

SCASS Ltd

SCASS Ltd

Inspection report

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Date of inspection visit:

23 July 2019

25 July 2019

Date of publication:

20 September 2019

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

SCASS Ltd is registered to provide accommodation with personal care for up to eight people with a learning disability, autistic spectrum disorder, a physical disability and younger adults. At the time of the inspection, one person was staying there as a permanent resident and another person was on a short-term respite break.

The service had not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's healthcare associated risks were not always identified, assessed and mitigated. People were not always supported with medicines management by staff who were appropriately trained, and their competency assessed. People and staff did not have access to hand wash products. The provider did not have effective systems to learn and share lessons from accidents and incidents. Staff recruitment records had some gaps.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were not supported by staff who received enough training and regular supervision.

People's needs in relation to their protected characteristics were not always recorded in their care plans. People's care plans were not personalised, and people did not always receive care that was personalised to their needs. The provider's auditing, monitoring and quality assurance systems were not effective in identifying issues and driving improvement.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people's care was not personalised.

People and relatives told us they felt safe with staff and there were enough staff on duty to meet their needs. Staff understood safeguarding procedures and when and how to escalate concerns. People and relatives told us staff understood their likes and dislikes and were supported by staff who were caring and respected

their privacy. People were supported by staff to remain as independent as possible. People and relatives were satisfied with the complaints process. They told us they were happy with the service and found the management approachable.

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

Rating at last inspection

The last rating for this service was good (published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified five breaches in relation to person centred care, need for consent, safe care and treatment, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

SCASS Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

SCASS Ltd is a 'care home'. It primarily is a respite service providing short breaks for people who live with their families or other unpaid carers.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We observed care and interactions between people and staff to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager, health and safety manager, a team leader and three care workers.

We reviewed a range of records. This included two people's care records and one person's medicine records. We looked at four staff files in relation to recruitment, training and staff supervision. 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 three relatives. We looked at the improvement action plan and the other documentation the provider sent us as per our request.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always identify, assess and mitigate risks associated with people's healthcare needs.
- People's risk assessments were for areas such as health, mobility, dietary, personal hygiene and accessing the community. However, these were not always suitably completed and lacked information and instructions for staff to follow to manage risks.
- For example, the care plan and risk assessment for a person with diabetes did not state the associated risks and the actions staff were required to take if they noticed any signs of low or high blood sugar levels.
- The care plan and risk assessment for another person with epilepsy did not give information to staff about how to identify seizures and the actions they were required to take if the person had a seizure. This meant staff were not always provided with sufficient information on how to provide safe care.
- However, the provider had not carried out water temperature and legionella tests. We spoke to the provider and they told us they would get the necessary water checks done as soon as possible.

Due to lack of effective risk assessments and water checks people were put at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at fire risk assessments and evacuation plans, health and safety checks including electric and fire equipment, and building maintenance records. These were all up-to-date.
- One person and relatives told us they felt safe with the staff. A person said, "Yes, I do feel safe [at the service]." Relatives' comments included, "We actually feel secure knowing [person] is being looked after well" and "I never have to worry about [person] staying there when I am away."
- Following the inspection, the provider told us they were in the process of developing a diabetes risk assessment and epilepsy management plan for people concerned and had ordered hand wash products.

Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

- The provider did not always follow appropriate medicines management practices thereby putting people at risk of harm.
- Staff were not always trained, and their competency assessed before they started administering medicines. This meant people were not always supported with medicines by staff who were skilled and competent.

- The provider was not recording the temperature at which the medicines were stored to ensure they remained effective.
- On the day of inspection, we noticed communal bathrooms, shower rooms and toilets did not have paper towels, hand wash or hand sanitiser. This meant people and staff were at risk of cross infection as they did not have access to appropriate hand washing facilities.
- The provider did not have effective systems to ensure they were learning and sharing lessons when things went wrong.
- Staff knew what actions they were required to take at the time of accidents and incidents. However, accident and incident forms were not always fully completed including the section 'preventative measures to avoid reoccurrences'.
- This meant the provider did not identify trends and patterns for learning to take place to prevent reoccurrences of similar accidents and incidents.

The provider did not follow safe medicine and infection control practices, and lacked effective systems to ensure they learnt lessons when things went wrong. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines administration records were appropriately completed by staff and regularly reviewed by the team leader.
- During the inspection, the provider told us they were in the process of applying practices as per the National Institute for Health and Care Excellence guidelines for medicines management.
- The service did not have malodour and relatives told us they were satisfied with the cleanliness of the service.

