

Millennium Care Limited

Millenium Care Limited - 1 Old Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Millenium Care – 1 Old Park is a residential care home providing accommodation and personal care to ten people who have a learning disability and/or autistic spectrum condition.

People's experience of using this service:

People living in this home were settled and happy. They had mostly lived in the home for a long time and knew each other and staff very well. They had good support with their health needs.

The provider had made significant improvements in all areas since the last inspection. However, medicines were still not always being managed safely and infection control practices were not sufficient to protect people from the risk of infection in the home.

Staff knew people's needs and preferences and behaved in a caring way towards them. Most relatives were happy with the support that people had in the home. The service provided people with support for their leisure and religious needs. People told us they enjoyed going out and got on well with each other and with staff.

Staff said they felt supported and enjoyed their work. They had regular supervision and training.

The provider had improved the management of the home since our last inspection. There were more effective audits taking place and the management team had worked hard to implement improvements.

The service worked well with other professionals since the last inspection and were following guidance from occupational and speech and language therapists which had improved the safety of the service for people with physical disability and those with eating and drinking difficulties. These people were now receiving a better standard of care.

Rating at last inspection: Inadequate. The last inspection report was published on 5 February 2019.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: At the last inspection we found eight breaches of legal requirements. We served three warning notices on the provider for breaches of fundamental standards. We also issued five requirement notices. At this inspection we found one continued breach of legal requirements as infection control in the home was not satisfactory. The other legal requirements were now being met. This was evidence of significant improvements.

We have made one requirement notice about infection control and two recommendation about keeping records of food eaten by each person so the provider can be assured that people's varying medical and religious dietary needs were being fully met and about following best practice with medicines given covertly.

The service is no longer inadequate. It now meets most of the characteristics for a service which requires improvement.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

For more details, please see the full report which is on the CQC website at 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 caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well led findings below.

Requires Improvement ●

Millenium Care Limited - 1 Old Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and one pharmacist inspector over two days.

Service and service type:

Millenium Care – 1 Old Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. This home can accommodate up to ten people in one building.

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:

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We considered feedback received about this service since the last inspection.

During the inspection we spoke with four people living in the home and met five other people. As some people were not able to speak with us, we spent time observing people's day including interactions between them and six different staff members and their experience at four mealtimes. We met with one relative of a person living in the home and spoke with four other relatives by telephone. We met with two operational managers, the registered manager, deputy manager and four support workers.

We looked at ten people's health and care records. We reviewed nine people's medicine administration records and we observed staff helping people to take their medicines. We looked at health and safety, quality assurance records, staff training, supervision and recruitment files, food records and the service improvement plans. We also looked at records of complaints, accidents and incidents.

We also spoke to two representatives of the local authority to seek their views on the quality of service provided in this home.

Is the service safe?

Our findings

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

RI: 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. Regulations were not met.

Assessing risk, safety monitoring and management

- Risks were assessed and steps were in place to minimise risks to people's safety in their individual risk assessments.
- The provider had complied with a warning notice we served after the last inspection about the safety and condition of the building. They had improved hygiene and maintenance, replaced mattresses, bedding, chairs and refurbished a bathroom.
- There were some errors in some care plans which could affect people's safety. One person's care plan stated that they were allergic to penicillin which was not the case. Another person's care plan stated that they could eat Weetabix when they were allergic to wheat products. This had not had an impact on the people's care. Staff knew the person who was unable to eat wheat products had their own cereals which were wheat and gluten free. The registered manager agreed to check care plans and correct any errors that could impact on people's health and safety.
- Staff recorded people's bowel movements for those who needed this monitoring for them. Two people had not had a record of a bowel movement for 8 and 9 days respectively which would be a serious health risk. The registered manager said this was an administrative error on the part of staff. Not keeping accurate records left people a risk of unsafe care.
- A relative had raised a concern with the registered manager that two doors in the home did not comply with fire safety standards. We checked and found this to be the case. Once we raised this, the registered manager acted to ensure doors met fire safety requirements. This was confirmed after the inspection by the registered manager sending us written confirmation.

