

Genesis CTE Limited

Alison House

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?	Inadequate 

Summary of findings

Overall summary

About the service

Alison House is a residential care home which is registered for accommodation for people requiring personal or nursing care as well as the treatment of disease, disorder or injury. The service provides therapeutic psychological support and can accommodate up to 4 children and young people. At the time of our inspection there were 4 young people using the service.

Ofsted are the lead regulator for services registered as children's homes. However, the service was not registered with Ofsted at the time of our inspection.

There was not a consistent approach to therapeutic intervention when young people attempted self-injury and the 'Managing Self-Harm Policy' had not been reviewed in line with best practice guidance.

The provider had not taken all reasonable steps to ensure a consistent approach to risk management as young people's risks had not always been clearly assessed and monitored.

Safeguarding concerns and incidents had been managed inconsistently. Although there was some evidence that safeguarding had been reported and investigated appropriately, this process had not always been consistently operated.

We could not be assured that staff had received appropriate levels of safeguarding training.

Comprehensive mental capacity assessments had not always been undertaken on occasions when needed. There was a lack of consistency around how consent and capacity had been sought, reviewed and documented.

The provider had not operated effective systems to assure themselves of the safety and quality of the services provided at Alison House. Roles and responsibilities of members of the senior management team had not yet been clearly defined.

The use of restraint had been kept to a minimum and strategies had often been used to ensure any intervention used was the least restrictive of people's basic human rights and freedoms.

Young people had been supported to access a range of community activities and pursue their own interests.

Staff we spoke with were committed to treating young people with compassion, kindness and respect.

Despite the concerns we identified on inspection, the provider was committed to providing high quality care to young people. They responded during and after the inspection to create a quality improvement plan.

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 20 May 2021, and this is the first inspection.

Why we inspected

This was a planned inspection based on the service being newly registered.

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.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, consent to care and good governance at this inspection.

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 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Alison House

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

Three Inspectors and an Expert by Experience carried out the inspection. 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

Alison House is a 'care home' for children and young people registered for accommodation for people requiring personal or nursing care as well as treatment of disease, disorder or injury. The service provides therapeutic psychological support to children and young people. 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 inspection

We reviewed information we had received about the service including on-going monitoring and information received from other stakeholders. 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 used all this information to plan our inspection.

During the inspection

We were unable to speak to children and young people during the unannounced inspection as they were on holiday. However, we spoke with 1 young person remotely and sought feedback from 1 relative and 1 personal assistant about their experience of the care provided. We spoke with 7 members of staff including the deputy manager, a senior therapeutic care worker, 3 therapeutic care workers, the clinical lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 young people's care records and a sample of medication records. We looked at 4 staff files in relation to recruitment. 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 training data and quality assurance records. We received feedback from 2 professionals who had involvement with young people using the service. We spoke with 3 further members of staff including 2 senior therapeutic care workers and 1 therapeutic care worker.



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 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

- Alison House operates a safe tolerance approach to self-injurious behaviour which was detailed in their 'Managing Self-Harm Policy'. The policy had recently been reviewed, but the provider had not recognised the National Institute for Health and Care Excellence's (NICE) guidelines had been updated. NICE guidelines are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings. The provider had therefore not ensured their practice had been reviewed in line with best practice guidelines which placed people at risk of harm.
- There was not a consistent approach to therapeutic interventions when young people attempted self-injury. Staffs observations during these periods had not been recorded consistently. Not all incidents that we sampled had been reviewed to ensure that lessons had been learned to minimise any future risks.
- Young people's risks had not always been clearly assessed and monitored. One young person had identified diet and nutrition needs which had not been consistently managed by staff. In the absence of a clear record, we could not be assured that the young person's food and fluid requirements were being monitored to mitigate risk.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The provider had not taken all reasonable steps to ensure a consistent approach to risk management. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had recorded when young people had needed to be restrained to keep them safe if they became distressed. The provider had facilitated external staff training from a training provider who was certified as being compliant with the Restraint Reduction Network Standards. These standards apply to all training that has a restrictive intervention component. It provides a benchmark for training in supporting people who are distressed in education, health and social care settings.
- Young people lived in an environment that was well maintained. The service had an on-going maintenance plan and records showed regular environmental audits had been actioned and completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns and incidents had been managed inconsistently. We found there was not always a clear process to ensure that safeguarding concerns had been identified and managed consistently to mitigate further risks to young people. However, there was some evidence that safeguarding had been reported and investigated appropriately.