Staffing and recruitment

- One person, relatives and staff told us there were enough staff on the shifts to support people safely. Staff rotas and observations confirmed this.
- The provider carried out appropriate recruitment checks to help ensure staff were safe, of good character and skilled to meet people's needs safely. However, we found some gaps in staff employment history and reference checks.
- Three staff employment histories were not fully completed, and gaps had not been explored. One staff member's file only had one reference check in place.
- We discussed this with the registered manager and they told us they would follow up with the staff and fill in those gaps.
- Following the inspection, the provider told us they had spoken to the staff concerned and completed the gaps identified during our inspection including the additional required reference check.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and processes in place to safeguard people from harm and abuse.
- Staff knew various types and signs of abuse and how to escalate concerns. One staff member said, "Keep [people] safe from abuse, neglect and harm. First, inform the manager. I would report it [CQC], social services, and the police if it is very concerning."
- There had been no safeguarding concerns since the last inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

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.

- Not all people who lacked mental capacity to consent to care their care plans stated whether they were able to make decisions regarding their care.
- Where people lacked mental capacity to consent to care and treatment, there were records of DoLS authorisations. However, we found the provider had not followed best interest decision making process in relation to one person's accommodation.
- At the inspection, we found one person had a camera monitor in their bedroom and at times staff shared their bedroom at night. This person's transition assessment completed by their social worker stated they lacked mental capacity to give consent.
- As per the MCA and DoLS procedures, where it has been established that a person is unable to decide for themselves, appropriate procedures need to be followed to make a decision in the person's best interests. This is called a best interest process.
- However, this person's care plan had no information in relation to these arrangements to confirm whether any decisions made, and action taken were in the best interests of the person.
- We discussed this with the registered manager who told us they were not aware of the use of the camera monitor and staff sharing bedroom. They also were not aware of the arrangements they were required to make to ensure any decisions made where a person could not give consent were in their best interests.

The above evidence was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff gave people choices. Relatives said, "[Person] is given a choice and they always choose the same room as [person] has autism, which is good for [them], this makes [person] feel comfortable" and "[Staff] always give choices and options when [person] is there."

Staff support: induction, training, skills and experience

- The provider did not ensure all staff received appropriate induction, relevant training and support to enable them to deliver effective care.
- We reviewed training records which showed there were several gaps in relevant and refresher training. Staff were not provided training in areas relevant to people they supported such as learning disability, autism, behavioural needs, diabetes, the MCA and DoLS.
- Staff told us the training they had received was helpful. They further said they could do with more training in health specific areas and more refresher training.
- The provider did not implement its supervision policy in ensuring staff received regular support and supervision. Supervision records confirmed not all staff were not receiving one to one supervision sessions as stipulated by the provider's policy.

The provider did not ensure staff were provided with appropriate training and supervision to provide effective care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the registered manager about the lack of training and regular supervision. They told us moving forward they would ensure staff were provided with sufficient training and supervision.
- Following the inspection, the provider emailed us a list of training staff were booked onto and we confirmed this with the training company.

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

- The provider assessed people's needs before they started staying at the service. Assessment records contained information about people's healthcare needs and abilities, preferred routine, the support they required, and the frequency of their respite breaks.
- Relatives told us staff met people's needs. Relatives' comments included, "[Staff] meet [person's] needs and the support is well catered for. They know [person] well and gets good care" and "[Staff] look after [person] well. I have no worries about [person's] care."

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

- People were appropriately supported with their dietary needs. People's dietary needs were recorded in their care plans and staff were provided with sufficient information in relation to their allergies, needs, likes and dislikes.
- One person told us they liked the food and they were able to choose what they wanted to eat and drink. They further said, "I prefer [staff member's] cooking, chicken wings."
- Relatives told us people's dietary needs were met by staff. A relative said, "[Staff] let [person] choose what [they] want for dinner. [Person] has never complained about the food."
- Staff knew people's dietary needs and how to meet them effectively. A staff member said, "[Person] is at risk of choking, we make sure [person] has soft consistency food. Supervise [them] as [person] eats too fast and that can choke [person]."

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

- Staff told us there was good team work and they worked well with other agencies such as staff from the other services people accessed and social workers to meet people's individualised care needs in a timely way. Records of communication and correspondence confirmed this.
- Staff followed recommendations made by healthcare professionals to support people to live healthier lives.
- A person who lived at the service on a permanent basis was supported by staff to access ongoing healthcare services such as GP, speech and language therapy, dentist, optician. Care records contained details of their health appointments and the outcome.
- This person's care records contained contact details of medical professionals involved in their care. They also had a hospital passport which contained key information about them should they be admitted to hospital.

