Consensus Support Services Limited

89a Hampton Road East

Inspection report

89a Hampton Road East
Feltham
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Tel: 02087830044

Date of inspection visit:
10 May 2019
13 May 2019

Date of publication:
11 July 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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
89a Hampton Road East is a care home that is registered to provide personal care for up to seven people aged 18 and over. It supports adults with learning disabilities and mental health needs.
At the time of the inspection six people were living at the home. People had their own bedrooms with en-suite bathrooms. They shared the kitchen, dining room, laundry facilities, garden and two living rooms. A team of support staff supported people during the day and overnight.

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. These are to ensure 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 should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people's care and support was person-centred, planned and coordinated. People were supported to gain new skills, to develop more independence and to have meaningful opportunities and activities. Staff supported people to access mainstream services and specialist health and social care support.

We found a cleaning substance was not stored securely and this may have presented a risk to some people using the service. The manager addressed this immediately during the inspection.

One person's daily support arrangements were not fully recorded in their current support or risk management plans. The provider responded by stating the person's support arrangements would be reviewed and updated immediately following the inspection.

The provider had systems to monitor the quality of the service, but these had not been sufficiently robust to have identified, or taken timely action on, the areas for improvement we identified.

Staff were aware of people's individual needs and preferences and used this knowledge to deliver person centred care. People and their relatives felt that staff cared and treated them with respect and dignity.

Staff were responsive to people's needs and helped people to be independent.

Staff supported people to manage behaviours that may challenge others in line with best practice.

People had detailed support plans in place and these were regularly reviewed. Plans reflected people's

physical, mental, emotional and social needs and their care and support preferences.

Staff received training, induction, supervision and support to perform their roles effectively.

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 good (published 29 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified one breach in relation to having systems in place to monitor the quality of the service. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

89a Hampton Road East

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
One inspector conducted the inspection over two days.

Service and service type
89a Hampton Road East is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who managed both this home and another care home next door. They had recently applied to register with the CQC and this was in process at the time of the inspection. The registered manager 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 information we had received about the service since the last inspection. This included information regarding the manager's application to register with the CQC and when the provider had notified us about important events that had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with two people who used the service and two relatives about their experience of the care and support provided. We spoke with staff, including four support workers, the deputy manager, the manager and the provider's area manager. We observed people being supported throughout the inspection visits. We looked at the support plans for three people, personnel files for three staff and other records relating to the management of the service.

After the inspection
After the inspection we spoke with two more relatives of people who used the service and two adult social care professionals involved with the service.

Good

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 good. At this inspection this key question has remained the same, good. This meant people were safe and usually protected from avoidable harm.

Assessing risk, safety monitoring and management

● During our visit on 10 May 2019 we found a chemical used for cleaning was not stored securely and this may have presented a risk to some people using the service.

● We found bottles of toilet cleaner and odour neutraliser kept in the downstairs toilet room which was accessible to everyone. The service's risk assessment for people being exposed to hazardous substances indicated that these were to be kept in locked or bolted storage areas. We discussed this with the manager who took immediate action to remove the substances.

● There were appropriate fire safety arrangements in place. Fire safety equipment was checked each week and fire evacuations were practiced monthly, both during the day or at night. The evacuation records noted how people took part in the practices and the advice given to people and staff to stay safe. People had individual fire evacuation plans to ensure staff supported people in the event of a fire or other emergency.

● People had individual risk management plans were in place to reduce risks to people's safety and well-being while promoting their independence. People's plans set out actions or guidance to reduce assessed risks, such as keeping one person safe around knives in the kitchen and another person accessing the community.

● The provider carried out checks regularly to make sure people were safe. These including checking the communal areas and people's rooms, window restrictors, water temperatures and electrical equipment. We saw action was taken to address issues identified by these audits. For example, repairs had taken place in response to issues noted in electrical installation inspections.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they thought the care people received was safe.

● The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded and shared with the local authority appropriately.

