refurbishment. Statutory requirements in relation to health and safety, fire and servicing of equipment was in date.

Medicines were not managed safely. Staff received training and their medicine competencies were assessed. However, some staff competencies checks had expired. On the day of inspection there was no record of the temperature medicines were being stored at to ensure medicines remained effective. This was brought to the providers attention. We also recommended that the provider review the storage of medicines in line with best practice.

Right care: Care records did not clearly record people's involvement in their plan of care or whether people have the ability to consent to their care and treatment. Care records were being reviewed and family members were being invited to contribute.

People's dignity, privacy and human rights were not always being upheld. People were supported to have choice and control of their lives, and we saw people moved freely around their home and were able to access the kitchen, request a drink and go out in the garden. However, some recorded decisions about how

to manage risk had not considered, specifically if it was the least restrictive or in the persons best interest. For example, the use of monitors and door alarms. People were kept under surveillance without evidence that other means of keeping people safe had been considered.

We were not assured staff had the necessary skills and competencies. Although very caring and committed staff did not have consistent management and training in line with people's needs. Training had been delivered through the companies training portal and staff had not had opportunity to complete any recent face to face training or to fully develop their skills.

Right culture: There had not been consistent oversight and leadership of the service, after the previous manager left. There had been a lack of provider support and the manager had been 'firefighting' for a long time. The new manager has started to stabilise the service and recruit additional staff whilst using agency staff to fill staffing gaps. The manager had clear expectations of staff and we observed good care and support being provided. Records and governance were still very poor and there was limited evidence of collaborative working.

We have recommended that the service evidence how they engage with other health and social care professionals to provide collaborative care. Rating at last inspection and update  
This service was registered with us on 15 July 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 26/04/2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about the providers oversight of this service, and in response to some incidents that had happened. A decision was made for us to inspect and examine those risks.

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 and Recommendations

We have identified breaches in relation to medicines management, risk, privacy and dignity, consent and governance at this inspection.

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.

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

## 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 not always Caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### 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** ●

# The Sheiling

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector over two days.

#### Service and service type

The Sheiling is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sheiling is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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. A new manager had been appointed but had not yet been registered with the CQC.

#### Notice of inspection

This inspection was unannounced.

We visited the location on 10 August 2022 and 11 August 2022.

#### 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 sourced feedback from the local authority and used information we held about the service on our system, this information was all considered as part of the inspection planning process.

#### During the inspection

We spoke with four care staff, one of whom was an agency member of staff, the manager and regional manager. We spoke with one person, and observed care provided in communal areas of the service.

We reviewed a range of records, including one person's plan of care, medication records, staff recruitment records and maintenance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person's relative by telephone, about their experiences of the care provided. We liaised with the local authority quality assurance team.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's needs were poorly documented which meant staff less familiar with people might not be aware of the risks or how to consistently support them.
- The building and equipment within the service were regularly checked. However, there was a lack of timely actions to ensure remedial actions were completed. This meant people lived in a poorly maintained environment. Risks previously identified by the local authority had not addressed by the provider. For example, uncovered radiators still presented a scalding risk. Due to the hot weather the immediate risks were being managed as the heating was not in use. However, the risk of future injury and, or scalding needed to be considered.
- Staff had received eLearning on using an anti-choking device to assist a person if their airway should become obstructed. This is a registered medical device but there was no associated policy and procedure for its use and the risks and benefits had not been considered.
- Evidence of fire evacuation drills could not be produced at the time of inspection. Evidence has since been provided but did not demonstrate that all staff had participated in regular fire drills to ensure they could safely evacuate people in an emergency. Individual fire risk assessments had been updated but were not in the emergency fire grab bag and were not immediately accessible to help staff know what support a person might need to evacuate safely.

### Using medicines safely

- Protocols for when required medicines, (PRN) were not clear, up to date and provided contradictory information. Staff were not clear when to administer these medicines which could result in them being administered inappropriately. This had not been identified by the provider.
- Medicines were not managed safely. The temperature medicines were stored at were not recorded each day and had not been for a while despite recent very warm weather. If not stored at the correct temperature, medicines could become less effective.
- Staff received medicines training and their competency was assessed to ensure they understood their training and were able to apply this in practice. Some staff competency assessments were overdue which meant their practice had not been regularly overseen.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely in the office with the key held separately. We observed staff administering medicines which was done in a timely, appropriate way.

We recommend that the provider consider current arrangements for storing medicines and consider a more person-centred approach of storing and administering medicines.

