

Elegant Care Services Limited

Elegant Care Services

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Elegant Care Services is a domiciliary care agency. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. The service provides support to people with dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment, as well as younger adults, older people and children aged 13-18 years.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 8 people were receiving support with personal care.

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

Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support good practice and needed improving.

The service did not always work with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff did not demonstrate they had the knowledge and understanding they did everything they could to avoid restraining people.

The service did not always manage incidents affecting people's safety well because provider did not investigate incidents to ensure lessons were learned. The managers did not review or monitor the use of restrictions to look for ways to reduce them.

Staff supported people with their medicines to promote their independence. However, other aspects of medicine management such as record keeping, review of medication usage and checks needed improvement.

The provider needed to ensure safe recruitment procedures and better records for checks, so people were

supported by safely recruited staff.

Staff communicated with people in ways that met their needs. Staff helped people focus on what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

Staff enabled people to access specialist health and social care support. Staff supported people to play an active role in maintaining their own health and well-being.

People had a choice about their living environment and were able to personalise their rooms.

Right Care:

The provider and the registered manager did not always ensure that actions were consistently taken to reduce assessed risks to people's personal safety. Not all staff had the right knowledge to encourage and enable people to take positive risks.

The provider needed to review how staff's training needs and skills were managed in order to meet people's specific needs.

The provider needed to make improvements to how they assessed and clearly recorded capacity assessments and any best interest decisions for people.

The provider needed to make improvements to ensure they followed current guidance and legal framework regarding people's liberty deprivation, seeking consent and keeping associated records.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them and understood their individual communication needs. Staff spoke to people politely giving them time to respond and express their wishes.

Right Culture:

The provider did not always follow their quality assurance policy effectively to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.

The provider did not always maintain accurate and complete records relating to people's care and service management.

The provider did not follow the current best practice guidance regarding support agreements to ensure their rights, choice and independence.

The service worked together with staff and stakeholders to them to help improve the service. However, people's and relatives' involvement and contributions to the service needed improvement. This would ensure people's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff knew people and were supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care.

Staff turnover was stable, which supported people to receive more consistent care from staff who knew them well. People were supported by staff who understood their different range of needs or sensitivities.

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

Rating at last inspection and update

The last rating for this service was outstanding (published 20 March 2019).

Why we inspected

We received concerns in relation to people's safety from abuse, risk and incident management and support to people, staff recruitment, training and support, and closed cultures. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to risk and incident review and management; medicines; assessing, reviewing and recording mental capacity assessments, consent forms; quality assurance and record-keeping at this inspection. We have made recommendations about ongoing staff and senior staff training monitoring and to reflect the latest best practice guidelines; keeping accurate records for recruitment checks. 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.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elegant Care Services

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 and a senior specialist. Another inspector made phone calls to staff to gather their feedback. An Expert by Experience made phone calls to relatives of the people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency and is registered to provide personal care to people living in their own houses or flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. They supported us during the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection to be sure that the registered manager would be in the

office to support the inspection. We visited the location's office on 13 and 15 November 2023. We visited 3 supported living settings on 15 November 2023 to meet the people using the service.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority and professionals who work with the service. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the clinical director, 2 assistant psychologists and 12 staff working at the service. We spoke with 5 people using the service. We spoke to the nominated individual as part of the feedback session at the end of the second day of inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including people's care and support records and other associated records. We also looked at a variety of records relating to the management of the service, including recruitment information, quality assurance, medicine records, training and policies and procedures. After the inspection, we looked at further information such as training data, recruitment, incidents/accidents, further records of care and support, policies and other service management records sent to us after the inspection. We spoke to 6 relatives of people using the service. We sought feedback from the local authority and professionals who work with the service and received 4 responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- The registered manager did not ensure clear and effective risk assessment and mitigation was in place regarding restrictive practices and related incidents.
- From the records, we identified 3 people were occasionally restrained by 3 staff or needed some restrictive practices during the incident.
- The support plans and supporting documents provided some information people needed some sort of intervention including restrictive practices, for example, holding the person on both sides or hands/arms. However, support plans did not include clear guidance for staff in what circumstances people should be restrained or use restrictive practices, for how long, action to take after such events and when medication could be used as the last resort to ensure staff were not using force or restrictions that were not approved or not lawful.
- Staff told us they did not use any restraint, however records indicated occasions with physical contact between staff and people. Although staff understood people were vulnerable, they did not show they fully understood and had knowledge of restrictive practices they were using. The staff told us how they kept people safe, however their management of incidents and associated risks could put people at risk of harm.
- There was no evidence that any instances of restraint or restrictive practices resulted in debriefing for the staff involved or for any other people who may have witnessed it.
- The evidence provided did not support any further analysis or review that would help create better strategies for staff to support people and intervene earlier, rather than when people were already stressed, upset and/or anxious.
- The provider was not able to evidence they had an effective system to investigate and analyse incidents. This is important to help ensure that remedial actions can be taken to prevent similar incidents from happening again.
- Where incidents had occurred, people's risk assessments, management plans and planned physical interventions were not always reviewed and updated to mitigate the risks of the incident recurring. For example, incident records noted one person engaged in self-harming, however there was no mention of this in the person's risk assessment or support plan, and how to support them.

