

Venus Healthcare Homes Ltd

Lotus Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lotus Lodge is a residential care home providing accommodation and personal care. At the time of the inspection they were providing care to six people with a learning disability or who were on the autistic spectrum. The service can support up to seven people.

The service has been 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service was not always safe because medicines were not managed appropriately, and the premises were potentially dangerous. Risks to people were not always properly assessed. Quality assurance systems had failed to identify and address shortfalls within the service. Newly recruited staff did not complete the Care Certificate [a nationally recognised qualification for the care sector] and we have made a recommendation about this.

Systems were in place for responding to allegations of abuse and staff and staff had undertaken training about this. There were enough staff working at the service to meet people's needs. Pre-employment checks had been carried out to help ensure suitable staff were employed.

Pre-admission assessments were carried out to determine people's needs. Staff were supported through training and supervision. People had enough to eat and drink. The service worked with other care agencies to promote and meet people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

Staff were friendly and polite in their interactions with people and people told us staff were caring. People were supported to be as independent as possible and the service sought to meet needs around religion and ethnicity.

Care plans were in place which set out how to meet people's needs. People and relatives were involved in developing these. The service sought to meet people's communication needs and to provide information in an accessible format. A variety of social and leisure activities were offered, and people were able to maintain relationships with family and friends. Systems were in place for dealing with complaints.

There was a registered manager in place. People and staff spoke positively about them and about the working culture at the service. The provider worked with other agencies to develop knowledge and share best practice.

The service applied 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 using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 13 March 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made, and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines, the premises and equipment used risk assessments and quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lotus Lodge

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

Lotus Lodge 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.

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 the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We contacted the host local authority to seek their views about 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior support worker, two support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment 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 looked at mental capacity assessments for people and records relating to the safety of the premises. We spoke with a relative of a person who used the service by telephone.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments were in place for people. These covered areas of risk including moving and handling, falls and the physical environment. However, we found that the risk assessment for one person did not adequately set out what action should be taken by staff to mitigate the risks. Further, records showed that staff had not always taken appropriate action to promote the person's safety
- One person had diabetes and there was a risk assessment in place around this. This stated that staff were to check the person's blood glucose level once a week. However, there was no information about what the correct levels should be or what action to take if it was outside safe levels. The registered manager told us they had recently completed a training course about the safe management of diabetes. We saw evidence of this, but other staff had not completed this training.
- The registered manager told us they had learned on the course what the safe limits were for blood glucose. Records showed that the person's blood glucose levels were checked weekly. The glucose level recorded was too high on three occasions during October/November 2019. The registered manager told us if a reading was too high, the procedure was to test again after a while, and if it was still too high to contact the GP. There was no record of a second test or of the provider contacting the GP on any of the occasions when the level was recorded as too high. This meant the person was potentially at risk. The registered manager sent us an updated risk assessment about this following our inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fridge and freezer temperatures were checked and recorded daily. The recording sheet for the freezer stated that if the temperature was above -18 degrees centigrade this was to be reported to the person in charge. Records showed that the temperature was consistently below this.

- The recording sheet for the fridge temperature did not include any guidance about what temperature was too high or what action staff should take if it was too high. There was a sticker on the fridge itself that stated the maximum safe temperature for food storage in the fridge was 5 degrees centigrade. Records showed that between 1 January and 11 February 2020 the temperature had been above 5 degrees centigrade on 33 days. The registered manager told us this had not been reported to them. This meant there was a danger of food being stored above safe temperature levels which could result in it becoming contaminated and causing illness to people.
- The provider had not always taken appropriate steps to ensure the premises were safe. Within a person's bedroom there was a door that opened onto a boiler. We found this door was unlocked and inside were metal surfaces that were scalding hot to the touch. This meant people were at risk of burns or scalds. We brought this to the attention of the registered manager who locked the door.
- Checks had been carried out on the premises to test their safety, but these were not always in date. For example, the gas safety certificate stated that the next safety check was due by the 12 September 2019, five months before the inspection. This meant people were potentially living in a premises that was unsafe. After we brought this to the attention of the provider they made arrangements for a gas safety check to be carried out after our inspection.
- The registered manager and nominated individual told us the service had an in-date certificate for a safety test of electrical installations at the premises. However, this could not be located on the day of inspection and was sent to us nine days after the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that the premises and equipment used were safe. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed in a safe way. Medicines were stored in designated cabinets inside a designated medicines room. During the inspection we found the door to the medicine room unlocked and one of the cabinets inside, containing medicines, unlocked. There were no staff in the immediate vicinity. This potentially put people at risk of accessing medicines they were not prescribed.
- Medicine Administration Record charts were maintained which included details of each medicine to be administered. Staff were expected to sign these after they had given the person the medicine. We observed a member of staff sign the MAR chart before the medicine was given by another member of staff, who told us, "When we take it [medicine] out the packet we sign it [MAR chart], then we give it to [person]." This practice meant there was a possibility that MAR charts would indicate a medicine had been taken by a person, when in fact they may not actually have taken it.
- We found five instances where the space for staff to sign the MAR chart had been left blank. A member of staff on duty told us they had administered these medicines but had not signed the MAR chart, describing the omission as an 'oversight' on their part.
- MAR charts covered a four-week period. We found a completed MAR chart for one person did not include

