







National Autistic Society(The) National Autistic Society - Prospect House

Inspection report

Whalley Road
Altham
Accrington
Lancashire
BB5 5EF
Tel: 01254 384117
Website: www.autism.org.uk

Date of inspection visit: 12 and 13 February 2015
Date of publication: 08/04/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Requires improvement	

Overall summary

We carried out an unannounced inspection of Prospect House on 12 and 13 February 2015. Prospect House is owned by The National Autistic Society (NAS). It is a care home which is registered to provide care and accommodation for up to seven adults with a diagnosis of Autism and does not provide nursing care.

Prospect House provides accommodation and support for seven younger adults with autism. It is located on a main road in Altham near Accrington. There are various communal rooms; some are equipped to offer sensory, therapeutic and recreational activities. All the bedrooms are single and six have en-suite facilities. There is an enclosed patio/garden area to the rear of the home. Car parking is available at the front of the premises. The

Summary of findings

service aims to support people in their progression towards living more independently. At the time of the inspection there were six people accommodated at the service.

At the previous inspection on 22 August 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with indicated they experienced good support. One person said, "I think I am getting the support I need to move on" another commented, "Things are alright." However we found there was lack of effective systems to assess, monitor and improve the quality of the service. We also found the registered providers had not properly shared their intention on some changes at the service. You can see what action we told the provider to take at the back of the full version of the report.

We found arrangements were in place to help keep people safe and secure. Risks to people's well-being were being assessed and managed. People using the service and their relatives had no concerns about the way people were supported.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Proper character checks had been done before new staff started working at the service.

Although there were several staff vacancies, arrangements were in place to maintain appropriate staffing levels, by the use of 'bank' and agency staff. There were systems in place to ensure all staff received regular training and supervision.

People were receiving safe support with their medicines. We discussed with the deputy manager ways of further involving people with the medicines processes. Staff responsible for supporting people with medicines had completed training. For most, this had included an assessment to make sure they were capable in this task.

We found people were supported to lead fulfilling lives. They were enabled to make their own decisions and

choices. Staff communicated and engaged with people, using ways which were best for their individual needs. People were supported with their healthcare needs and medical appointments. Changes and progress in people's life and circumstances was monitored and responded to.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

People enjoyed their food. Meals were provided based upon people's known likes, preferences and requirements. Arrangements were in place to make sure people were offered a balanced diet. People were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items.

People made positive comments about the care and support they, or their family member received. We observed positive and respectful interactions between people using the service and staff. People's privacy, individuality and dignity was respected. Each person had detailed care records, describing their individual needs and choices. This provided clear guidance for staff on how to provide care and support. Care records were being developed to provide a clearer focus upon individual skill development and achievement.

Each person had a personalised and varied programme of activities. People were supported with their hobbies and interests, and with activities in the local community. Their lifestyles and circumstances were monitored and reviews of their support needs were held regularly. People were supported to keep in touch with their relatives and friends.

There were satisfactory complaints processes in place. There was a formal process in place to manage, investigate and respond to people's complaints and concerns. People could express concerns or dissatisfaction with the service during day to day living and within their care reviews.

Summary of findings

Prospect House had a management and leadership team to direct and support the day to day running of the service. There were systems in place to consult with people about the service.

Summary of findings

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 safe. Arrangements were in place to keep people safe and secure at the service. We had no concerns about the way people were treated or cared for.

Staff recruitment included all the relevant character checks. There were enough staff available to provide safe care and support. Staff were trained to recognise any abuse and knew how to report it.

We found there were safe processes in place to support people with their medicines.

Good



Is the service effective?

The service was effective. People indicated they experienced good care and support. People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported to eat healthily; their preferred meal choices were known and catered for. This helped ensure people's dietary preferences and needs were responded to.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring. During our visit we observed positive and sensitive interactions between people using the service and staff. They supported people to make their own choices and opinions. People made positive comments about the caring attitude and approaches of support workers.

Support workers were knowledgeable about people's individual needs, backgrounds and personalities. People had care plans which described their attributes, needs and choices and how their support should be provided.