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

- We were not confident that the provider had adequate oversight of incident/accident/safeguarding management. The manager told us there had been no recorded safeguarding concerns since coming into post. The operating systems used by the provider had changed and apart from the manager other senior staff were not trained to use it to ensure information could be uploaded correctly.
- Staff referred to previous safeguarding incidents and records were not accessible, and we had received very few notifications since a change in registration to cross reference.
- Staff understood the safeguarding processes and had received training. Staff felt confident that any reported concerns would be responded to and they knew what to report. People were supported regularly which reduced the risk of incident.

#### Preventing and controlling infection

- We had concerns about infection control and prevention. The poor condition of the home such as mould in the bathroom, evidence of damp from a water leak and paint coming off the walls made the environment more difficult to keep clean. There was a lack of evidence that cleaning took place across all shifts or shared areas cleaned between each use.
- 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 using PPE effectively and safely.
- 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.

#### Visiting in care homes

- The provider had a robust system in place to ensure any visitors to the service were only permitted to enter when staff were assured that they were not unwell or posed any risk of spreading infection whilst at the service. Visitors were asked to show or complete a lateral flow test, wash and sanitise their hands and complete a questionnaire.

#### Staffing and recruitment

- The new manager was experienced and understood the importance of robust recruitment. Two staff files inspected showed Staff had been safely recruited. Pre-employment checks included references and Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

- Staff completed an induction and were supported until they felt confident. A national induction programme was used to help ensure staff had the necessary skills to meet people's needs.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, 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.

- The service was not consistently working within the principles of the MCA. One best interests' decision was for the person's previous address. DoLS applications had been made to the local authority however none had been processed at the time of the inspection and there was no evidence that this had been regularly chased.
- Some mental capacity assessments had been completed but not revisited and were not in place for all aspects of people's care and support such as consent for staff to give their medicines. We observed staff offering people choices in appropriate ways, but recognised people would need support to make more complex decisions. Staff told us they would speak to parents to ask for their consent. Unless parents have been appointed by the court to deputy for people, they have no authority to make these decisions. One person had no parental support and an advocate had not been sourced to support with complex decision making.
- One person had a monitoring alarm in place to help ensure their safety at night as they were prone to seizures. A best interest decision was in place completed by the previous manager and the person was asked about it. There was however no evidence of what else was considered to ensure the measures in place were the least restrictive.
- There was no guidance on using the monitoring device within the persons care plan or consideration if this infringed on the persons human rights or when it was appropriate to be used. We were advised it was used across the night, but the monitor was on and visible during the day when the person was in their room.

Bedroom door alarms were in place and the rationale for these had not been made clear and people had not consented for them to be used.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The decoration and condition of the service was poor and not all risks were effectively managed There was damage to walls and ceilings. A wardrobe in the dining room used to store craft materials was not secured to the wall and could be pulled over causing injury. There was one small shared bathroom and a ground floor toilet, both needed updating and uncovered radiators were observed in small spaces increasing the risk of injury from trips slips, falls leading to scalds.
- The provider had responded to concerns by the local authority about people's safety at night and now had a sleep-in member of staff who was there to help in an emergency to support the waking night staff if needed. Staff sleeping in slept on a bed in the lounge. People using the service would not be able to use this area throughout the night should they wish, and it reduced the communal space for everyone to share. People did not do things together because their needs were not compatible. The need for individual space was therefore vitally important.
- People's bedrooms were nicely decorated and individualised. One person was happy to show us their bedroom but also made it clear when they wanted us to leave. One person's room indicated what hobbies they had and what things they liked to buy.
- The home was fully accessible, and people were free to access the house and gardens which were mostly laid to lawn and created a nice space.

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

- People's records were not up to date or based on best practice. There was a lack of recorded consultation with other agencies when agreeing key areas of practice such as when to administer medicines as required and supporting people with distress behaviours. Staff knowledge was variable based on their experience and what they had been taught at the time. A lack of clear guidance had led to differential practice.
- We were not assured that people had been able to access daily activities in line with their preferences and choices. The service had relied on agency staff which had reduced of late. People were not going out into their community regularly. For example, one person went out once over our two-day inspection and that was to the dentist. Another person had become anxious about going out and this was being addressed by the service but there was no external professional support involved.
- People were supported by staff to engage in day to day activities and make choices about what they wanted to eat and drink. We observed people being supported to keep their environment clean.
- Right support, right care, right culture principles were not clearly implemented across the service. Staff were promoting independence and choice, but this was not clearly documented to show how people were supported to achieve their goals.