- Staff required safeguarding adults and safeguarding children training due to the nature of the service. Level 3 Safeguarding Children training is required by staff working directly with children and young people in accordance with current guidance. The provider told us that the training matrix we viewed had not been updated to reflect current staff training. This meant that we could not be assured staff had received safeguarding training which was relevant to their job role and responsibility.

Safeguarding incidents had been not been managed consistently because systems had not been effectively established to ensure safeguarding concerns were identified, managed and mitigated. We could not be assured that staff had received appropriate levels of safeguarding training. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider agreed a consistent system needed to be embedded to ensure all safeguarding incidents and staff training were appropriately scrutinised and recorded. The provider responded immediately to make the necessary improvements.
- Staff were supported by a well-established duty system which operated 24 hours a day. This enabled staff to contact management at any time for support and guidance if they had any concerns.
- The young person we spoke with told us they felt safe at Alison House and comfortable to approach staff. They said, "If I have a concern, I feel I can go to staff."

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels had been determined in response to young people's needs. A therapeutic care worker said, "Most of the time I feel there are enough staff to support people safely but obviously there are times when staff go off sick. However, we are a supportive team and will always pick up."

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) had been completed and showed people received their medicines as prescribed.
- Staff followed guidance when giving medicines prescribed on an 'as and when required' basis (PRN).
- Young people's medicines had been reviewed to monitor the effects on their health and wellbeing. We saw how, for one person, medicine had been reduced following involvement from a healthcare professional. This had provided positive outcomes for the young person and had a positive impact on their quality of life.

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 young people living at the service to minimise the spread of infection.
- 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.

- The provider was following current government guidance in relation to visiting.

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.

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. This is done by the Court of Protection for children and young people who are under 18 years of age.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether 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.

- Comprehensive capacity assessments had not always been undertaken. There was a lack of consistency around how consent and capacity had been sought, reviewed and documented. This meant we could not be assured the service had reliably assessed young people's mental capacity to make specific decisions.
- Court of Protection orders were in place for some young people who used the service. The management were able to describe their limitations in respect of children aged 16 and 17 years. However, there was limited evidence to show that staff and management had routinely reviewed their practice against the orders.

The provider had not sufficiently assessed young people's capacity to consent or demonstrated effective oversight in this area. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Physical restraint was used as the least restrictive option and positive behaviour support plans provided a person centred framework for supporting young people with behaviours of distress. Staff were knowledgeable about the behaviour of young people and told us about several strategies that could be

used before physical restraint was needed.

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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records to ensure people would be treated as valued individuals regardless of their backgrounds, beliefs or differences.

Staff support: induction, training, skills and experience

- Most staff told us they felt they had been provided with enough skills and knowledge to undertake their roles safely and effectively. One therapeutic care worker said, "The people who give the training are very good at sourcing additional information if you are ever unsure about anything."
- A training matrix had been used as a monitoring system to identify occasions when training was overdue. The copy we reviewed on inspection contained gaps and the provider told us the matrix had not been updated. The provider acted during and after the inspection to update the matrix and action any incomplete or overdue training.
- All staff received an induction at the start of their employment, outlining what was expected of them, describing their roles and responsibilities as well as introducing key skills that supported them to undertake their roles effectively. One therapeutic care worker said, "My induction was brilliant and I felt well informed. I went through [all the young people's] information."
- Staff had received regular supervisions which provided an opportunity to explore areas for further development and discuss what had gone well. One therapeutic care worker said, "We have a supervision every month without fail. They are really hot on it here. I even had one when on holiday with the young people."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- Menus were chosen by young people on a regular basis. At times young people cooked their own meals with support from staff.
- We found the kitchen and dining areas were clean and food was stored safely. A therapeutic care worker said, "The house is a safe environment and set up for [young people's] needs. The kitchen is managed well and set up to keep [them] safe."
- Young people had been supported to decorate their rooms in accordance with their preference. One young person was a talented artist and had painted artwork throughout her bedroom.
- Communal areas of the home were clean, 'homely' and reflective of the young people's individual preferences.
- Young people had access to a vast private garden at the rear of the property.

