

Minton Care Hotels Ltd

Thurleston Residential Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Thurleston Residential Home is a residential care home providing accommodation and personal care to up to 37 people in one adapted building. The service provides support to older people. At the time of our inspection there were 27 people using the service, some people were living with dementia.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who had a learning disability.

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

Right Support:

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 practice.

Right Care:

People's privacy, dignity and human rights were promoted and respected.

Right Culture:

People received care and support which was person centred, caring and responsive.

Since our last inspection, there had been a change of provider for the service. There were plans in place for improvement to the service and the environment. The provider and registered manager were fully aware of improvements required and these improvements had started to be made. However, not all improvements were fully implemented and embedded in practice at the time of this inspection. There was an action plan in place which identified how the improvements were being driven and this was kept under review.

Improvements were ongoing in how people received their medicines as prescribed, ensuring staff received the training they needed to meet people's needs, learning lessons when things went wrong and care plans and risk assessments were in the process of being reviewed.

Systems were in place to reduce the risks of abuse and avoidable harm. Staff were available when people needed support. The staffing levels were kept under review and staff were recruited safely. The service was visibly clean. People were supported to have visits from their family and friends.

People were supported to maintain good health and had access to health professionals. Systems were in

place to support and meet people's dietary and hydration needs.

People received the opportunity to participate in activities, however, this was not always captured in their care records.

There was a complaints procedure in place. People's views were sought and listened to about how they wanted to be cared for. People received care which was responsive to their needs. Improvements were ongoing with regards to people's care plans and risk assessments. People's end of life decisions were recorded, where they had chosen to discuss this.

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

Rating at last inspection

This service was registered with us on 23 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was good (published 15 July 2021).

Why we inspected

This was a newly registered service, which had not yet been inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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 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 ●

Thurleston Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 4 people's friends and relatives. We also observed the interaction between staff and people using the service including during meals and when medicines were being provided.

We spoke with 4 staff members including the registered manager, the deputy manager, cook and administrator.

We reviewed the care records of 3 people who used the service, and multiple records relating to medicines. We also reviewed 3 staff recruitment files, and records relating to the management of the service including audits, improvement plan and complaints.

Following our inspection visits, we received electronic feedback from 3 people's relatives, 1 social care professional and 3 staff, including care and domestic staff. We also spoke with 5 people's friends/relatives and 1 staff member on the telephone.

We fed back our findings of the inspection to the registered manager via video call on 14 February 2023.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe, the registered manager had identified shortfalls and actions were being taken to reduce risks, but these were not fully implemented.

Using medicines safely

- There were shortfalls with medicines. However, risks to people were being reduced due to this being identified by the registered manager and audits undertaken. Actions to address them were in progress, but not yet fully implemented.
- The registered manager told us they had some issues with receiving medicines on time for people, they said this was improving. They had to chase up prescriptions and deliveries from other organisations, which was confirmed in records. The registered manager had identified this and how it impacted on the people using the service and was taking action to work with other professionals to ensure people received their medicines as required.
- The registered manager told us there was an ongoing issue with staff not signing to show people had received their topical medicines, such as creams. This was confirmed in records, which showed gaps in cream administration and records of meeting minutes where staff had been advised about their responsibilities in ensuring people received these medicines as prescribed. Going forward, the registered manager and provider were considering taking formal disciplinary action, where required.
- Records showed staff responsible for supporting people with their medicines, had been trained and had their competency assessed. The registered manager told us how additional training was being sourced.
- One person told us how the staff supported them with their creams and showed us where they were kept in their bedroom. Another person told us, "They are good with my medication." One relative described how they felt the service were, "Instrumental," in ensuring their family member was prescribed and received medicines to reduce their pain.
- We observed medicines administration which was done safely. We saw where people were prescribed with medicines to be administered 'as required', there were protocols in place to reduce the risks of inappropriate administration.
- Medicines were stored safely. We checked the storage and recording for medicines and found that the recorded balances of medicines tallied with the actual stock.

Learning lessons when things go wrong

- The registered manager told us they were planning to improve in how lessons learnt were documented and actioned. For example, not all the incident and accident records included an update from the management team of actions taken and how to reduce future risks.
- However, we saw records which showed that incidents were discussed in staff meetings, where staff had been told about their responsibilities and roles and how future risks can be reduced.
- A record of falls was maintained to identify any trends and ongoing risks.