Staff support: induction, training, skills and experience

- All but one member of staff held the care certificate, where they were new to working in care. This is a set of induction standards that care staff should be working to. The member of staff who had not completed the care certificate was assumed to already hold a professional qualification although the manager could not verify this.
- Training statistics were not at 100 percent and refresher training had been booked as required. We did identify gaps in staff knowledge so were not assured all staff had the necessary skills for their role.
- People being supported had complex needs and staff had mostly completed basic eLearning training

which was not bespoke to people's individual needs and the staff team did not seek input from health care professionals.

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care

- Specialist diets were not in place nor assessed as needed. The increased risk of choking and epilepsy had not been considered or documented to ensure staff were aware of the risks and worked consistently to ensure people were adequately supported. People had one to one support, so risks were reduced.
- Food diaries showed people got a varied and balanced diet, but fluid records were not being completed each day or evaluated to ensure people were drinking enough for their needs. Not everyone using the service could anticipate their own needs or be able to make themselves a drink independently.
- Staff knew people's dietary needs and provided people choice and variety. Staff sat with people and ate together. People's weight was monitored, and people were sufficiently active.

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

- Staff had positive relationships with the people they supported and were able to recognise if people's needs had changed. Staff supported people to visit the dentist and doctor when required and recorded people's medical needs.

We recommend that the provider clearly evidence how they are meeting people's needs collaboratively and in line with best practice.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not fully respected. A monitoring device was in place to help staff manage risk associated with seizures. This was left on throughout the day which impinged on the persons privacy.
- The condition and layout of the premises did not promote people's dignity. The shared bathroom was in a poor state of repair and was not conducive to people's wellbeing. The sleep-in arrangement for staff meant staff slept in the lounge which impacted on people throughout the night and essentially meant they were unable to use the lounge unless they disturbed staff. Staff reported being disturbed throughout the night. Poor quality sleep could affect their ability to do their job effectively particularly when working long hours.
- Core staff knew people well and supported them in line with their routines and interests. People had a choice of activity, but choices had been limited during the COVID 19 Pandemic. Staff were working hard to reinstate activities and create new opportunities.

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

- We observed people relaxing and saw good communication from staff. One person was preparing to go out and talked about what they liked to do. Another was regularly supported by family who told us their behaviour was more settled than in the past. Staff treated people well and were relaxed which created a nice atmosphere throughout the home. Staff introduced us to people and were chatty about people's day to day support.
- People were spoken to in a positive, inclusive way. They were engaged with staff to complete day to day tasks. People had limited or nonverbal communication, staff offered them meaningful choices and used a visual timetable to help people make a choice.
- People were held in high regard by staff who described them in positive terms and used appropriate language. Staff regarded people as their second family. Staff had gone the extra mile to support people during the COVID 19 pandemic and had worked hard to cover shifts to ensure people could go out.

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

- Changes in the environment were necessary to improve people's living standards but people's bedrooms were personalised, and people had items of importance with them.
- Care and support plans were being reviewed to ensure they were person centred and reflected people's aspirations and attributes.

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

- People's care and support was overseen by core staff who had responsibilities to ensure they had what

they needed. Monthly key worker meetings were being held but the format for this had recently changed. Summaries were produced which showed what the person had been doing over the month but was not in detail and clear objectives were not set and reviewed.

- Families were contacted by the service and asked to contribute to their relative's care plans and families were encouraged to regularly visit. The manager told us they were thinking of introducing a newsletter and shared recent formal feedback from families they had received. The manager had used the feedback to try and improve the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant people's needs were not always met.

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

- We observed the care and support provided to people and it was centred around their individual needs. However, we found care records did not support consistent practice. A clearer summary of people's needs was being developed and one care plan had been reviewed and was clearer.
- Risk assessments and protocols needed to be clearer to help staff understand what the risks were and how to effectively keep people safe. People were appropriately supported by staff which helped reduce risk.
- A daily overview of people's needs was provided but care records did not clearly record people's aspirations and longer-term goals. Monthly summaries provided limited information as to what the person had been doing or any change in need. We could not see how people were actively involved in their review of care.
- The new manager had only been in post about three months and was reviewing the support plans in consultation with other staff and health care professionals. The volume of information could be condensed to make it more accessible and user friendly.