Preventing and controlling infection

- The home looked clean throughout and general cleanliness had improved since the last inspection. However, infection control requirements were not met despite this being a breach of regulation at the last inspection. When we arrived on the first day of the inspection there was no soap or hand towels in the bathrooms nor in people's bedrooms. This meant that people were using the toilet without being able to wash their hands. This was the same finding as at our last inspection. Staff put new soap and kitchen roll for drying hands in bathrooms when we raised this concern and on the second day of the inspection we found soap in place at all sinks.
- Although staff washed their hands before preparing food they did not use personal protective equipment

in the kitchen or when serving food. The registered manager gave us an action plan in response to our warning notice which stated that, "It is the company practice to not use gloves or plastic aprons in the kitchen even though kitchen is part regulated environment in the eyes of CQC and they will view it as breaking a regulation and good practice."

- The home's Safer Food Better Business records stated that staff used personal protective equipment (gloves, aprons and hats) when cooking for people but this was not the case in practice. Although gloves are not a requirement in a small care home kitchen, staff are required to use aprons and tie hair back when serving food which they did not do.

The above was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The management of people's medicines had improved since the last inspection but there were some areas of concern.

- Staff did not record allergies to medicines on the Medicines Administration Records (MAR). This meant there was a risk a person could be given a medicine they were allergic to and could come to harm.

- There was no process to receive and act on medicines alerts from the Medicines and Healthcare products Regulatory Agency. The registered manager said they would ensure the provider signed up to receive these alerts.

- Some people at the home were given medicines covertly where a medicine was disguised in food or drink. However, the staff were not clear if people were given medicines covertly or mixed with food and drink to help them swallow it. Therefore alternative options such as liquid medicines had not been considered. Also, family members of people were not always consulted when people were given medicines covertly as part of a best interest decision process. The registered manager had made a record that taking covert medicines was in each person's best interests without consultation. The guidance from the GP and pharmacist was not person or medicine specific so good practice guidelines on covert medicines were not being followed.

We recommend the provider should review its policy for medicines being given covertly in accordance with good practice (NICE guidelines).

- During our previous inspection we found the provider did not have guidance in place for when required and epilepsy medicines. At this inspection we saw evidence that there was guidance in place for staff to give people their 'when required' and medicines prescribed for epilepsy consistently.

- There was a system in place for ordering, administering and storing medicines. The service did not have facility for controlled drugs but the registered manager purchased this before the second day of the inspection so that the facility was there in case a person was prescribed a controlled drug.

- Medicines were appropriately labelled. Liquid medicines had been labelled with the date opened so staff would know their shelf life. Oxygen was stored appropriately with necessary signage.

- Staff were trained and assessed as competent to administer medicines. Medicines were given by staff and recorded on MAR appropriately.

- At our previous inspection in October 2018 we found staff did not have information on which part of a person's body to apply prescribed creams. During this inspection we saw that there were separate charts in place to help staff apply prescribed creams to areas of the body.

- There were concerns found at our last inspection about the safe and hygienic management of oxygen for a person who was oxygen dependent. There had been improvements in that the oxygen and tubing were now stored more hygienically and staff were monitoring the oxygen frequently and making records of their checks to ensure it was safe and the person was using it correctly as prescribed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from risk of abuse and staff were trained to spot signs of abuse and knew how to report any safeguarding concerns.

- There were no safeguarding concerns at the time of this inspection.

- The registered manager advised that the provider did not manage the money of anyone living in the home other than money provided by their appointee. Records were kept of expenditure. We checked a selection of receipts for one person and saw detailed records had been kept. They spent most of their money on meals out which was described in the records as "outing." We advised the registered manager that financial records should be clear about what money was spent on and they said they would record meals out from then on.

Staffing and recruitment

- Staffing levels were adequate to meet people's needs. Staff worked as a team to ensure people's needs were met and had their own areas of responsibility such as daytime activities planning and health monitoring. Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps prevent the employment of staff who may be unsuitable to work with people who use care services.

- The provider operated a recruitment procedure which included references from previous employment.

Learning lessons when things go wrong

- The operations manager told us that they always ensured a debriefing session took place with staff after an incident and changes would be made to try and prevent a similar incident from happening again.

- The registered manager said that as result of the last inspection they had learned and improved maintenance of the building including keeping spare toilet seats as these were regularly broken. They also said that they had ensured staff improved their knowledge of safeguarding issues.