Assessing risk, safety monitoring and management

- People's care records were in the process of being reviewed and updated. We found risk assessments guided staff in how the risks in people's daily living were reduced. This included in areas such as the risk of pressure ulcers developing and moving and handling.
- There was a document in place for each person which identified the support they required, should people need support with evacuating the building.
- Environmental risk assessments were in place, such as for each room, slips trips and falls, use of portable electrical appliances and burns and scalds.
- There had been no window restrictors in place when the new provider took over the service. The window restrictors had been ordered and risks assessed and mitigated until delivery.
- The registered manager told us the provider was in the process of ensuring fire and legionella risk assessments were undertaken as the previous ones had been for the last provider.
- Fire safety checks were undertaken and equipment, such as hoists, had been serviced in line with manufacturer's guidance to ensure they were safe and fit for purpose.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to guide staff in how to recognise, reduce and report safeguarding concerns. This included training and policies and procedures and notices in the service which advised on reporting concerns of abuse.
- Staff confirmed they had received safeguarding training and were aware of their responsibilities in reporting any concerns.
- Where there were safeguarding concerns, the service raised referrals appropriately with the organisation responsible for investigating these types of concerns.

Staffing and recruitment

- A tool was used to calculate the numbers of staff required to meet people's dependency needs, which was kept under review. The registered manager explained how the planned numbers of staff working each shift was over the dependency tool calculations. The staff rota reflected the numbers of staff we had been told about.
- The registered manager told us how recruitment was ongoing, and staff had recently been employed, including domestic, night and day care staff. To cover the vacancies, existing staff and regular agency staff were used to cover. The registered manager said they were reducing agency use as new staff were being recruited. In addition, the registered manager told us there were times when there was short notice staff absence, where possible agency and existing staff were called in to cover. The deputy manager and registered manager could also cover.
- People told us they felt there were enough staff and their responses to requests for assistance were prompt. This was confirmed in our observations. One relative said there were, "Enough staff from what I have seen, [family member] tells me [they] use the buzzer and they [staff] come."
- Staff were recruited safely. This included appropriate background checks, such as, Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People told us their family and friends visited, this was confirmed by relatives. One relative said, "I can drop in anytime to see [family member]." Another relative told us there were times when they had to wait for the door to be opened by staff, the registered manager was aware, and it was being addressed.
- During our inspection visits, we observed family and friends visiting people who used the service.

Is the service effective?

Our findings

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

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

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

- Prior to using the service, people's needs were assessed by a member of the management team, this included receiving feedback from the person and where appropriate, their representatives.
- The assessments were used to form the care plans and risk assessments.

Staff support: induction, training, skills and experience

- The registered manager had identified shortfalls in training provided to staff. Plans were in place and underway to improve, but these improvements were not yet fully implemented to ensure that all staff had received all the training they required to meet people's needs.
- The registered manager told us there were some gaps in refresher training, which they had identified, and training was booked from March 2023. Staff were also provided with eLearning training, the registered manager told us how several staff had recently completed the infection control training, which was waiting to be assessed.
- There were no records of probationary meetings for new staff. As part of the induction, new staff shadowed more experienced colleagues. However, there were no records of shadowing feedback. The registered manager told us there were plans to improve the induction processes for staff.
- Plans were in place to deliver staff with the opportunity to undertake the Care Certificate, with a new training company on board. 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.
- The registered manager told us they aimed to supervise staff on a three monthly basis, one to one supervision meetings provide staff with the opportunity to discuss their work, receive feedback and identify any training needs. We saw notices where these were being booked in.

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

- Records of people's weights were maintained, and where people were at risk of malnutrition and/or dehydration, weights were undertaken more frequently and what people had to eat and drink were monitored.
- People told us they had a choice of meals and drinks, which was confirmed during our inspection visits. In addition, people told us the quality of food they received was good. One person said, "Food is lovely, meal yesterday was good, it is like that all the time."
- We observed people being supported at lunch time, which was calm and people requiring assistance were provided with support at their own pace.

- The cook told us they were kept updated with any changes in people's dietary requirements and they spoke with people about the food provided. The service had received the highest rating from a local authority food hygiene inspection in January 2023.

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

- The registered manager told us there was a weekly ward round undertaken from the GP surgery and more often where required. This enabled people to see health professionals, as needed. The service was also supported by district nurses, where needed.
- Where there were concerns about a person's wellbeing, referrals were made to other professionals, for example if a person was losing weight, they were referred for dietician support.
- People's records included the support they required with their health and wellbeing, including their oral care. This was identified in their daily notes when this support had been provided.
- We received information regarding an appointment where a person had not received treatment at an appointment, due to miscommunication. The registered manager explained how this had happened and going forward actions were being taken to prevent this happening in the future.
- One relative told us how the staff had quickly identified their family member had an infection and they were supported to see a health professional.