The registered person did not consistently assess risks and mitigate to the health and safety of people. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider informed us they have revised the incident form to ensure details of such events were fully captured and used to review the incident and risk management.

Using medicines safely

- People received their medicines in a way that was not always safe.
- People were supported by staff to receive and store their medicine. However, this process did not always follow the provider's policy and current best practice guidance.
- People were prescribed 'when required' (PRN) medicines to help them manage different conditions. However, the protocols did not always contain personalised information about the person and how each PRN medicine should be used and managed safely for each condition or ailment.
- When PRN medication was given, the staff did not always record the rationale and outcome for the administration.
- The provider had a policy to ensure if people displayed their stress or anxiety, this was not controlled by excessive and inappropriate use of medicines. However, one person's records indicated they were routinely administered PRN medication to calm them. There was no evidence professional advice had been sought to reduce this, or further plans in place to guide staff on techniques to try to reduce the person's distress prior to administering PRN sedative medicines.
- One person had a specific PRN medicine to help them manage their condition. The medicine was to be administered in a certain way, but the staff had not been trained or assessed as competent to complete this task. This placed the person at risk of receiving PRN medicine unsafely.
- Providers must not allow staff to manage or administer medicines before they complete the training and assessment of their competence. Staff had completed competency assessments however not all staff completed training in theory of medicine management.
- This practice and oversight did not support safe management of medicine and could put people at risk of not receiving their medicine correctly.

The medicine management was not robust enough to demonstrate medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider and the registered manager used their recruitment and selection procedures to ensure people were supported by staff of good character, suitable for their role with appropriate experience.
- Staff files did not always contain required information to demonstrate safety checks had been completed. For 5 staff, missing information included evidence from previous employment regarding staff's conduct and verifying reasons for leaving, and gaps in employment.
- We raised this with the registered manager who provided further information that they had sought the missing information to ensure discrepancies were covered.
- Not having all required recruitment information before staff started work, could put people at risk of being supported by unsuitable staff.

We recommend the provider seeks advice from a reputable source to ensure they gather and record all necessary information for recruitment purposes.

- Selection interviews were designed to establish if candidates had the appropriate attitude and values.
- Disclosure and Barring Service (DBS) checks were completed prior to staff commencing work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff felt they had enough staffing numbers and were able to do their job effectively and safely.
- Some relatives told us they wished there were more opportunities for people to get out in the local community, exercise and have a bit more stimulation at home to avoid boredom. We raised this with the

registered manager who provided information about how they supported people to maintain links with community.