People's privacy, individuality and dignity was respected. People had free movement around the service.

Good



Is the service responsive?

The service was responsive. Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their support.

Good



Summary of findings

People were supported to keep in contact with families and friends. They had opportunities to try new experiences and develop skills, by engaging in meaningful activities at the service and in the local community.

Processes were in place to manage and respond to complaints, concerns and general dissatisfactions.

Is the service well-led?

The service was not consistently well led. Although people made positive comments about the day to day management, we found there was a lack of effective systems to assess, monitor and improve the quality of the service.

Requires improvement



National Autistic Society – Prospect House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 February 2015 and the first day was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. We also spoke to the local authority contract monitoring team.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time in the company of the people who used the service. We spoke with two people and two relatives. We talked with two support workers, a team leader, the registered manager and deputy manager. We spent time observing the care and support being delivered and looked at a sample of records. These included three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe at the service. One person told us, “I feel safe living here.” People spoken with did not express any concerns about the way they were treated or supported. During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety. Relatives spoken with expressed satisfaction with the arrangements for keeping people safe and had no concerns about how people were supported. One told us, “He feels safe and secure here, they are consistent in their work. For the first time I am not worried about him.”

We found individual risks had been assessed and recorded in people’s support plans. Management strategies had been drawn up to guide staff on how to manage and minimise these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. Support workers spoken with told us they were aware of people’s risk assessments and how to effectively support people to keep them safe. One support worker explained, “There are risk assessments for each activity, we need to be aware of them and any triggers.” This meant they could respond by focusing upon defusing tension and using the least restrictive approaches.

Information we held about Prospect House indicated safeguarding matters were effectively managed and appropriately reported for the wellbeing and protection of people using the service. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff were aware of the service’s ‘whistle blowing’ (reporting poor practice) policy and expressed confidence in reporting concerns.

Staff said they had received training on safeguarding and protection. They had also received training on low arousal techniques and proactively responding to behaviours of concern.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was some information displayed on the resident’s notice board on abuse and keeping safe,

including leaflets from the health authority and local advocacy services. We noted there were no information leaflets from the local authority, therefore the deputy manager agreed to pursue this matter.

Arrangements were in place to promote safety and security. This included reviewing accidents and incidents, checking systems, reporting any issues and being familiar with individual risk assessments. We looked around the premises, the areas we looked at were safe and in good order. Records were available at the service; including, risk assessments, safety checks and maintenance reports which confirmed these arrangements were in place. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out. There was no specific audit on the control and prevention of infection; however the registered manager had access to an audit tool which we were told was to be used for this purpose.

We looked at the recruitment records of two members of staff. The process included applicants completing a written application form with a full employment history. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. However, we found the records on site were lacking in confirming declared qualifications had been verified. We discussed this matter with the registered manager who acknowledged our concerns and agreed to take action to rectify this practice. The checks did include taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held.

The registered manager explained the processes in place to maintain staffing levels in response to people’s individual needs and funding arrangements. At the time of the inspection we were told there were several staff vacancies, however arrangements were in place to maintain appropriate staffing levels, by the use of ‘bank’ and agency staff. Support workers spoken with considered there were sufficient staff available at the service; one told us, “The staffing levels are adequate people get one to one support.” During the inspection we observed staff were

Is the service safe?

available to provide people with support and respond to their needs. We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements.

We looked at the way the service supported people with their medicines. Each person's ability to manage and have involvement with their medicines had been considered. Each person had a medication profile, which described their specific needs and preference around their support and involvement with medicines. We discussed with the deputy manager ways of further involving people with the medicines processes.

The deputy manager described the processes in place to order and manage medicines. The service used a monitored dosage system for medication. This is a storage method designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There were basic systems in place to check some aspects

of medicine management, however the registered manager confirmed a more comprehensive auditing tool was soon to be introduced. This would ensure appropriate action was taken to minimise any risks of error.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medicine records were well presented and organised. All records seen were complete and up to date. There were separate protocols for the administration of medicines prescribed 'as necessary'. However, we found clear directions had not been recorded on 'variable dose' medicines. This meant instructions were lacking in providing support. We discussed this matter with the registered manager who acknowledged our concerns and agreed to rectify this matter.

