<table>
<thead>
<tr>
<th>Provider name</th>
<th>Location</th>
<th>Link to report</th>
<th>Report date</th>
<th>Inspection date</th>
<th>Rating</th>
<th>Comments/Summary</th>
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| MNS Care Plc      | Hanbury Court   | [http://www.cqc.org.uk/location/1-119099319](http://www.cqc.org.uk/location/1-119099319) | 28 June 2017 | 31 January & 1 February 2017           | Requires Improvement      | CQC rated required improvement after an inspection on 31 January & 1 February 2017 as:  
Safe: Requires Improvement  
Concerns were raised around medicine not always recorded appropriately  
Effective: Good  
Caring: Good  
Responsive: Requires Improvement  
Care plan did not always contain information to guide staff and people’s assessments were not always properly recorded  
Well-led: Requires Improvement  
There were no systems in place to monitor the quality of service.  
**Action:** LBBD have sixteen people placed in the home. LBBD and CCG have been working with the home to improve the quality of service. |
| Sahara Parkside Ltd | Sahara Parkside | [http://www.cqc.org.uk/location/1-164893164](http://www.cqc.org.uk/location/1-164893164) | 10 June 2017 | 12 & 13 April 2017                    | Requires Improvement      | CQC rated required improvement after the inspection on 12 & 13 April 2017 as:  
**Safe: Requires Improvement**  
There were not enough staff and recruitment did not reflect best practice.  
**Effective: Requires**  
**Caring: Requires Improvement**  
**Responsive: Requires Improvement**  
**Well-led: Requires Improvement** |

Appendix 1
| Bond Care | Alexander Court | http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2713683733.pdf | 19 May 2017 | Inadequate | CQC rated Inadequate following the inspection in May 2017 as: **Safe: Inadequate**
Medicines were not always administered safely. There was no guidance for risk assessments and not enough staff to meet people’s need. **Effective: Inadequate**
The service was not working within the principals of the Mental Capacity Act 2005. Professional staff had not received specialist training to enable them to carry out their role.

**Caring: Requires Improvement**
People did not feel they were treated with respect and preferences were not considered.

**Responsive: Requires Improvement**
People were not supported to attend activities and the level of details on the support plan varied.

**Well-led: Requires Improvement**
Quality assurance and monitoring systems in place were not always effective and management were not approachable.

**Action:** Quality Assurance and Commissioning have worked with the provider through a number of monitoring visits and meetings. There have been improvements in many areas. Further QA monitoring visit 7 August 2017 to confirm continuous improvements.
Appendix 1

<table>
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<tr>
<th>Reline Care Ltd</th>
<th>Reline Care</th>
<th><a href="http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2343573207.pdf">http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2343573207.pdf</a></th>
<th>25 May 2017</th>
<th>1, 2, 5 December 2016</th>
<th>Inadequate</th>
</tr>
</thead>
</table>

Capacity Act 2005. The service was not always proactive to ensure that people had access to health and social care services. Staff were not always supported to receive training to enhance their roles.

**Caring: Requires improvement**
The service did not always maintain the dignity of people who use the service.

**Responsive: Inadequate**
People's support needs were not reflected in their care records and they were not able to take part in preferred activities that meet their needs.

**Well-led: Inadequate**
There was no system in place to monitor the quality of service.

**Action:**

- CQC rated Inadequate after a 3 day inspection in December 2016 and with the report published 25 May 2017 as:
  - **Safe: Inadequate**
    - Instances of neglect and abuse were not raised as safeguarding issues and staff did not identify neglect as a type of abuse. Risk assessments were not robust and did not contain sufficient measures to mitigate risks faced by people receiving a service. Recruitment was not completed in line with the provider's policy and discrepancies in staff applications were not explored. Medicines were not managed or recorded in a safe way.
Appendix 1

Effective: Inadequate
Staff training was not effective at ensuring staff had the knowledge required to perform their roles. The service was not working in line with legislation and guidance regarding consent and care for people who lacked capacity. Care plans did not contain information about people's dietary needs and preferences. People were not consistently supported to eat and drink or to maintain a balanced diet. People's healthcare diagnoses were included in their care plans. However, there was limited information about the impact people's health had on their care.

Caring: Requires Improvement
Care plans contained brief personal histories with information about people's pasts and significant relationships.

Responsive: Inadequate
Care plans were task focussed and did not contain information about people's preferences. Records did not show that people's care plans were followed.

Well-led: Inadequate
Audits were completed, but they were not effective as they had not identified issues with the quality of records and plans found during the inspection. Quality complaints were dealt with on an individual basis and lessons learned were not applied to the overall quality of the service. The service was not submitting notifications to CQC as...
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<tr>
<th>Provider</th>
<th>Location</th>
<th>Date</th>
<th>Date Range</th>
<th>Grade</th>
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<td>Bennetts Castle</td>
<td><a href="http://www.cqc.org.uk/location/1-117294310">http://www.cqc.org.uk/location/1-117294310</a></td>
<td>19 April 2017</td>
<td>Good</td>
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<tr>
<td>Hart Care ltd</td>
<td>Hart Lodge</td>
<td><a href="http://www.cqc.org.uk/location/1-127130055">http://www.cqc.org.uk/location/1-127130055</a></td>
<td>25 May 2017</td>
<td>Good</td>
</tr>
</tbody>
</table>

Required.
Action:
No LBBD service users with the provider. Joint visit with Newham in December 2016. Service improvement plan in place. Review of Service Improvement Plan by Newham in January and February 2017. Joint meeting with Newham, Redbridge and Waltham Forest in February 2017. Joint visit with Newham in April 2017 confirmed improvements and continuing to monitor to ensure that improvements sustained. Joint visit with Newham 31 May 2017 to go through the Service Improvement Plan. LBBD, Redbridge, Newham and Waltham Forest continue to work with Reline to maintain the quality of service delivered.