- Otherwise, relatives were confident the staffing levels were adequate and consistent. Some staff had been working at the service for a while thus enabling staff and people to build up good relationships with each other.
- The registered manager told us how they had managed staffing numbers and support to the people. When needed, the registered manager and other senior staff worked as part of the staff team to ensure people received timely care.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- We spoke with 5 people. Some people who use the service were not able to tell us of their experiences verbally, so we observed their interactions with staff. Staff we observed were very kind and caring in their interactions with people and knew people's communication needs well.
- People told us, "When I have a problem I talk to the staff, they help me" and "The staff are very helpful and kind to me. I like having them around".
- Relatives were positive about the staff and the level of care they provided. Relatives felt people were safe from abuse and neglect, and also that their living environment was safe, with many commenting it was like a "home from home" for them.
- The provider had procedures and processes in place to safeguard people who use the service and report concerns to external professionals accordingly.
- The management team was working together with the local authority safeguarding team to investigate safeguarding incidents.
- Staff were able to explain how to recognise abuse and report any issues relating to people's safety. Staff were confident the management would act on any concerns reported to ensure people's safety.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff were supporting people living at the service to minimise the spread of infection and supported them to look after their homes.
- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.
- The registered manager told us how they ensured good infection prevention and control, following national guidance to ensure people's safety and clean premises.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 registered manager and the provider were not always working in line with the MCA. For example, 1 person was assessed as having capacity to make their own decisions, but their records contained an urgent Deprivation of Liberty Safeguards (DoLS) authorisation from when they first moved to the service. The authorisation was signed by a staff member which indicated they did not have the appropriate understanding of capacity and consent to ensure people's rights were protected as required by the MCA.
- Each person's records had a range of consent forms that had been signed by their relatives, even when the person had been assessed as having capacity to understand and able to make their own decisions. Relatives had also signed people's support plans, consent forms and licence agreement. There was not always evidence they were lawfully able to do that.
- The registered manager and provider did not ensure all people had appropriate capacity assessments completed when required so the staff had clear guidance on how to support them appropriately including making decisions about their life and upholding their rights to make choices.
- People did not have clear separate support agreements in place to demonstrate they agreed to Elegant Care Services providing their support.
- We discussed this with the registered manager and the clinical director to ensure improvements were made as necessary.

The registered person did not ensure the requirements about seeking and recording consent, decision making, and capacity assessments were followed and in line with legislation and guidance. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff helped people make choices and decisions, using their preferred method of communication and this was done in a respectful manner.
- Relatives told us as far as they knew, staff gave people choices, respected and supported their decisions.

Staff support: induction, training, skills and experience

- Completion of all training needed to be improved. Staff completed mandatory training as set out by the provider.
- The training matrix indicated some of the staff required to complete their training to ensure they were able to support people with different conditions such as epilepsy, mental health, restrictive practices, medication, autism, learning disabilities. In July 2022, a requirement was made under the Health and Care Act 2022 for all CQC-registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure the workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.
- The registered manager did not always check staff's knowledge and competencies regularly to ensure they followed the most current guidance to support people with various cognitive impairments and related behaviours.
- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics and how often it should be refreshed. For example, fire safety and basic life support was not completed yearly. Staff should receive appropriate and timely training, according to their role and responsibilities to enable them to support and care for people effectively and safely.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance for ongoing training for social care staff.

- Staff completed the Care Certificate as part of their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- When new staff started at the service, they had an induction that included training and a period of shadowing experienced staff.
- Staff felt they had sufficient training to support them to do their jobs. Staff felt they were supported well and could ask for further help or advice when needed.
- Relatives told us that they were happy with the level of staff training and were confident staff were able to meet the support needs of people.

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

- People's care needs were assessed initially to identify the support they required and to ensure the service could meet their individual needs.
- Support plans contained information covering people's routines, including how they liked different aspects of their care to be carried out and relevant information of their diverse needs.
- The provider also worked with people, relatives and professionals to support their transition when they started being supported by the service. For 1 person, the transition was planned over 10 months and involved tea visits, overnight stays and undertaking activities with their proposed housemates before they moved into one of the homes.
- Support plans also recorded some of the outcomes people wanted to achieve so they could live life to

their full potential and as they chose. It also described people's likes and preferences, their social interests, as well as physical and emotional needs.

- The registered manager shared some of the success stories with us describing the care and support provided to people where they were able to improve their quality of life and achieve good outcomes.

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

- People received support where needed with meals and drinks to maintain a balanced diet. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were involved in choosing their food, shopping, and planning their meals as much as possible. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Information about people's dietary needs, including any special dietary requirements had been recorded in their care files.
- Where needed, staff would monitor people's food or fluid intake and advice would be sought from a health professional if necessary.
- Relatives told us people had a choice at mealtimes and enjoyed the food they were provided with. They told us people were encouraged to choose what they wanted to eat, and they were also involved in the shopping and preparation of meals where possible.