●There were appropriate systems in place for recording and monitoring when staff handled people's money so that people were protected from the risk of financial harm.

● Staff had attended adult safeguarding training. Managers and staff spoken with knew how to recognise and respond to safeguarding concerns. This included knowing about whistleblowing processes and how to escalate concerns.

● Staff were confident if they raised concerns these would be listened and responded to.

● The managers promoted safeguarding awareness by discussing this during team meetings and staff supervisions and displaying information at the home about raising concerns.

Staffing and recruitment

● Staff rotas indicated that safe staffing levels were being maintained.
● Staff told us there were sufficient numbers of staff on shift to meet people's individual needs and this enabled them to spend "quality time with people."
●The service did not use temporary staff and people were supported by staff who they knew and had developed relationships of trust with.
● Recruitment records showed the provider completed necessary pre-employment checks so they only offered positions to appropriate applicants. These included detailing applicant's previous work history, gathering references from their previous employers and obtaining criminal records checks with the Disclosure and Barring Service.
● We saw evidence the provider assessed applicants' values as part of the recruitment process to help determine if they were suitable for the role.

Using medicines safely
● There were safe systems in place to make sure people were supported to take their prescribed medicines.
● Medicines administration records (MAR) set out the necessary information for the safe administration of people's medicines, including the application of people's prescribed creams or ointments. Staff had completed these records appropriately.
● Up to date protocols were in place that gave information to staff on administering 'when required' medicines as intended by the prescriber.
● Staff had completed medicines support training. The managers had then assessed and recorded the competency of staff to provide the medicines support being asked of them.
● Managers were aware of working with other professionals to support the STOMP initiative and were conducting an audit of services which would inform a STOMP actions plan. STOMP stands for 'stopping over-medication of people with a learning disability, autism or both with psychotropic medicines'. It is a national project involving many different organisations which are helping to stop the over use of these medicines.

Preventing and controlling infection
● The communal areas of the home, including the kitchen and laundry area, and the rooms we were invited to see, were clean.
● Staff had received infection control and prevention training and could tell us put this into practice. Staff told us there were always supplies of equipment such as gloves and handwashes for them to use.
● One member of staff acted as the service's designated infection control lead. They completed regular audits of infection control practices in the home. We saw that action was taken in response to these audits' findings.
● Staff had completed training on food hygiene so that they could support people to prepare meals safely.

Learning lessons when things go wrong
● Staff recorded incidents and accidents and the actions taken in response to them. Incidents were also discussed at team meetings to identify and share any learning.
● One support worker told us, "It's good talking to other staff, it's good to share with each other if something is working well."
● Incidents were also documented on a monitoring tool which the manager and area manager reviewed regularly to identify any themes or other improvement actions that may need to be addressed. A strategic overview of incidents was then reported to provider's senior management team.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- One person's daily support arrangements meant that their room was locked for them and some of their personal effects, including toiletries and some clothes, were also locked away in their wardrobe. Staff held the keys and supported the person to access these things when required or requested. These arrangements were restrictive of the person's liberty and were not recorded in their current support plan or risk management plans. This meant there were no up to date care records to show the person had consented to these arrangements and that the arrangements were kept under review. The provider responded by stating the person's support arrangements would be reviewed and updated immediately following the inspection.
- The provider had made applications for authorisation to the local authority when people's care arrangements amounted to a deprivation of their liberty. The provider had followed these applications up with the local authority to try to complete them in a timely manner.
- People who had capacity to consent to their care and support arrangements had signed their support plans to indicate this.
- Staff had completed training on the MCA and DoLS. Staff we spoke with could explain how they supported people making day-to-day decisions in line with the principles of the MCA. One support worker told us, "You're always assessing that they have capacity for the decisions they want to do. You shouldn't assume they lack it if you don't agree with the decision they make."