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

- There was signage in the service which helped people to independently navigate around. Bedroom doors held signs which identified what people preferred to be called. There were memory boxes outside bedroom doors, but these had not been used to their full potential. The registered manager told us they were planning to support people to add items they had chosen.
- There were plans to refurbish and redecorate the service. This included changing the entrance to the service with ramps, redecorating bedrooms, extending the laundry, developing a hairdressing salon and moving the offices.
- The registered manager told us there had been a visit prior to our inspection from an organisation with a view to increase telephone and broadband/WIFI access in the service.
- People using the service were aware of the plans and explained what was happening. One person said, "They are decorating my room, I will move rooms and then come back when it is done," which they were happy about.

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.

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.

- People's records included assessments relating to their capacity to make decisions. Where required, DoLS

referrals had been raised. There was a tracking document in place which showed when DoLS had been applied for, approved and when they needed review.

- We observed staff gaining people's consent before providing any support.
- People's care records included their capacity to make decisions, where people lacked capacity this was included in the records as well as any appointed people to assist in making decisions in people's best interests.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- During our inspection visits we saw staff treated people with kindness and compassion. This was confirmed in feedback received from people using the service. One person said, "The staff are caring, really kind, have time for us." One relative said, "[Family member] thinks the world of the staff... [family member] is very happy." Another relative commented, "I am impressed with the staff they are exceptionally caring. They are the best bit of the home they make it very good, overall impressed." A social care professional told us, "I have to say every time I visit; I am so impressed with how friendly and welcoming staff are. It's a lovely, friendly atmosphere and I always comment how refreshing it is to see."
- However, we received feedback from one relative where they felt some staff were at times, "Short," with people. We fed this back to the registered manager who was addressing this with individual staff.
- The registered manager told us how representatives of a specific religious group visited some people to provide support and meet their spiritual needs. Prior to the pandemic a representative from another denomination had visited, the registered manager was looking into this continuing.

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

- People's care records included their likes and dislikes and their preferences about how they wanted to be supported. The registered manager told us they were in the process of working with people and where appropriate, their representatives to document people's care choices, to ensure their choices were promoted and respected.
- One person told us they chose to eat in their bedroom, and this was respected.
- People told us they chose when they wanted to go to bed and got up. We saw minutes from a staff meeting in January 2023 where it was reinforced that people's choices should be respected regarding their choices of getting up in the morning and people should not be encouraged to get up for the benefit of staff. One person said, "I get up when I want, usually 8 or 9ish, they never get me up when I am not ready."
- People's bedrooms were personalised and reflected their choice and individuality.

Respecting and promoting people's privacy, dignity and independence

- During our inspection visits we observed people's privacy and dignity was respected. For example, a person was offered an apron to wear over their clothing to reduce the risks of their food spoiling their clothing and staff knocked on people's bedroom doors before entering.
- We saw people's independence was respected and promoted by staff. For example, staff encouraged people to eat their meals independently and offered support when people needed it.
- Records showed there had been some incidents where an individual had entered other people's bedrooms uninvited. Actions were taken to reduce the risks of people's privacy being compromised, such as

providing support to people and giving a person a key to lock their own personal space.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. Improvements in the service were ongoing to ensure 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

- People's care plans were in the process of being reviewed and updated. There were some inconsistencies in the care plans we reviewed. We were assured work was being undertaken in this area and did not receive any concerns about these inconsistencies impacting on the care received.
- People told us they were happy living in the service and the staff knew them well and met their needs. One person said, "I do not have to worry about anything, good food, medication, roof over my head, clean bed could not want more, I am very happy." One relative said, "My [relative] and I have been very happy with the level of care and compassion shown to [family member] and feel it takes a weight off our minds knowing that [they are] safe, content and well cared for, between our visits."
- We received feedback from some relatives about how they felt the service was responsive to their family member's needs. One relative told us how their [family member's] wellbeing both social and mobility had improved since they moved into the service, "I think they know how to care for people I would recommend to anyone." Another relative told us how the staff had responded following an incident, "Immediately they called me... The staff reacted very quickly and did the right things."
- People's care plans identified their specific and diverse needs and how these were met. However, we discussed how these could further be improved to include guidance of how staff should approach a person.
- During feedback, the registered manager told us they had contacted the Royal National Institute of Blind People (RNIB) and were awaiting dates for a visit to provide workshops and guidance for people with sight loss.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included information about how people communicated and how staff should effectively communicate with them.
- The registered manager told us documents could be provided to people in accessible formats, such as large print, where required.