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

- People played an active role in maintaining their own health and wellbeing.
- People had a health action plan and hospital passport in place. A health action plan tells people what they need to do to keep healthy and what services they need to live a healthy life. A hospital passport is a way of communicating to healthcare professionals about the best way to support the person during appointments.
- People told us staff helped them with managing their health and appointments when they needed that support.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in and made aware of care plans to improve people's care when needed. People were referred in a timely way to health and care professionals to support their wellbeing and help them to live healthy lives.
- Relatives agreed people's health was well looked after and staff had their best interests at heart. They told us staff responded in a timely manner if people's needs changed and informed family members of any changes or concerns.
- Professionals thought the service provided effective care to people and supported them to manage their health.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- Senior staff did not demonstrate full compliance with regulatory and legislative requirements. The provider's quality assurance system and process were not always effective.
- The concerns we found on the inspection described throughout the report, were not identified through the provider's own quality monitoring systems.
- The registered manager did not always complete regular audits to ensure the oversight of the quality of the service, risk management and staff practices.
- The registered manager did not always ensure accurate and complete records were maintained so that people and staff were protected against the risks of unsafe or inappropriate support and practice. For example, some of the incident forms were not completed fully. It was not clear what remedial actions were taken including review of incidents, risks and outcomes to prevent recurrence.
- The registered manager did not have an effective system in place to review and use the information from incidents and accidents for trends, themes and triggers, to highlight areas for improvement and to look for ways to reduce the risk of reoccurrence so it would not have a detrimental effect to people's health and wellbeing.
- The provider gathered feedback from staff and stakeholders and reviewed their responses. People's records contained monthly surveys, but with no additional comments. We did not receive any further analysis and action plan from people's and relatives' surveys to show how they used the feedback to develop the service and drive improvements.
- The lack of effective governance and oversight meant the provider was unable to promptly identify concerns that could put people at risk of harm.

The registered person did not operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- We found the registered manager did not inform us about the outcome of the applications made to the Court of Protection. They sent the notifications after the inspection. The registered manager ensured CQC were notified of other reportable events without delay.

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

- We discussed duty of candour, requirements of the regulation and what incidents were required to be notified to the CQC. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply. The intention of the duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out some specific requirements providers must follow when things go wrong with care and treatment.
- There had not been any notifiable safety incidents where duty of candour would apply.

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

- The registered manager was visible in the service, approachable and took a genuine interest in what people and other professionals had to say.
- Relatives, staff and people were positive about the registered manager and support they provided.
- The registered manager and the clinical director worked directly with people and staff. Staff felt respected, supported and valued by senior staff which helped promote respect, equality and diversity in the running of the service.
- Staff felt able to raise concerns with the registered manager or other senior staff without fear of what might happen as a result. Staff said, "All managers are approachable and good listeners. I am confident they would take action" and "Everything is very good and if I had any ideas for improvement, I would discuss with the manager".
- The registered manager said, "Staff work well together, and have good relationships. If needed, we talk together in a friendly manner... Good communication is really important to share information. People are also part of the team and important to the team. Staff are here to ensure people are safe and in a safe environment".
- Professionals agreed the provider worked together with them to ensure people received appropriate care and support and achieved good outcomes.

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

- Meetings with people were held monthly. Records showed that these covered topics such as healthy eating, infection control, activities and asked people for feedback and suggestions for the service they received. We saw that people who did not communicate verbally were supported to participate in these meetings and give feedback.
- Staff were very positive about working at the service. They said, "I feel well supported...I am passionate about my work", "We have good relationships... it is a good place to work" and "I feel well supported... it is a very rewarding job".
- The registered manager worked alongside staff to continue learning about the service and helped them observe daily practice and pick up any issues. The registered manager had an open-door policy and would welcome any feedback of how to maintain a good service.
- The management team held meetings with staff to ensure any verbal or written feedback were shared with the staff team. The meetings were used to keep staff up to date with what was going on in the service and recap topics relating to service management and people's care and support needs.
- The registered manager worked with the staff team, people and their relatives, and other professionals to ensure they were able to achieve their goals that had positive effects for people. One staff added, "It's [people's] home. It's friendly, very safe – we have a duty of care to their parents to keep them safe. If our little effort can make their lives better, it's so rewarding. It doesn't feel like work".

Working in partnership with others

- The service had established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GPs, the mental health team, other health professionals and the local authority.
- The service had good links with the local community, and they worked in partnership to help people improve their wellbeing and ensure they were involved as fully as possible.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not ensure the requirements about seeking and recording consent, decision making and capacity assessments were followed and in line with legislation and guidance.</p> <p>Regulation 11 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The registered person had not consistently assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p>