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

- Regular contact with social workers had been maintained and we saw evidence that reviews of care had taken place.
- Staff and management had liaised with other health professionals to ensure young people received appropriate care when needed. The nominated individual told us that young people had not received delayed access to care and support services throughout the pandemic. They said, "[Health professionals] were responsive to the needs of young people....and online meetings meant there was no impact around health and care services."
- Young people's therapeutic care was overseen by a multi-disciplinary team which included nursing and psychological input.

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

- Staff who we spoke with were committed to treating young people with compassion and kindness. They were passionate about making sure that young people were cared for as best as possible. A therapeutic care worker told us, "It is a caring and nurturing environment for young people."
- Despite the concerns we identified on inspection, we saw many examples of how young people's lives had been positively impacted by living at Alison House. One relative said, "[My relative] would never talk about the future...[but] now she's talking about going to college".
- The young person we spoke to was positive about the support they received from staff. They told us, "I can talk to staff - they are brilliant. I have lived there for 2 years. It's my home now."
- Staff had an awareness and understanding of the need to consider young people's equality and diversity and how this may impact on the support provided.

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

- Although we identified issues around consent and capacity, young people were still able to express their views about their care. Young people had been assigned case managers who met with them on a weekly basis and supported them to express their views and make decisions about their care. A young person told us, "I have a case manager who is good at supporting me...[They] understand me and I can talk whenever I need [them]."
- The provider had used a survey to capture the views of young people and their feedback of the care provided. Whilst there was no written record of the providers response to this survey, they were able to describe how they had reflected on young people's feedback to inform practice.

Respecting and promoting people's privacy, dignity and independence

- Staff worked alongside young people to set goals and develop their independence in accordance with their preferences. A therapeutic care worker said, "This company really cares and really listens...we promote young people's dignity."
- The nominated individual recognised young people's privacy and encouraged their sense of 'home'. The young people had recently held an organisational event at Alison House. The nominated individual told us, "I bought them all some flowers to thank them for hosting in their home."

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. 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

- Staff demonstrated a good knowledge of delivering personalised care. A therapeutic care worker said, "Care is personalised to the young people we support. What works for one young person doesn't work for another. It's about what works for the young people and not what works for staff. It's all about the individual."
- Staff completed daily handovers to share important information about young people and their mood and preferences on that particular day. One therapeutic care worker told us, "Daily diaries and handovers are in place. We handover after every shift. We also have a communication book. We feel well informed. We have to make sure that we don't miss things and understand young people's needs."
- Young people had been supported to access education and one young person had now completed her General Certificate of Secondary Education (GCSE) examinations

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.

- At the time of our inspection there was no one living at the home who required information in an accessible format.

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; Improving care quality in response to complaints or concerns

- The home had a complaints procedure for young people or their representatives to use if they were not happy with the care received.
- Staff enabled young people to carry out person-centred activities and encouraged them to maintain hobbies and interests. A therapeutic care worker said, "[Young person] plays netball and goes horse riding. We work really hard to come up with ideas and give young people opportunities to get involved." Another therapeutic care worker said, "Young people have the opportunity to engage in all sorts of activities. [Young person] does drama, ice skating and gymnastics."
- Young people had been supported to develop and maintain contact with people that were important to them. A relative spoke about the communication between themselves and the staff team and the positive impact this had on the young person. They told us there was, 'open communication.'