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

- The service was designed and adapted to meet people's mobility needs.
- People were seen accessing their bedrooms comfortably.
- Communal areas included a large accessible garden, living room and dining areas with homely décor. The service also had a 'chill-out space' people could use to relax.
- The health and safety manager told us they had redecorated first floor bathrooms and were in the process of redecorating the ground floor wet room.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always receive person-centred care, they did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not ensure there were systems in place to enable staff to make best interest decisions on people's behalf, did not ensure people were always supported by suitably trained and appropriately vetted staff and the risks to their safety were not always identified and mitigated. This had an impact on the ability of staff to act in caring ways.
- Relatives told us staff treated people with compassion. Their comments included, "All [staff] are very nice and caring. The service has been very beneficial for [person]", "Staff are friendly, [person] likes them, have a great rapport with [person]" and "Staff persevere with [person]."
- Staff were knowledgeable about providing an equitable service. One staff member told us, "Every single person is an individual. When I plan activities, I take into consideration their individual interests, abilities, behavioural needs. I promote choices to people."
- Staff spoke about people in a caring way and respected people's diversity. One staff member said, "Include people with the rest of the group despite of differences such as different dietary needs, respecting people's diverse needs and not excluding them."
- Staff told us they would support lesbian, gay, bisexual and transgender (LGBT) people with their individual needs. One staff member said, "I would support [LGBT] with their needs. I would treat them as an individual and would not discriminate."
- However, people's care plans did not always record needs in relation to their protected characteristics including sexual orientation, gender expression, religion and culture.
- We spoke to the registered manager about this. They told us they would review people's care plans to ensure their protected characteristics and needs in relation to them were recorded.

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

- People were encouraged to participate in planning their care and relatives were involved where necessary in the care planning process. Records and relatives confirmed this.
- Staff involved people and their relatives in preparing their bedrooms when they stayed for respite breaks. For example, staff asked relatives to bring people's personal belongings from their homes that made people's short term stay as comfortable and pleasant as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff generally provided care in a dignified way.

- Relatives told us staff were respectful towards people and their needs.
- Staff demonstrated a good understanding of respecting people's privacy. One staff member said, "If one of [people using the service] have a seizure, we would take other [people] out of the room to give the [person] having a seizure some privacy."
- Staff were knowledgeable about providing care in a dignified way. One staff member commented, "We close the curtains and doors when providing personal care. We don't rush [people], support them at their pace."
- Staff told us they supported people to learn independent living skills and remain as independent as possible. People's goals in relation to their independent skills and daily living activities were recorded in their care plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's personal needs were not always met.

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

- The provider lacked consistent systems to ensure people received personalised care. Although people's care plans were detailed they did not provide enough information to staff to meet people's personal needs.
- People's care plans contained information about their needs, abilities and the support they required in relation to their healthcare needs including mobility, dietary, continence, personal hygiene, accessing the community.
- The provider had developed 'about me' document to capture their background history, likes and dislikes, and preferred routines to enable staff to meet their personal needs.
- However, we found people's care plans did not always include enough information about their communication and behavioural needs. For example, the care plans did not state the actions staff were required to take to positively respond to people's behaviour that challenged the service.
- Staff did not always use positive support methods to respond to people's behaviours that challenged the service.
- For example, we saw staff continuously said no to the person when they tried to either walk to other rooms and when they tried to access daily record books instead of using positive ways to engage with them as described in the person's care plan.
- This showed people did not always receive personalised care that met their needs as staff were not given enough information about people's personal needs and preferences.

The above evidence was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider told us they would update and review all the care plans to ensure they reflected people's personal needs and instructs staff on how to provider personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans had pictorial images to make it easy for them to follow their care plan. The provider

identified people's preferred communication methods.

- Some staff demonstrated a better understanding of people's preferred communication methods than others. One staff member said, "[Person] uses sign language that is made by [them] that we follow to meet [their] personal needs." However, we found this was not consistent across the service.
- We discussed this with the provider and they told us they would train their staff to enable them to communicate effectively people and as per people's preferred communication methods.

End of life care and support

- The provider did not have an end of life care policy and systems to enable staff to explore people's choices in relation to end of life care. Where people had disclosed their wishes in relation to their end of life care and funeral, these were not recorded in people's care plans.
- Staff had not been trained in supporting people with end of life care and palliative care needs.
- However, currently, the service was not supporting people with end of life care and palliative care needs.