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

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

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

- The service had assessed people's needs regularly. The assessments were not detailed in that for personal care some stated, 'full support needed' without specifying what the person could do for themselves. For two people it was recorded that they had 'no skills.' There were no individualised programmes to teach people independence or communication skills. When we discussed this with the registered manager they could tell us what skills each person had in household tasks and personal care, but these were not recorded.

- Staff had a good knowledge of each person's abilities and preferences.

Staff support: induction, training, skills and experience

- Staff completed suitable training for their role. They had attended training in active support and person-centred planning since the last inspection which the service was planning to implement in the future.

- Staff had regular supervision and appraisals and told us they felt well supported by the registered manager.

- Staff had completed training in safe eating following concerns found at the last inspection. We saw that staff had understood the training and were now following good practice in this area.

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

- People enjoyed their meals which were freshly prepared by staff. Staff supported people at mealtimes. People ate in two separate sittings so that the mealtime was not too noisy and crowded. Most people had been assessed by speech and language therapists (SALT) for issues with eating and drinking since we raised concerns at the last inspection about the way staff were supporting some people to eat. We saw that staff were familiar with new written guidelines from the SALT for each person and they gave people good support to eat and drink safely in accordance with the professionals' guidance.

- We were unable to confirm that people were eating the right foods to meet their medical and religious dietary requirements as the service had stopped recording the meals people were served in detail in February 2019. At the mealtimes we observed people were given appropriate foods at the recommended consistency. Two people had food allergies, one had religious dietary restrictions and the majority had foods of a specific consistency due to risk of choking. Breakfast was recorded as cereal and toast but did not detail what each person had. One person was not able to eat foods containing wheat and two were not able

to eat bread but it was not possible to check what they had eaten. Records indicated that one person had been served pork products against their religious requirements on three occasions in February 2019. The registered manager said this would not have happened and was a recording error. They told us that they and the deputy manager regularly observed mealtimes to ensure people were supported properly and given suitable meals but there was no record of these checks.

We recommend that the service record all meals eaten as a way for the service to be assured that people are always served food that meets their medical, cultural and religious needs.

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

- The service worked with healthcare professionals such as occupational therapists and speech and language therapists to ensure people's needs were met. They also had specialist advice and support from the local authority who had visited regularly since the last inspection.

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

- The building was not fully accessible but there were three ground floor bedrooms for people who had a need for ground floor accommodation. Since the last inspection the service had fitted an extra handrail on the stairs to assist a person with visual impairment to use the stairs safely. The provider had refurbished a ground floor shower room since the last inspection to better meet people's needs.

- People told us they were happy with their rooms. The condition of bedrooms had been a concern at the last inspection. The provider had replaced mattresses, chairs and bedding where needed since the last inspection. We found all beds and bedding to be clean. The provider had fitted covers to radiators since the last inspection to reduce the risks of scalding. Two people did not have their bedroom radiator covered, one of whom had epilepsy so we informed the registered manager who said that this would be resolved quickly. After the inspection they advised us that this work had been completed.

- People could spend their time in the lounge or dining room or their own room. One person told us they liked to listen to the radio in their bedroom during the day and another person said they liked to watch television in their room. There was also a large garden for people to use. One person told us that they were growing vegetables.

- Staff had been trained in using a hoist to help one person move around. We saw that the person's hoist slings were being stored safely and were dried so that they were safe and comfortable to use.

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

- Staff supported people to see healthcare professionals when they were ill. Records were kept of the outcome of appointments with healthcare professionals.

- Relatives told us that usually staff acted promptly and informed the family when the person was unwell. There had been one exception where staff had not informed a family that they were taking a person to hospital. Hospital passport and health action plans detailed people's health needs.

- One staff member was appointed as 'health service manager' and had responsibility for liaising with healthcare professionals.

- Two people's records stated that they had food allergies. At the last inspection we found that there was insufficient information about signs and symptoms staff should look out for and what action they should

take if the person ate a food they were allergic to. This time there was a list of generic symptoms that could result from eating those foods. The registered manager explained that the two people had never eaten the foods they were allergic to in the home so the service was not aware of what their specific symptoms might be. Staff would therefore look out for the generic symptoms.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Seven people living in the home had a DoLS in place. The registered manager kept a clear record of the dates that these expired and informed the local authorities in good time for these to be reviewed. Two had expired but we saw that the registered manager had informed the local authority.