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 were mostly supported by staff who they were familiar with and who understand their communication needs. This helped reduce behaviours linked to frustration and unpredictability. Occasionally less familiar staff supported people and relatives had concerns about this but had seen this was improving with more permanent staff coming into post.
- Communication plans were in place and there was a document which assessed how people might express pain. This helped ensure staff were aware and could respond accordingly.
- Literature was in an accessible format and staff said they were looking into assistive technology to help people with their communication.

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 had some individual activities which were planned regularly including walks, trips out to the zoo, and swimming. Each person was supported separately with was in line with their interests and needs. However, we were not ensured these activities always took place as there was no evidence to support this

within the daily notes or monthly summaries. One person was finding it difficult to go out and staff had not referred to the mental health or learning disability team for help.

- Family members were involved in the care and support of their relatives.

Improving care quality in response to complaints or concerns

- No complaints or compliments had been logged and the manager said they were not aware of any. We received concerns recently from a whistle-blower who told us they had logged a complaint and sent a copy of this to us. This had not been responded to as a complaint and no formal investigation had been completed by the service.

End of life care and support

- Care plans contained some information about people's future wishes and end of life care. People using the service were young adults but had faced loss and needed to be supported when thinking about their own future wishes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had been in post about three months and was working hard to improve the quality of the service provided. They had managed to steady the service and ensure there were enough staff to provide the regulated activity. They were however working across two registered locations both requiring improvement which made it difficult to bring about improvements simultaneously.
- The providers overall quality assurance and governance system had been weak in identifying what improvements were required and could not demonstrate how they regularly engaged with people, staff, relatives and other stake holders in identifying what improvements they needed to make to provide a quality service.
- Information governance was particularly poor and online systems designed to collate information was not working effectively and some records were still paper based and difficult to navigate. Electronic records of incident, accidents and safeguarding records had over time being loaded onto different systems and there was not a clear overview and analysis of these to establish how risks were managed and lessons learnt adopted. We were not confident that all incidents were being reported as required by regulation 18 because systems and provider oversight of this were poor and only the manager at the service had been trained to use the electronic recoding system.
- People were living in a poor environment which had not been updated in line with their needs and wishes. Refurbishment and repairs were overdue and not in line with the providers own action plan.

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

- People had received some inconsistencies in their care delivery. An increased number of agency staff had worked at the service to support people which reduced their ability to go out and meant these staff were less familiar with people's needs. This situation was improving as more regular staff were being recruited.
- A relative commented on how changes in staff impacted on their family members mood and how they found it difficult when familiar staff left.
- Although we were not given details of many incidents staff told us people using the service did not relate to each other. Staff told us people could be at risk from unwanted behaviours unless supervised. This restricted people's privacy.

- People were supported with day to day activities and trips outside, but this needed to be extended further and evidence provided as to how this was in line with their assessed needs.

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 manager was honest with us and realistic about how much they could achieve in such a short time scale. They acknowledged records needed urgent attention and incidents had not been uploaded and reviewed as required. We have advised the manager and provider that notifications should be made without delay.

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

- Surveys had not been used to ascertain relatives and staff's experiences. To date not all the information has been collated by the provider or made available in an accessible format. Relatives said they had been contacted and had made comments.
- One relative said the communication had not always been good. The manager said information was passed on a need to know basis and they were currently updating care plans including contact sheets, so they knew who and when to contact people. They also suggested they were going to implement a newsletter.
- Relatives were being asked to contribute to people's plan of care and two out of three people had just had a recent funding review. No internal reviews had been held yet. Staff involved people in day to day decisions.

Continuous learning and improving care: Working in partnership with others

- Consultation with other health and social care services took place but needed to improve particularly where there was identified need and, or risk.
- Hospital passports required updating and cross referencing to ensure people received continuity of care should they require hospital care.
- The provider had not ensured staff training was up to date or reflected best practice. Guidance in place to support people was confusing and needed revising.

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 10 HSCA RA Regulations 2014 Dignity and respect  People's dignity was not always upheld.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The service was not fully compliant with the Mental Capacity Act 2015 to ensure people's consent and human rights were upheld.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's safety were not clearly documented and there was inconsistent care practices. Unsafe medicine practices put people at risk.

### The enforcement action we took:

TO SERVE A WARNING NOTICE

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure all aspects of the service were clearly monitored to ensure people's needs were fully met and risks were mitigated as far as reasonably possible.

### The enforcement action we took:

To serve a warning notice