We recommend the provider seek and implement current guidance on end of life care planning and relevant staff training.

- Following the inspection, the provider sent us their newly developed an end of life care policy. This policy informed staff about the actions they were required to take to support people with end of life and palliative care needs.

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

- People were supported to engage with other people staying at the service and to access a range of group and individual activities at the day centre which was located on the same site as the service. Records confirmed this.
- During the inspection, we observed people going to the day centre and interacting with other people who accessed the day centre. One person told us they liked going to the day centre and gardening.
- People were encouraged to maintain relationships with people who were important to them such as relatives. A staff member told us a person who lived at the service on a permanent basis enjoyed spending time with their relative and the relative visited them frequently. Their care plan confirmed this.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and raise a concern. However, no one had made a complaint. A relative commented, "No never made any complaints. Usually anything I have ever raised [the management] have sorted it straightaway."
- The provider had systems in place to record, act and learn from complaints. However, the service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not demonstrate a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this meant the service did not always meet the legal requirements.
- Staff were not always clear about the standards of care set by the provider and this led to people not always receiving care as per the provider's set standards.
- The provider's systems to support staff in their roles were not effective because our findings and staff feedback showed there were no regular staff meetings, one to one supervision and training.
- The governance systems in place were not effective in identifying issues and improvement areas and addressing them in a timely manner.
- There was a lack of internal auditing systems in relation to the management of the regulated activity.
- We found several gaps in the documentation related to people's care, and staff recruitment, training and supervision. The observation checks did not identify inconsistencies in person-centred care practices. There was a lack of effective systems to learn when things went wrong.

The were lack of effective audit systems to ensure the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us an improvement action plan that stated how and by when they would address all the issues that were identified during this inspection.
- The provider also emailed us a list of actions they had already taken to address the concerns. For example, they told us they had removed the camera monitor from the person's bedroom and reminded all staff to carry out night checks and not to sleep in the person's bedroom.

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

- The provider did not have robust systems to engage with people, relatives and staff to continuously learn and improve their care delivery.
- The provider sought people and their relatives' feedback about the quality of the service. However, the

provider did not analyse and evaluate people and relatives' feedback. This meant the themes and trends were not identified or responded to.

- There were no clear systems in place to seek feedback from staff about the quality of the management, and to invite their views and opinions on how to improve the service.
- This showed the provider's quality assurance systems were not effective in driving improvement.

The provider did not have effective systems in place to continuously learn and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed some of the completed feedback forms that showed people and their relatives were generally happy with the service.
- Following the inspection, the provider told us moving forward they would analyse the feedback and create an action plan to improve people's experiences.

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 provider knew their responsibilities in relation to the duty of candour. They liaised with the relatives and relevant external parties to ensure they were well informed in relation to any complaints and incidents.

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

- Relatives were happy with the service. Their comments included, "[Registered manager] is lovely and helpful", "[Registered manager] is very efficient, runs the place very well. It is like home from home" and "[The service] is great, all I have to say is good things about the service."
- All relatives we spoke with told us they would recommend the service to others. They further said the service had made positive difference to their relatives' and their lives.
- Staff told us they liked working for the provider and generally felt supported by the registered manager and the director.
- Staff were encouraged by the management to work closely with people and their relatives to identify ways of supporting people to ensure they achieved good outcomes for people.
- For example, the service was supporting a person and their relatives with the person's application for an advanced college placement. This placement was very important for the person and their continuous personal development.

Working in partnership with others

- The provider worked in partnership with community organisations, local authorities and other healthcare professionals to improve people's physical and emotional wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure the care and treatment of service users was provided with the consent of relevant people.</p> <p>Regulation 11(1)(3)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to ensure people received care in a consistently safe way. This included failure to assessing the risks to the health and safety of service users of receiving the care or treatment, doing all that is practicable to mitigate any such risks, ensuring that persons providing care or treatment to service users have the competence, skills and experience to do so safely, the proper and safe management of medicines and controlling the spread of, infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)(h)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not ensure staff received appropriate and necessary training and supervision to enable them to do their jobs effectively.</p> |

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. People's care plans were not personalised.</p> <p>Regulation 9 (1)(a)(b)(c)(2)(3)(b)(d)</p> |

The enforcement action we took:

We served the provider with a Warning Notice.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems including to assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user; maintain securely such other records as are necessary in relation to persons employed in the carrying on of the regulated activity and the management of the regulated activity, and seek and act on feedback from service users, their relatives and the staff.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(e)</p> |

The enforcement action we took:

We served the provider with a Warning Notice.