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

- There was a staff member who coordinated activities for people during weekdays. The registered manager told us at the weekend care staff, if time, supported people with activities, and ongoing improvements were being made in this area.
- During our inspection the activity coordinator was on leave. We saw a care staff member playing games with people in the communal lounge on the first visit, such as larger dominoes. On our second visit a musical entertainer was present.
- Although records were maintained of group activities, these did not include the length of time activities were, in addition there was limited recording relating to one to one activity. The registered manager told us this had been identified and improvements were being made. We were told by a domestic staff member about how they spent time talking with people, which indicated positive social interaction. However, this was not captured in daily records, the registered manager confirmed this would be recorded in the future, as well as the interactions they had with people.
- A social care professional told us how the service was planning to participate in a trial with a local organisation to encourage people to exercise and move. This was confirmed by the registered manager who also told us how other outside entertainment, including a trip to a local coastal town was booked. The registered manager told us how one person was a member of a choir and there were plans for the choir to visit the service.
- One person said, "I am not bored, the staff come in (their bedroom) to see me."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- There had been one formal complaint raised since the new provider had taken over. Records showed this was investigated and addressed. The registered manager had introduced reflective accounts, to show how learning from the complaint and how it was used to drive improvement.
- One person's relative told us how they had been unhappy and voiced their concerns at the service, they had not been advised of how they could raise a formal complaint at the time. We were assured this, and their concern was being addressed. Another relative said, "There were a couple of teething issues when [family member] first moved in, we raised it and it was sorted. Staff are lovely, nothing is too much trouble, if there is a fault it is rectified."

End of life care and support

- People's records included their end of life decisions, where they had chosen to discuss them. This included where they wanted to be cared for and if they wished to be resuscitated.
- One person's records detailed they would like music playing and who they wished to be with them at the end of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent, there had been a recent change in provider and improvements were being driven by the registered manager and provider to support the planned delivery of high-quality, person-centred care.

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

- The registered manager was fully aware of the improvements required in the service and was committed to providing people with high quality and person-centred care. All of the shortfalls identified at this inspection, had already been independently identified by the provider and registered manager. Action plans were in place and the registered manager showed us their 'to do' list, which were detailed and evidenced ongoing improvement. However not all of the improvements had been fully implemented.
- We observed the registered manager was visible in the service and people responded to them in a positive way, which demonstrated they knew them well.
- We received positive feedback from staff in how the service was well-led and the support provided to them by the management team. One staff member said they felt service was, "100%" well led. Another staff member told us, "[Registered manager and deputy manager] have helped me whenever I've needed support personally and regarding the rotas... I feel if I ever did have an issue I could go to any manager or senior." Another staff member told us, "If you mention anything it is acted on... I see [registered manager and deputy manager] walking about checking on things.
- A staff member told us how they felt empowered by the registered manager to make suggestions about how they worked. They had discussed with the registered manager how they felt their daily work could be improved and their suggestion had been agreed on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities. This included formally notifying us of specific incidents.
- The registered manager undertook a range of audits which assisted them to identify shortfalls, which were included in the service improvement plan.
- Staff received guidance on the changes and expectations of their role. However, we saw that staff had been asked to read specific documents and sign to say they had read them and understood. This was not being done by all staff, for example only three staff had signed to say they had read the minutes for a meeting on 6 January 2023.
- There was a duty of candour policy in place which was understood by the registered manager.

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

- People and their relatives, where appropriate, were asked for their views of the service in meetings and care review meetings.
- The registered manager told us quality assurance satisfaction surveys had been undertaken prior to the previous provider deregistering. There were plans to do this now the service had a new provider.
- Minutes of staff meetings evidenced staff were engaged in the improvements planned and they were kept updated with changes in the service and had the opportunity to discuss them.
- Staff told us they understood the policy for reporting bad practice, known as whistleblowing. We saw the notes from a recent whistleblowing concern and the registered manager explained how this was being addressed.

Continuous learning and improving care

- People's care plans were being reviewed and updated. The registered manager showed us a document which identified all of the information they required to be in people's records, which was provided to senior staff to use as a proforma when reviewing the care plans.
- Ongoing improvements were being made to daily notes to ensure all records were detailed with the care and support provided and how people were presenting and had spent their day.

Working in partnership with others

- The registered manager told us they worked in partnership with health and social care professionals. This was confirmed by a social care professional.
- The service was working on an improvement plan with the local authority and accepting support and guidance to drive improvement.