- We observed that people had choices and staff respected their decisions if they then changed their mind, for example about going out or what they wanted to eat for lunch.

- Staff asked people for their consent throughout the day and told people what they would like them to do. Examples of this included asking people if they were willing to wear a protective apron at mealtimes or asking them whether they would like to go to another room. Best interests decisions are decisions made in a person's best interests where they lack capacity to make a decision for themselves. The best interest decisions about giving people medicines covertly were not done in accordance with the MCA. This is addressed in the Safe section of this report. There were other best interest decisions in place regarding medical treatment which were carried out correctly and included the views of people involved in the person's care.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff interact positively with people throughout the two days of our inspection and people told us they liked staff. Two people told us the best thing about this home as that they liked the people.
- The registered manager and deputy manager were good role models for less experienced staff in communicating calmly and positively with people.
- The service held birthday parties for people if they wanted a party and one person told us they had received presents and a birthday cake at their recent birthday.
- The service supported people with their relationships. Relatives could visit the home any time. One relative told us they visited unannounced at different times of the day or evening and always felt welcome. Staff had helped one person buy a gift for their mother and supported them to phone her at agreed times. One person liked to socialise with people from the provider's other local care home and said that they could see their friends from that home regularly during the week.
- Relatives said that they thought staff were caring. One relative said; "All the staff that I have meet all seem very caring & interested in [...]s wellbeing." Other relatives said that people were very settled and happy in the home and had strong relationships with each other and with staff.
- Two relatives told us that although their relative in the home liked spending time with family they were also happy to return to the home.
- It was not clear whether people's needs in the areas of sexuality and religion were met as the details in the care plans on how to meet those needs was vague for some people. The registered manager said that this would improve with the new proposed care planning system. One person said their religious needs were met as staff supported them to go to church regularly. Another person said they didn't have any religious needs and didn't want to attend church.

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

- There was no written evidence of people being involved in their care plans despite some people being able to express their views and preferences but the registered manager said that care plans had been discussed with some people. When we asked one person they said they felt fully involved in planning their care and that they had been asked for their views. The registered manager said that people's views would be expressed in the new care plan format. We saw evidence that a relative had been involved in care planning

for another person who was not able to express their views.

- People could make choices and decisions about day to day matters such as whether to go out on a planned group activity, what time to eat their meals, what to wear and whether to have a shower.
- People were comfortable with staff and staff knew them well so could interpret their behaviour as a form of communication.

Respecting and promoting people's privacy, dignity and independence

- People had privacy in their bedrooms and could spend as much time there as they wished. We saw staff treat people in a way that respected their dignity. This included being discreet when they supported a person to go to the toilet or change wet clothes.
- One person told us they were supported to be as independent as they wanted to be. They said, "I wash the dishes and put them away." We saw this person helped in the kitchen and were improving their cooking skills by cooking with staff support which they really enjoyed. They also made drinks for other people who were not able to do this for themselves. They told us they liked being able to be more independent and help other people.

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan setting out their needs. These were not accessible care plans involving the person but care plans had improved since the last inspection and there were intentions to make care plans person-centred. The registered manager had attended training in person-centred care since the last inspection.
- We saw that one person had a pictorial choice board but we did not see staff use it to enable the person to make choices so their choice was limited to saying no to what was offered rather than choice between two things such as meals and activities or asking for things they could not see.
- Two people could tell us about their weekly routine and both told us that they enjoyed living at the home and that staff supported them to go out and do things they liked. One person said they liked to go out for a meal on Sundays and said, "I like going to the old pub." Staff supported them to go to the pub when they asked. This was happening regularly. One person told us, "I go to the nail shop" which they liked. Another person said they liked to go to the day centre to do art activities, garden centre and to go to the local shop every day to get a newspaper for the home. They told us they were happy with the range of activities offered to them and said there was "not really anything" that could be improved for them. People could go out every day if they chose. Staff supported a group from this and the provider's other local home to go to a gardening project or day centre each day. Those who didn't go on the organised activity could go to local shops, cafes and a park for a walk. Some people attended a local Gateway club for people with a learning disability.
- The service supported people to go on holiday each year with residents of another of the provider's care homes. They had planned a caravan holiday for 2019. One person told us they were really looking forward to the holiday.
- Professionals and relatives told us that they had seen people were going out regularly. We saw that where a person did not want to go out on a planned trip that their choice was respected and they spent time in their room which was their decision.
- Visiting professionals' feedback was that there was a lack of activities taking place in the home for those who didn't go out. We also noted that no activities took place in the home for people who did not go out during the two days we visited. One person in the home told us that they cooked with a staff member on Fridays. We saw photographic guidelines for this activity which included going out to buy the ingredients as well as baking. This was a well planned positive activity. The person said they really enjoyed cooking.