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There was a governance structure in place to support the provider and management team to undertake their roles. However, the providers current governance systems had not been effective in the monitoring of the service and identifying the shortfalls we saw at this inspection. Concerns in relation to safeguarding, consent and safe care and treatment had not always been identified and addressed by the provider.
- The provider had not operated an effective governance system to make sure that all policies and procedures were up to date and reflective of best practice guidance. This meant the provider could not be assured staff were following best practice, therefore increasing the risk of serious injury or harm occurring. This limited the opportunity for the need for improvement to be identified.
- The provider had not always investigated concerns thoroughly to inform practice and drive improvement. They had recently been made aware of a concern relating to their 'Managing Self-Harm Policy'. Whilst they had responded to the individual concern, they had not utilised the opportunity to scope the risk in full. They had therefore not identified the concerns we saw on inspection relating to best practice guidelines and inconsistent approaches to therapeutic intervention.
- Whilst the provider and management team were aware of their responsibilities under the duty of candour, to be open and honest about any accident or incident that had caused or placed a person at risk of harm, there was an increased risk that the need for duty of candour would not always be recognised. Reported incidents had not been assessed for the level of harm that had been caused, and in some cases the provider had not taken all possible steps to make sure that the root cause of incidents had been identified.
- Effective governance processes to learn and improve from incidents and safeguarding had not been established. Incident reports and concerns were not always triaged effectively and escalated when needed. This meant the required improvements were not always made and the potential for repeating mistakes was increased.
- Records relating to young people's diet and nutrition needs had not always been fully completed. The lack of a clear record meant we could not be assured how the young person's food and fluid requirements were being monitored to mitigate risk.

The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to young people's health, safety and welfare. Some records were not accurate or

complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the governance concerns we identified on inspection, the provider was committed to providing high quality care to young people. They responded during and after the inspection to create a quality improvement plan. They also told us they would now complete an established provider audit which they used in other homes to monitor the quality and safety of the service. Time was now needed to establish and embed the new ways of working and drive the necessary improvements.
- During the inspection we noted the provider, staff and management were committed to being open and transparent.
- We were assured the registered manager understood their legal responsibilities to report to the CQC as we had received appropriate notifications.

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

- Most staff told us they were happy working at Alison House and received support from management and their peers. A therapeutic care worker said, "[As a team] we talk to each other. We are really supportive... Management are really good too. It's a really open door policy. They are really approachable and they listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider told us they had not recently utilised a formal system for gathering feedback from staff and professionals. They told us they were in the process of facilitating surveys to gather meaningful feedback to shape the service moving forward.
- The young person we spoke to was positive about their experience and told us they felt listened to. They felt comfortable about raising concerns and that they were able to have open and honest discussions with leaders at all levels. They said, "[The provider and management team] are nice. I can talk to them about anything. They are here if I need anything at all."
- Staff and young people told us that the provider and management were visible in the home. They told us this was important as it provided a valuable opportunity to talk about the home and suggest changes if needed. A therapeutic care worker said, "This company really cares and really listens."
- The service was visited by an independent visitor on a regular basis to advise and befriend the young people. We received positive feedback about the experiences of young people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider had not sufficiently assessed young people's capacity to consent or demonstrated effective oversight in this area. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	<p>Safeguarding incidents had been managed inconsistently because systems had not been effectively established to ensure that safeguarding concerns had been identified, managed and mitigated. We could not be assured that staff had received appropriate levels of safeguarding training. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 13(1)(2)(3)(4)(c)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The provider had not taken all reasonable steps to ensure a consistent approach to risk management. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (1)(2)(a)(b)

The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 12 in relation to the care provided at Alison House.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to young people's health, safety and welfare. Some records were not accurate or complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 (1)(2)(a)(b)(c)

The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 17 in relation to the care provided at Alison House.