Staff had access to medicine management policies and procedures which were readily available for reference. Staff responsible for administering and providing people with support with medicines had completed medication management training. For some, this had included a practical assessment to ensure they were competent at this task. The registered manager assured us that action was being taken to assess each staff member's competence in this task.

Is the service effective?

Our findings

The people we spoke with indicated they experienced good support. One person said, “I think I am getting the support I need to move on” another commented, “Things are alright.” Relatives spoken with indicated the service had been effective in supporting people to develop daily living skills, social skills and confidence. They told us, “He has come on leaps and bounds” and “It’s fantastic, they have brought him on. They are doing a brilliant job.” The registered manager and deputy manager provided specific examples of how individuals had progressed whilst at the service.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and choices. We found customised methods were used to communicate and engage with people, using ways which were best suited to their individual preferences and abilities.

We looked at the way the service provided people with support with their healthcare needs. One person confirmed with us the attention they had received from healthcare professionals and the support provided for appointments. Relatives told us they considered health needs were effectively met; they described the arrangements in place to provide support. Staff spoken with confirmed the processes for monitoring and responding to people’s healthcare. Each person had an ‘Anticipatory Health Calendar’. This was designed to promote the daily observation of people’s health and alert staff to any changes in their condition and well-being. This meant support workers could readily identify any areas of concern and respond accordingly. People also had a health action plan which provided information on any past and present medical conditions. Records were kept of all healthcare appointments and outcomes.

People spoken with indicated they were satisfied with the support they received with eating and drinking. People were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items. One person told us they enjoyed cooking their own meals. We asked relatives for their views on food and nutritional matters, they considered and appropriate diet was provided. One said they had not heard any complaints about the food. People’s nutritional needs and food preferences, were assessed within the care planning

process and a support plan had been devised for each person. We were given examples of the action taken to support people with healthy eating choices. There was a four week seasonal menu. This had been devised to provide a balanced diet and included people’s known preferences.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. We found deprivation of liberty screening checklists had been carried out; this meant consideration had been given to people’s capacity to make particular decisions and the kind of support they might need to help them make them. Appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people’s best interests.

We looked at how the service trained and supported their staff. Support workers had completed induction training to a nationally recognised standard. The induction included an introduction to the framework known as SPELL, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families). There was an induction training file at the service, which included specific information about Prospect House. This would help make sure new employees were familiar with the service, their role and responsibilities.

There were systems in place to ensure all staff received regular training, which included safety and care related topics. The registered manager told us of the action being taken to provide training up dates for support workers. Staff told us of the training they had received and confirmed there was an on-going training and development

Is the service effective?

programme at the service. Support workers were also enabled to attain recognised qualifications in health and social care. This meant staff were supported to recognise people's needs and provide safe and effective care.

Support workers said they received regular one to one supervision and on-going support from the management

team. This provided staff with the opportunity to discuss and reflect upon their support practice and develop their approaches. Staff also had annual appraisal of their work performance and a formal opportunity to review their training and development needs.

Is the service caring?

Our findings

People using the service expressed their satisfaction of the care and support they received. One person told us, “The staff here are alright, they treat me pretty well, I feel I can trust them.” We observed positive and respectful interactions between people using the service and staff.

Staff showed kindness and compassion when they were supporting people. Relatives spoken with made positive comments about the care and support their family member received. They told us, “The staff are marvellous, always pleasant, (my relative) is very well supported” and “The staff here are lovely, I can’t praise them enough.”

People had free movement within Prospect House and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. This meant people had access to privacy when they needed to be alone. We observed people going to their bedrooms and sitting in different areas of the home. We found people had been supported to personalise their bedrooms, in ways which reflected their individual preferences and needs. One support worker told us, “They all have privacy in their own bedrooms and bathrooms, we respect their space” another said, “Respecting people’s dignity and privacy is very important. We always knock and doors and prompt people to do as much as possible for themselves.”