the dates it covered. This meant there was no clear audit trail of when the medicines were given.

- People were prescribed medicines on a PRN [as required basis]. These included medicines with a tranquilising effect. The registered manager told us there were not any guidelines in place about when to administer PRN medicines. This meant it was left up to staff to determine under what circumstances it was given. This increased the potential for people to be given medicines they did not require, or not to be given medicines that were required. We discussed this with the nominated individual who phoned the GP during the inspection to arrange for PRN guidelines to be put in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had a safeguarding adult's policy which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us there had not been any allegations since our previous inspection and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults and most staff we spoke with understood their responsibilities, telling us they would report any allegations to their manager and if necessary the local authority. One staff member we spoke with was not clear about their responsibilities. We discussed this with the registered manager and nominated individual who told us they would ensure staff undertook refresher training in this area. The provider sent us confirmation of this two days after our inspection.
- The home held money on behalf of people, which was kept in a locked safe in the office. The registered manager told us the money was counted each day at shift handover and we saw records of this. However, we checked people's money and found one person had 27 pence more than records indicated. We discussed this with the nominated individual who told us they would ensure in future that the registered manager take personal responsibility for checking people's money on a daily basis.

Staffing and recruitment

- People told us there were enough staff to meet their needs. Staff also said staffing levels were adequate and that they had enough time to carry out all their required duties. We observed staff were able to respond to people in a prompt manner when they needed support.
- Checks were carried out on prospective staff before they commenced working at the service. These included proof of identity, employment references and criminal record checks. This helped to ensure that suitable staff were employed.

Preventing and controlling infection

- At the previous inspection of this service in January 2019 we found areas of the home were unclean and in a state of poor repair. During this inspection we found these issues had been addressed. The premises were visibly clean and cleaning schedules had been implemented. Records showed these were appropriately maintained.
- Policies were in place which provided guidance about infection control and staff were knowledgeable about this. They told us they wore protective clothing and we saw this to be the case.

Learning lessons when things go wrong

- The registered manager told us there had only been one significant incident since the previous inspection. We saw this had been recorded and reviewed to seek to prevent similar incidents from occurring in the

future.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to carry out mental capacity assessments to determine if people had the capacity to make decisions for themselves. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Since the previous inspection the provider had carried out mental capacity assessments with people to determine if they had the capacity to make decisions for themselves. However, the record of these assessments was not available to view at the location on the day of inspection. The registered manager sent them to us two days after the inspection.
- People told us they were able to make choices about their daily life, for example, what time they got up and went to bed. One person said, "I tell them [what I want to wear], I know what's in there [wardrobe]." Staff were aware of the importance of supporting people to make choices.
- DoLS authorisations were in place for some people. Where this was the case, the provider adhered to any conditions of the authorisation and had notified the Care Quality Commission of the authorisation, in line with their legal responsibility to do so.

