

Endurance Care Ltd

# Favor House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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 

# Summary of findings

## Overall summary

### About the service

Favor House is a residential care home providing personal care to up to seven younger people who may live with learning disabilities and autism, or mental health needs. At the time of the inspection there were five people living at the home.

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. This ensures 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

The provider had not ensured they had displayed their most recent Care Quality Commission (CQC) rating on every website maintained by them, or on their behalf, as they are required to do by law, to inform the public of their most recent rating.

Other Improvements required to the providers governance systems had now been driven through. Incidents which affected the health, safety and welfare of the people who used the service were notified to the Care Quality Commission. The provider had informed us of changes relating to the management of the service, and a new manager had been registered with the Care Quality Commission. The registered manager had been supported by the provider to address breaches identified during the previous inspection. These related to the management of fire risks, the currency of people's risk assessments and the effectiveness of medication audits. Checks had also been improved to ensure staff had developed appropriate skills and were supported to provide good care.

People liked living at Favor House and relatives were complimentary about the way the home was led. Staff were positive about working at the home and told us their views were listened to. The registered manager had developed links with other health and social care organisations, to further develop the care available to people.

People were supported by staff who understood what action to take if they had any concerns for people's safety and well-being. Staff understood people's safety needs and people's care plans and risk assessments now provided staff with the information they needed to assist them to reduce risks to people's safety.

Systems were in place to reduce the chance of infections and there were enough staff to care for people. People were supported to have the medicines they needed to remain well, and medicines were administered by staff who had been trained to do this, and whose competency was checked. Staff were supported to administer people's medicines safely through guidance such as medication protocols and checks undertaken by the registered manager.

People's needs were assessed, and staff reviewed their assessments as people's needs changed, so staff could be assured people were provided with the care they wanted. Staff had been supported to undertake training linked to the needs of the people they assisted, and to develop the skills they needed to care for people. People were supported to see other health and social care professionals. Where staff had sought advice from other health and social care professionals, the advice was followed. This helped to ensure people enjoyed good health and well-being outcomes.

Staff understood what action to take to reduce the risks to people when they ate or drank, and staff ensured people were supported to have the right amount to eat and drink, so their health would be maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who cared for them, and relatives told us this helped their family members to feel happy and settled. Staff involved people in day to day decisions about their care, and understood and supported people's rights to dignity, independence and privacy.

People's decisions, preferences and needs were taken into account when their care was planned. The views of relatives, staff and other health and social care professionals were considered when people's care was planned, and their risks were assessed. Staff supported people to understand how to raise any concern or complaints, and systems were in place to take any learning from these. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

Staff gave us examples of how they had worked together as a team, and with people, their relatives and other health and social care professionals, so people would have the care they needed at the end of their lives. The registered manager planned further work with people, their relatives and staff to identify and respond to people's wishes at the end of their lives and in the event of their sudden death.

Rating at last inspection an update

The last comprehensive rating for this service was Requires Improvement (published 4 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations identified at the last comprehensive inspection.

At this inspection we have found evidence that the provider needs to make further improvement. Please see the Well-Led section of this full report. The rating for this location therefore remains Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified a breach of Regulations, as the provider had not ensured they had displayed their most recent Care Quality Commission rating on every website maintained by them, or on their behalf, as they are required to do by law.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Favor 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by one inspector and an assistant inspector.

#### Service and service type

Favor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they 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. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spent time with people to see how they were cared for. We spoke with five people who lived at the home

and two relatives about their experience of the care provided. We spoke with four staff including the registered manager and three care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and checks undertaken by the manager and provider on the management of the home and safety and quality of care. We also saw systems used to manage complaints and concerns and any accidents and incidents which may occur.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, review and manage the risks to people's health, safety and welfare. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had put appropriate measures in place to ensure people's risk assessments had been reviewed and care plans and risk assessments now provided staff with the guidance they need to reduce the risks people experienced. This included where people required additional support to manage their anxiety, when eating or spending time away from the home.
- The provider had put appropriate measures in place to support effective fire management.
- The provider had supported staff to undertake further medication training. Protocols had been put in place to support staff to safely administer people's medicines and medication records were completed in line with national guidelines. The temperature where people's medicines were stored was being monitored.
- Staff promptly reassured people when they wanted this.
- Staff gave us examples of positive management of risks which enabled people to maintain their independence and safety.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who received regular safeguarding training and who understood how to recognise signs of abuse and knew how to raise any concerns, should they occur.
- Staff were confident the registered manager would act to promote people's safety, should any concerns be identified.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety.