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

● The provider assessed people's needs when they were moved to the service. These assessments were comprehensive and covered different areas of a person's daily living, such as their care and healthcare needs, cultural background, community presence, family and other important relationships and sexual needs.
● People's assessments of need also set out the goals a person would like to achieve, their preferences and their likes and dislikes. This information informed people's support and risk management plans. We saw one person had written the likes and dislikes section of their assessment and subsequent plan themselves.
● Positive behaviour support plans described how to understand and support people whose behaviour may challenge, in line with best practice. These plans were based on assessments and reviews of people's behaviour, supported by the provider's behaviour support team and with the involvement of other community professionals.

Staff support: induction, training, skills and experience
● Staff we spoke with were competent, knowledgeable about people's support needs, and felt supported by managers to develop.
● New staff completed an induction and probation period before being confirmed in post. Staff who had recently started said their induction was helping them to be competent in their role. One staff member stated, "It's been great, I have learnt so much." These staff were also working through stages of the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.
● Staff had annual performance reviews and regular supervisions that were recorded in detail. Staff told us they found these useful and supportive.
● Staff had completed a range of training and said this helped them to feel competent to support people. Their comments included, "The training really has been helpful" and "Very helpful, you acquire new skills to apply to the job." Training included learning disabilities and autism awareness, person-centred planning, information governance, positive behaviour support and first aid. Managers arranged for staff to attend refresher training where this was required.
● The provider had supported some staff to attain qualifications in adult social care and offered a leadership training to support staff to develop professionally in their roles. Staff told us they had found this programme useful. For example, it had helped them prepare for conducting supervisions with staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to prepare their own meals. One person told us they took it in turns with other people to cook. One relative told us the service had adapted to support someone to cook and eat at their preferred times. Another relative told us, "They are always preparing nice fresh food."
● People's support plans identified their food preferences and cultural dietary requirements. For example, one person's plan explained they only ate some food items sourced in a specific way.

● Staff had attended training on nutrition and healthy eating so they could support and encourage people to maintain balanced diets.

Adapting service, design, decoration to meet people's needs
● There were several signs prominently displayed around the home with information for staff about using different coloured mops and buckets for cleaning. The manager told us this was necessary to promote people's safety and infection control. However, this practice meant the environment was not as homely and personalised as it could have been and we did not see that more subtle ways of providing information to staff had been considered to consistently enhance a homely environment.
● People were able to be involved in some decisions about their home environment. For example, people's

artwork and photographs helped to decorate some of the communal areas and people were able to personalise their own rooms. One person was being supported to re-decorate their rooms to their choosing.

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

- We saw people were supported to access healthcare services and have their health needs met. This included supporting people to attend annual health reviews appointments with consultants, nurses, therapists and GPs.
- Relatives told us they staff were sensitive to people's anxieties about attending health appointments. Support staff involved some people's relatives in helping a person attend their health appointments.
- Staff completed an oral health assessment with people to help them monitor their oral hygiene and identify the support they may need with this. One person was being supported to reduce their smoking.
- People had hospital passports that described their care and support needs and what was important to them. These documents promoted person-centred working with other healthcare agencies because they described how people communicated and needed to be cared for in specific situations.

Good

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, 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

- People and their relatives were positive about the staff and the way they treated them. One person told us, "I like the staff. They're all nice." Another person said, "the staff are very good." One relative described the atmosphere in the home as "cheery." A new member of staff said they had observed that the other staff "Interact with people like a family."
- We observed staff speaking with people with kindness and respect. For example, chatting with people in a friendly manner, calmly supporting a person who was anxious about a matter important to them, and joking with and amusing a person in line with their support plan.
- People's support plans contained a personal profile and life history about them. New staff told us this information was helpful in getting to know people and how they liked to be supported.
- Staff had received training in promoting equality and diversity in their work. Information about people's religious and cultural beliefs was recorded in their support plans. The staff worked with people's families to support them to visit their places of worship if people chose to.
- People's assessments and support plans noted relationships that were important to people and which staff respected and helped people to maintain.