Staff support: induction, training, skills and experience

- Staff undertook training to support them in their role. They told us they thought training provision was good and there were no significant gaps in their training. They also said they had regular supervision meetings with their manager. However, as noted in the safe section, only the registered manager had undertaken training about diabetes. The registered manager told us they would cascade this training to the rest of the staff in the near future. Records showed training covered safeguarding adults, medicines, moving and handling, fire safety and infection control.
- Relatives told us staff had the skills to carry out their roles. One relative said, "I do [think the staff are good]. I've no problems with them at all."
- New staff undertook an induction programme on commencing work at the service. This included on-line and classroom-based training along with shadowing experienced members of staff. The registered manager told us they did not use the Care Certificate with new staff. This is a training programme designed specifically for staff who are new to the care sector.

We recommend that new staff are supported to complete the Care Certificate on commencing work at the service.

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

- The registered manager told us after receiving an initial referral, they carried out an assessment of the person's needs. This was to determine what those needs were and if the provider was able to meet them.
- Records confirmed that assessments had been carried out in line with guidance and legislation. They covered needs related to personal care, health, mobility, nutrition and medicines, along with protected characteristics such as religion and ethnicity.

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

- People had enough to eat and were supported to eat a balanced diet. There was a rolling weekly menu in place. This showed people were provided with varied meals and offered choices. The menu reflected people's culture and people were supported to eat foods in line with their religious beliefs.
- People told us they liked the food, one person said, "I eat things I like." We observed people were offered a choice for lunch on the day of inspection.

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

- People told us staff supported them to access health care professionals. One person said, "If there is anything wrong with my teeth I report it, and they [staff] take me [to the dentist]." Records confirmed this was the case and showed people saw health care professionals including GPs, district nurses, physiotherapists and opticians.
- 'Hospital Passports' were in place. These provided information about the person to hospital staff, in the event of the person being admitted to hospital. 'Health Action Plans' were also in place which provided guidance about how to support people to have healthy lifestyles.

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

- Some people using the service had mobility needs and adaptations were in place around the premises to support them with this. There was a ramp to the front door and a lift between the two floors of the building. This enabled people who used wheelchairs to move freely around. Toilets and showers had been adapted to support people with physical disabilities.
- Each person had their own bedroom. These were decorated to their personal tastes, for example with family photographs and sporting memorabilia that was important to the person.

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 remained the same. This meant 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

- People told us staff treated them in a kind and respectful way. One person said, "Its good, nice staff, we get along." A relative told us, "I think they [staff] are very good."

Staff told us they had got to know people well and were able to support them in a way the person wanted. We observed staff interacted with people in a friendly way and people were seen to be at ease in the company of staff.

- The service sought to meet people's needs in relation to equality and diversity. Protected characteristics such as religion and sexuality were covered in care plans. People were supported to attend a place of worship and to eat food that was in line with their religious beliefs. Equality and diversity needs were met through music, films, clothing and activities. The registered manager told us none of the people using the service at the time of inspection identified as lesbian, gay, bisexual or transgender, but added, "If somebody was, we would support their sexual orientation." Staff had undertaken training about equality and diversity.

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

- People were supported to make decisions about their care and express their views where possible. Mental capacity Assessments had been carried out with people. Where they had the capacity to do so, they were able to make decisions about their care. Where they lacked capacity, best interest decisions were made and people's relatives were involved in making decisions about people's care.

- Where able, people had signed their care plans to indicate their consent to the provision of care in line with the plan. People were involved in developing care plans, as were family members where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence, and told us how they did this. For example, one staff member said, "Before we remove their clothes I have to ask them, I can't just come in and do things. Make sure whatever you do, the person has to be consulted." Another member of staff told us, "When I go in I let them know what I am going to do. I make sure the door is shut for privacy."

- Care plans set out what people were able to do for themselves and what they required support with. This helped to promote people's independence.

- Each person had their own bedroom which included ensuite toilet, shower and hand-basin facilities. This helped to promote people's privacy. There was a confidentiality policy in place and staff understood that they were not permitted to share information about people with others, unless authorised to do so. Confidential records were stored securely which helped to protect people's right to privacy.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were in place which set out people's needs and provided guidance about how to meet them. Plans covered needs related to personal care, mobility, social and leisure activities, relationships, eating and drinking and daily living. They also covered needs related to health care, although as noted in the Safe section of this report, there was not a comprehensive risk assessment in place for the safe management of one person's diabetes.
- Care plans were person centred, based around the needs of the individual, and staff had a good understanding of people's individual support needs.
- People told us they were involved in their care. One person said, "I know what's going on." A relative said, "I've been to quite a few meetings [to discuss person's care needs]. They always ask if I want to come."