### Staffing and recruitment

- There were sufficient staff to care for people. People told us this included enough staff to support them to do things they enjoyed and to help them when they wanted assistance.
- Relatives told us there were enough staff to support their family members to visit them. One relative told

us they were working with the registered manager to ensure there were sufficient staff to support their family member to enjoy an annual holiday.

- People were supported by a consistent team of staff, who knew them and their safety needs.
- The registered manager checked the suitability of staff before they employed them.

#### Using medicines safely

- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked. Protocols were in place to guide staff on how and when to administer medicines prescribed for use as required.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The registered manager regularly checked people received their medicines as prescribed. In addition, the community pharmacy team also audited people's medicines. Where any error had occurred, or suggestions made for developing administration medicines were made, these were acted on. This helped to ensure people's safety in relation to medicines continued to be further developed.

#### Preventing and controlling infection

- The home was clean, tidy and odour free, with cleaning products securely stored.
- Staff had been provided with the training and guidance they needed to promote good infection control, including when handling and preparing food.
- Staff had access to gloves and aprons and used these appropriately.
- The registered manager planned further maintenance on one of the bathroom areas, to further reduce the risk of people experiencing infection.

#### Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required. Incidents and accidents were investigated, any actions were taken to prevent them from happening again.
- Staff had opportunities to reflect on people's changing safety needs and to adjust the care planned and provided.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received the training, supervision and appraisals necessary for them to carry out their role and responsibilities. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People told us staff knew how to help them.
- The provider had ensured staff were supported to undertake a range of training to further improve their skills. Staff were positive about the access they had to training and advised us the registered manager was committed to ensuring staff had opportunities to increase their knowledge further.
- Staff told us they were supported through one to one meetings with their line manager and through regular staff and information sharing meetings.
- We saw the training staff had undertaken was linked to the needs of the people they cared for, and checks were made to ensure staff had developed the knowledge they needed to successfully care for people.
- Systems were in place to ensure new staff were supported through an induction programme and working alongside more experienced colleagues, so they would know how to care for people.

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

- People's preferences were considered when their care was assessed.
- The views of people, their relatives and staff were considered when people's assessments were reviewed.
- Staff consulted other health and social care professionals and acted on their advice, so people's changing needs continued to be met.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they enjoyed their meals, which reflected their preferences.
- Staff encouraged people to have enough to eat and drink from a balanced range of food, so they remained well. Staff gave us examples of additional support they had provided to people, so they could

successfully maintain a healthy weight range.

- Staff understood if people needed any specific support when eating, such as a particular texture of food, so they would enjoy their meals and remain safe.
- People were supported to attend routine and specialist health appointments. This included assistance to attend GP and hospital appointments and to seek advice from speech and language specialists, so people would continue to enjoy the best health possible.
- Relatives were positive about the way their family member's health needs were met. One relative said, "The staff keep us up to date with everything that's going on, and they let me know if [person's name] is poorly."
- Staff gave us examples of work they had done with other organisations, such as hospices, so they could be assured people would receive care based on best practice standards.

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

- People wanted to show us their rooms and explained how they had chosen elements of their furnishing and personal items to reflect what mattered to them.
- People could choose to spend their time in sociable or in quieter areas of the home and garden as they chose.
- Pictorial information was displayed to support, guide and reassure people. This included information to guide people how to raise any concerns or complaints, and to inform them of other services which they may wish to use.

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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation correctly obtained.

# 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 Requires Improvement. At this inspection this key question has improved to 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

- The shortfalls in the quality and safety of people's care which had not reflected a caring approach on the part of the provider at our last inspection had now been addressed.
- People told us they liked the staff who cared for them. People wanted to involve staff in their day to day lives, and staff took time to show people they were valued.
- Relatives were complimentary about the caring approach taken by staff and the positive impact this had on their family members. One relative said, "[Person's name] is really happy and the staff are great, really super with them."
- Staff spoke warmly about the people they cared for and knew people well. Staff used this knowledge when caring for people, for example, staff reassured people in the ways they preferred.

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

- People were involved in day to day decisions about their care and confident to let staff know how they wanted their care to be provided. This included how they wished to spend their time, and which staff they wanted to support them.
- Staff varied how they communicated with people, so people would have the opportunity to make their own decisions. For example, by explaining choices available in respect of meals and enjoyable things to do. Staff listened to people and checked their body language, so they could be sure people were making their own decisions. Staff recognised benefits of involving people in decisions about their care. One staff member said because this approach was consistently taken, "Residents [people] seem really happy here."
- People's views on the care provided were obtained through one to one and group meetings. These meetings gave staff the opportunity to involve people in decisions about what interesting things they would like to do, and how they would like to celebrate significant events, such as Christmas.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and dignity. This included people having keys to their own rooms, so they could enjoy a sense of privacy and security.
- Staff gave us examples showing how they promoted people's dignity by supporting them to purchase and wear appropriate clothing, and by assisting them to maintain their sense of self-esteem and independence through volunteering for local charities, where people chose to do this.
- Staff were respectful to the people they cared for. This included staff knocking before they entered people's rooms.
- People's confidential information was securely stored.