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

- People were involved in decisions about their care and support needs and how these would be met. This was reflected in their care records. An adult social care professional confirmed that a person they visited was involved in a review of their support.
- During the inspection we saw staff give people opportunities to make decisions about their support and how they wanted to spend their days. This included people deciding when they wanted to go out and where, what they wanted to do and when they wanted to contact their family. For example, one person was supported to view film trailers online to help them choose which film they wanted to see at the cinema later.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One relative told us, "[The person] is treated with dignity, with affection. They know how to get the best out of [the person]."
- Staff described how they promoted privacy and dignity when providing personal care. This included offering support, seeking people's consent, speaking with the person and respecting their personal space. Staff explained how they treated people's information confidentially.
- Staff we spoke with were motivated to help people develop their independence. One support worker said it gave them satisfaction to see people taking pride in learning new skills told us. They added, "I think that is

the best part of the job." They gave examples of things people had been supported to become more independent with, such as a person cooking their own meals or another person developing their communication abilities so they could have a conversation with staff.

Good

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, 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

● People and relatives told us that people received care and support from staff who understood their needs. One relative told us, "Residents are very keen to approach staff to get them to help them. There is never any undertone that staff don't want to help, they're always very willing." Another relative said, "They are trying to make them happy every time when we go there." We saw staff and managers being responsive to people throughout our visit.

● People's support and risk management plans reflected their physical, mental, emotional and social needs and their care and support preferences. These plans included information such as to how a person makes decisions, how to encourage a person to be more independent in their daily living, and things that make a person happy or upset.

● People's plans were consistently updated and people were involved in this. One person told us, "Staff do speak with me about it. It helps the staff to know what support I need."

● One support plan we viewed was in a new format the provider was in the process of implementing with everyone. This had more detail on providing person-centred support, such as what the person's behaviour may be communicating and identifying the best approach for staff to take to respond to the person's known likes and preferences.

● There were regular group meetings for people living at the service when they could make suggestions about activities they wanted to try. When we asked about this, one person said they were listened to at the meetings and "[Support staff] then just make the activities happen."

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.

● People's communication needs were assessed when required. People's support plans set out how the person may understand things and how they liked to communicate.

● Staff used pictures and items that represented an activity, place or person to promote accessible communication with some people. Staff communicated with others in a way that helped them to manage negative thoughts. We saw staff supporting people in these ways during our visit.

● The service used a noticeboard with pictures of staff to let people know who was working that day. One person told us they used this and it was kept up to date.

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

● Staff recognised the importance of family and personal relationships and supported people to develop and maintain these. This included recognising people wanting to express their sexuality in their everyday lives and supporting people to develop their understanding of personal and sexual relationships.

● Relatives told us they felt involved in a person's life and welcomed when they visited the home.

● One person told us, "I'm getting out more with the guys." Daily records of support showed staff supported people to access a variety of meaningful activities, hobbies, and employment and education opportunities. These were based on people's known likes and aspirations. They included social events, meals out, trips to the zoo and other attractions, attending college courses, support to visit families, and going on holiday.

● People had weekly plans of activities but told us they could change plans if they wanted to, which we saw happen during our inspection visit.

● Staff had supported people to identify and work towards their aspirations. For example, one person wanted to go abroad on a plane for the first time. Staff were supporting them to save money and had helped the person to apply for a passport to help make this happen.

● One person had expressed an interest in getting employment with the provider as a maintenance worker. The area manager told us they were supporting this by arranging appropriate insurance.

Improving care quality in response to complaints or concerns

● There was an appropriate complaints management system in place. Complaints were handled in the correct way.

● One person we spoke with said they could raise issues they weren't happy with. Relatives told us they knew how to raise concerns and had been given information on making complaints. One relative said, "I have made complaints. I know the process." They told us that when they had raised issues or complaints these had been listened and responded to effectively.