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.

- Care plans included information about people's communication needs. We observed staff communicating with people in a variety of different ways to suit their individual communication needs. For example, through speech, touch, gesture and objects of reference.
- Some of the documentation at the service, such as care plans and the complaints procedure, had been produced in both written and pictorial formats to help make them more accessible to people.

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 able to maintain relationships with family and friends. Records confirmed that relatives were regular visitors to the service and involved with people's care. People attended various activities that enabled them to meet up with friends. For example, one person attended a centre for people of their ethnic background where they had friends.
- People were supported to take part in a variety of activities, both in-house and in the community. On the day of inspection, we saw people playing dominoes and watching videos of their choice. A professional entertainer visited weekly to play music. The provider had a vehicle which was accessible to people and they used this to go out for trips. One person had recently been supported to visit Manchester for an overnight stay to watch a football match featuring the team they supported. They told us they enjoyed this experience very much.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.
- People knew who they could complain to. One person said if they had a concern they could talk to, "Anyone, but mainly my keyworker." The registered manager told us there had not been any formal complaints received since the last inspection and we found no evidence to contradict this.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to operate effective quality assurance and monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance and monitoring systems were in place, but these were not always effective. For example, medicine audits were in place, but these had failed to identify the lack of guidelines about when to administer PRN [as required] medicines. Care plans and risk assessments were reviewed, but these reviews had not identified the inadequacy of the risk assessment around managing diabetes safely for one person. Health and safety audits were conducted but these had not found that gas safety checks had not been carried out in required timescales.
- During the inspection, the registered manager and nominated individual were unable to locate important documents, such as the electrical installations safety certificate and mental capacity assessments for people. These were sent to CQC following our inspection. By not having completed mental capacity assessments at the location, this meant they were not available for staff to refer to when making decisions about capacity for people.

We found no evidence that people had been harmed however, however, quality assurance and monitoring systems that were in place were not effective in identifying failings within the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff spoke positively about the registered manager and the working culture at the service. One person said of the registered manager, "They are all right, I don't have any problems with them."
- A member of staff told us, "It's a very nice place to work, I am learning more." The same staff member said

of the registered manager, "They are very helpful. When I started there were a lot of things I didn't know. [Registered manager] explained it clearly. If you have any issues you can talk to them." Another staff member told us, "It's a friendly place, we work as a team. When you don't know something, your colleague will tell you."

- For the most part, care plans were person centred, based around the needs of the individual [with the exception of the care plan relating to the management of diabetes for one person]. These helped to achieve good outcomes for people, in line with their assessed needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood the importance of being open with people and of their responsibility for reporting concerns to others. For example, they were aware of their responsibility to report safeguarding concerns to the local authority and of what issues they had to notify to the Care Quality Commission [CQC]. Records confirmed that notifications had been made to CQC as appropriate.

- Relatives told us they were kept informed of any significant developments by the registered manager. One relative said, "If [person] goes to the doctors or whatever, [registered manager] always lets us know."

- Staff undertook training which helped them to learn and develop new skills. Accidents and incidents were reviewed to see what could be learned from them to reduce the likelihood of a similar incident occurring again.

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

- The provider involved relevant people to seek their feedback. For example, staff meetings were held which gave staff the opportunity to raise issues of importance to them. Minutes of staff meetings showed they included discussions about raising issues relating to people and safeguarding.

- Surveys were carried out annually to seek the views of people who used the service, relatives, staff and professionals who worked with the service. Completed surveys contained generally positive feedback.

Working in partnership with others

- The provider worked with other agencies to develop knowledge and share best practice. For example, they worked with Headway East London, a local charity supporting people affected by brain injury, and the Royal Autistic Society. The registered manager also attended forums run by the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not adequately assessed the risks to health and safety of service users receiving care or done all that was reasonably practical to mitigate any such risks. Adequate steps had not been taken to ensure the premises and equipment used were safe. The registered person did not have adequate systems in place for the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (d) (e) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (a) (b)</p>