Support workers spoken with understood their role in providing people with effective care and support. They were knowledgeable about people’s individual needs, backgrounds, personalities and preferred routines. They gave examples of how they provided support and promoted people’s independence and choices. There was a ‘keyworker’ system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their support. Support workers were familiar with the content of people’s care records; one told us “We refer to the care plans all the time.”

We looked at two people’s care records. Each person had a person centred plan, an essential life plan and a health action plan. This information covered all aspects of people’s needs and provided clear guidance for staff on how to provide care and support. There was a profile of the person, which included information about their personal histories and lifestyle choices. The profile described what was important to them and how they could best be supported. The information contained in the support plans was detailed and personalised, therefore a summary had been devised to provide bank and agency staff with overview of the person on a need-to-know basis.

Is the service responsive?

Our findings

One person told us they had been to visit and look around Prospect House before making a decision to move in. A relative explained they had visited three times before the full assessment was carried out. We found people were encouraged to visit, for meals and short breaks. This meant people had been given the opportunity to experience and become familiar with the service.

The registered manager described the process of assessing people's needs and abilities. This involved gathering information from the person and other sources, such as care coordinators, health professionals, families and staff at previous placements. We looked at the assessment records of a planned admission, which included the action to be taken to meet the person's needs. Processes were also in place to respond effectively when people were moving on from the service. At the time of the inspection the care planning process was being developed to be more concise and responsive to people's on-going progress, by providing a clearer focus upon individual skill development and achievement.

Support workers described how they delivered support in response to people's individual needs, abilities and aspirations. We were given examples of the progress people had made by staff being responsive to their needs and developing ways of working with them. This included improving methods of communication and engagement, reducing people's anxieties and the experimental approach to enabling new experiences.

People were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. We discussed with one person their preferred activities and the lifestyle choices they enjoyed. Each person had a personalised and varied programme of activities. We observed people being supported in various ways in accordance with their care plans, risk assessments, decisions and choices. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable.

People's support needs, lifestyles and circumstances were regularly monitored and reviews of their care and support were held every six months or more frequently if required. People were supported to prepare and contribute to their

reviews by using various methods of communication. This helped people to have as much involvement as possible in the planning and reviewing their care and support. Relatives told us they were actively involved with care reviews and care planning. One told us, "They have listened to us and taken on board our views" another commented, "We have meetings, they don't do anything without involving me."

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and others. Relatives told us they were welcomed at Prospect House whenever they visited. They said, "Staff can't do enough for you, as soon as you come in they treat you like family" and "Staff are okay, they are always pleasant and welcoming."

We looked at how complaints were managed and responded to. One person told us, "I would complain if I needed, would ask for a complaints form, they told me a lot about these things when I moved in." We asked relatives for their views on the complaints processes. One made the following comment, "I would tell them if I was not happy, they have told me what to do to raise a complaint."

There was a copy of the complaints procedure on display in the hallway. The procedure described how people could make a complaint and indicated the expected timescales for investigating and responding to concerns. The procedure included contact details and photographs of people in the wider organisation who would respond to complaints. The service had policies and procedures for dealing with any complaints or concerns.

Processes were in place to record, investigate and respond to complaints and concerns. The registered manager also explained that systems had been introduced to respond more effectively to 'minor issues' which meant concerns would be de-escalated and responded to proactively.

We found concerns had recently been raised in relation to changes in the staff team and sustained staff retention. We noted these concerns had not been logged and responded to within the complaints systems. However, during the inspection the registered manager took action to escalate the concerns appropriately within the organisation. This meant action would be taken to investigate and formally respond to the issues raised.

Is the service well-led?

Our findings

We found there were no quality audits and reports available from senior management within the organisation. This meant information was lacking in supporting an effective and accountable approach to monitoring and evaluating the service.