End of life care and support

● No one was receiving end of life care at the time of our inspection. The people living at 89a Hampton Road East were not older adults and were not living with life-limiting conditions. However, we did not see evidence in the support plans we viewed that the service had explored with people their preferences and choices in relation to end of live care.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant that although the service management and leadership was consistent, leaders and the culture they created did not always support the delivery of high-quality, person-centred care for each person.

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

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not identified and addressed the issue of a person's full support arrangements not being recorded in their current support or risk management plans.
- The systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the service had not been consistently effective. This is because we found a chemical used for cleaning and an odour neutraliser not stored in line with the provider's agreed procedures to manage the risk posed by these substances to people who used the service.

This meant the systems to monitor the quality and safety of the service had not been sufficiently robust to have identified or taken timely action on the areas for improvement we identified.
This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's quality assurance checks included monthly audit visits by senior staff. These looked at support and risk management plans, staff recruitment and training requirements, DoLS applications, people's support to access healthcare services, staff supervisions and team meetings.
- There was an action plan in place to address issues identified by these checks and we could see actions were being taken. Staff supported the provider's quality assurance processed. One support worker told us, "The company carries out its own 'inspections'. I think this is a good thing."
- We saw that the provider's 'Quality Checker' had arranged to visit the service in the week following our inspection. This was someone who has personal experience of using this type of care service. This initiative enabled the provider to gain another perspective on people's experience of the service, what was working well and what might need to improve.
- The manager had been in post for six months prior to our inspection and they were in the process of registering with the CQC. They told us they felt the provider had supported them since they started and "I feel comfortable in picking up the phone and speaking with anyone."
- Staff we spoke with said they were supported by the management team. Staff comments included, "The door is always open so I can always speak with [the deputy manager]," "This is a challenging and demanding job, they are here to support us to make sure we can cope with the demands," and "Whenever

we have problems we are free to approach them for advice and help."
● The manager attended regular meetings with their peers. The manager said this provided a network of support to learn from practice issues, concerns and incidents that services had experienced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● People we spoke with told us they were happy with their care and support. They stated, "It's lovely here" and "It's very good." One relative told us, "I think they are very good, no complaints."
● The manager explained their approach to supporting and empowering staff to work with people in person-centred way. They said, "You want staff to come in to enjoy their job and to have empathy."
●The provider had developed an organisational approach to realising the principles of Registering the Right Support in practice. The manager was in the process of developing a plan for making this happen at the home.
● The provider had conducted a 'stress questionnaire' exercise with staff in January 2019 in response to some reports of staff dissatisfaction. Based on the findings of this, we saw the provider and manager had developed a comprehensive recruitment and retention plan and increased the frequency of staff supervisions. This was to make sure staff felt supported in their roles.
● The provider consistently informed the CQC of important events that happened in the service in a timely manner and monitored the service's performance in this area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● People had opportunities to be involved in and influence the running of the service. Staff sought feedback and ideas about the service at regular house meetings with people.
● We saw that a person who used the service completed the monthly health and safety checks around the home jointly with staff. Managers told us this person had sat on the panel for recent staff interviews.
● Relatives told us they felt involved in the service. One relative added, "I think the new house manager is very open to discussing things." One adult social care professional told us the service worked well with people's families and involved them in people's support.
● The provider conducted annual surveys with people who used the service and their relatives. The last survey in November 2018 received positive feedback, including comments like, "a fun, happy house and good friendly staff" and "Good staff who take great care looking after my [relative]. I am kept informed of any problems or issues and they are resolved." We saw actions were taken in response to the survey.

Working in partnership with others
● The service worked in partnership with agencies. These included healthcare service as well as local community resources, such as colleges and sports or swimming centres. Staff liaised with other services supporting people with learning disabilities as this helped people to develop or maintain their friendships outside of the home.

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 17 HSCA RA Regulations 2014 Good governance The provider was not always operating effective systems and processes to: - Assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. - Assess, monitor and mitigate the risks relating to the health safety and welfare of service users. Regulation 17(1), (2)(a)(b)