- Positive behaviour support plans lacked detail about addressing the cause of behaviours which challenged the service. There was one plan of an excellent standard written by a local authority professional which could have been used as an example for other plans. The registered manager said that the staff were working with a professional with one person to introduce a new positive behaviour support plan.

- People who were able to talk to us told us they liked living in this home and were happy with the care. They said they liked staff and named their favourite staff. They said staff helped them to do things that they wanted.

Improving care quality in response to complaints or concerns

- The provider had a written complaints procedure and an easy read version though the registered manager said none of the people in the home would be able to understand it. One person told us they would feel comfortable telling staff or the registered manager if they were not happy and thought that their problem would be addressed.

- Relatives told us they knew how to complain. The procedure was clear with timescales by which people should expect a response. One relative said that the registered manager and staff team listened to their views and suggestions and always acted if they had a concern to resolve it to their satisfaction. They told us, "I couldn't be happier." Another relative had raised a concern with the registered manager which had not been acted on until we asked the registered manager to address the issue. They then resolved the concern.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was making improvements to make the care more person-centred. Staff were positive about wanting to meet people's needs and told us they enjoyed their jobs.

- The registered manager and deputy manager understood the duty of candour. They apologised where mistakes were made and were open about where improvements were needed.

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

- The registered manager and staff team were clear about their roles and individual responsibilities.

- The registered manager understood regulatory requirements and had worked hard over a period of six months to make improvements in all areas of the service so that the service is no longer rated as inadequate. They had complied with the warning notice we served in respect of poor governance of the home and a warning notice about the building. They had also made significant improvements in the safety of the service, safe care and respecting people's dignity.

- Quality monitoring systems had improved since the last inspection and the management team carried out regular checks in the home. They carried out monthly infection control audits, medicines audits and audits of staff and people files. The provider arranged for a person external to the home to carry out monthly and quarterly audits of the service. We saw that action in response to findings of audits was carried out which was an improvement from the findings at our last inspection.

- The mealtime experience had been significantly improved with professional guidance so that people were supported to be safe when eating and had enough food and drink and choices in what to eat. However, there was still no documented oversight of mealtimes and the service had stopped keeping detailed records of people's meals so there was no written evidence that people always had food appropriate for their individual needs.

- The provider had employed a new compliance officer who had spent three weeks at the home supporting improvements.

- The management structure was clear. The registered manager was supported by an operational manager. Staff knew to report any concerns directly to the registered manager or deputy manager. There was a 24 hour on call system for staff to use if they needed advice or help.
- The registered manager and deputy worked in two homes but said that the workload was manageable.

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

- People and their families were generally happy with their care.
- The provider sent quality monitoring surveys to people in the home, their relatives, staff and professionals in February 2019. We saw these and saw that no concerns about the quality of the service had been raised. There were regular residents' meetings where people were consulted about issues affecting them such as activities, the menu and holidays.
- Relatives said that the provider did not share the last inspection report with them which we expect providers to do.

Continuous learning and improving care

- The provider and registered manager were continuously making improvements and showed willingness to learn and improve. The service had an improvement plan and also made changes on the advice of local authorities responsible for the care of people living in the home. The provider had complied with seven of the eight regulations breached at the last inspection which was evidence of a commitment to improving the quality of care.

Working in partnership with others

- The service worked in partnership with healthcare professionals. Relatives also said that they felt consulted and listened to when they had a view on how staff should work with people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not take action to reduce the risk of infection in the home due to a lack of suitable handwashing facilities and failure to use personal protective equipment when serving food.