Prior to the inspection we received information of concern around staff retention at the service. The relatives spoken with told us there had been a period of instability within the staff team, a number of staff had left which had resulted in the use of agency staff. They considered this had directly impacted upon the provision of continuity of structured care and support for their family members. However, both described the progress made by the managers to try to respond to this matter. Similarly staff told us of the changes in the staff team and of low staff morale at the service, which they considered had now improved. At the time of the inspection there were still seven support worker vacancies at Prospect House. Rotas were being maintained and staff recruitment was on-going. The registered manager said that staff retention, development and support, was to be reviewed nationally within the NAS organisation. However there was no information to show the providers had identified the associated risks to people's welfare, such as the impact changes in staff had upon the people using the service. There were no structured plans in place to demonstrate how the risks related to staff retention and appropriate recruitment incentives, were to be managed and addressed. This meant there was a lack of effective and timely processes to monitor and respond to staffing arrangements for the well-being of people using the service.

The registered manager and deputy manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this audits were carried out at the service which included checks on the care plans, activity evaluations, risk assessments, finances, records and health and safety. However we found there was no specific audit on the control and prevention of infection and there was no comprehensive auditing process for medicine management. This meant process were lacking in effectively checking practices to minimise any risks.

The registered manager and deputy, expressed commitment to the on-going improvement of the service. However we were made aware of proposed changes to the management team structure at Prospect House which we were not aware of. We found there was a lack of clarity around the rationale for these developments. There was no business/development plan to demonstrate a strategic analysis and evaluation of the service. There were no time-scaled action plans to inform and direct the proposed changes. This meant there was a lack of transparency at the service around the proposed future developments.

The lack of effective assessing and monitoring of the service, was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems and processes in place to consult with people who used the service, other stakeholders and staff. Arrangements were in place to promote on-going communication, discussion and openness between people using the service, staff relatives and others. Relatives confirmed communication systems were good. They had been given the opportunity to complete satisfaction surveys annually. We looked at the results of the surveys for people who used the service. We found they had not answered most of the questions. This indicated the style and format of the survey had not been clearly understood and was therefore not fit for purpose. However the registered manager had already identified this as an area for development. Staff, had opportunity to develop the service by participating in regular meetings and as part of consultation surveys. One support worker commented, "We also have staff representatives for the NAS consultation process."

People we spoke with did not express any concerns about the management and leadership arrangements at Prospect House. One person said, "I have no qualms with anyone, I get on well with the managers, they are pretty good." Relatives commented, "I have seen great improvements at the service" and "I think the managers here are doing a brilliant job." One staff member spoken with said, "The managers are brilliant" another commented, "I have worked over six years in care, the managers here are the best I have ever had."

Is the service well-led?

During our discussions and observations we found the managers had a sound knowledge of the people who used the service and of the staff team. We noted people using the service and staff appeared to be relaxed and at ease, in the company of the management team.

The manager in post had been registered with CQC at this service since 2013. The registered manager also had responsibilities for other services in the organisation, but spent regular time at Prospect House. In January 2014 the registered manager was awarded an 'Outstanding Leadership' award for the north region by the National Autistic Society. There was a deputy manager and team leaders, with designated responsibilities for the day to day running of the service. The management team was supported by an area manager and meetings with managers from other services in the organisation were due to be introduced.

Support workers spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. The staff rota indicated the lines of accountability within the service;

however we discussed with the registered manager the value of displaying for a formal organisational structure for staff reference. If the registered manager or deputy was not present, there was always a senior member of staff on duty with designated responsibilities. Arrangements were in place for managers to provide on-call back up to the service. Support workers spoken with indicated the service was well organised and managed. They described the managers as supportive and approachable.

The registered manager explained that the overall aim of Prospect House was to support a 'progress pathway' for people using the service. This meant the focus was upon supporting people to develop and maximise their individual potential. The underpinning management philosophy was based upon the SPELL framework, which had been developed by the NAS (National Autistic Society) to understand and respond to the needs of people on the autistic spectrum. The managers and staff had access to a range of policies and procedures which were centred upon these principles and values.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>People were not protected from the risks of unsafe care because not all risks relating to the health, welfare and safety of people had been identified, assessed and managed. Regulation 10 (1) Which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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.