# 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 Requires Improvement. At this inspection this key question has improved to 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's care plans and risk assessments had been reviewed and reflected people's current risks, needs and care preferences. These now provided staff with the guidance they needed to care for people, and let staff know what people could do independently, and which areas people required support from staff.
- People told us they were involved in deciding what care they wanted, and this helped to ensure their preferences were met. One person told us they had planned with staff to go out to town to buy a new jumper and were looking forward to this.
- Staff told us suggestions they made for developing people's care plans and responding to their changing needs were listened to.
- People's care plans and risk assessments had been reviewed as their needs changed.
- Where people needed support to make some key decisions about their care, staff consulted with people's families and made arrangements for people to have assistance from other health and social care professionals, such as advocates.
- We saw examples where specialist advice had been sought from other health and social care professionals and their advice followed, so people's needs would continue to be met and their risks were reduced. This included advice to ensure people enjoyed the best physical and mental health possible.

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.

- The service identified people's information and communication preferences and needs. Staff understood the Accessible Information Standards and ensured people had access to a range of information in alternative formats. For example, pictorial information was available to support people to manage anxieties they may be experiencing, and to help people to understand their health needs and fire safety arrangements.
- People's care plans also provided guidance to staff to inform them if people needed specific support with communication, such as with post they received.

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

- People told us staff supported them to keep in touch with their families and people who were important

to them.

- Relatives highlighted how flexible and supportive staff were in assisting them to keep in touch with their family members.
- People were encouraged to let staff know what interesting things they would like to do through regular discussion and meetings.
- Staff understood the links between people's well-being and opportunities to do things they individually enjoyed. This included spending time in the local community; people talked excitedly about a regular disco they attended and plans to celebrate important events. One relative explained how important it was for their family member to celebrate Christmas and said, "it's absolutely beautiful the way they've [people and staff] decorated it for Christmas."
- Staff appreciated some people preferred to spend their time quietly with staff, colouring. One staff member told us how one person enjoyed the sense of independence and achievement they obtained through regular volunteering for a local charity.
- People's care plans reflected their areas of interest, such as walks, trips out for meals and gentle exercise and advised staff how to support people to do things they enjoyed safely.

Improving care quality in response to complaints or concerns

- People had been provided with accessible information to let them know how to raise any concerns or complaints they may have.
- Systems were in place to respond to any concerns or complaints, should any be made and to take learning from these.

End of life care and support

- People's care as they came to the end of their lives was based on their needs and preferences. These were identified in consultation with people's relatives and reflected advice from other health professionals, and if people needed specific support so their spiritual needs would be met.
- Staff recognised people living at Favor House required support to manage the death of people who had lived at the home. Staff gave us examples showing how they had sensitively supported people and provided them with accessible information to help them regain their well-being.
- The registered manager planned to further develop care planning processes, so that all people would have an end of life plan in place, and so people's preferences would be known in the event of their sudden death.

# 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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership did not consistently ensure they were meeting their legal requirements.

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

- Services which provide health and social care to people are required to display their most recent Care Quality Commission, (CQC), rating on every website maintained by or on behalf of the provider.
- We identified during our planning for this inspection the provider had not done this.

This is a breach of Regulation 20A Requirement as to display of performance assessments, of the Health and Social Care 2008 (Registration) Regulations 2009.

At our last comprehensive inspection, the provider had failed to notify us of all incidents that affect the health, safety and welfare of the people who used the service. This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Systems were now in place to ensure any incidents which affected the health, safety and welfare of the people who used the service were notified to the Care Quality Commission.

At our last comprehensive inspection, the provider had failed to notify us of a specified change in the running of service. This was a breach of Regulation 15 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- The provider had informed us of subsequent changes relating to the management of the service. A new manager had also been registered with the Care Quality Commission since our last inspection.
- The registered manager told us the provider supported them to manage risk at the home and to ensure people received care which was informed by best practice. The registered manager gave us an example of discussions with the provider's representatives and with the provider's other registered managers. This provided advice and support and confirmed the provider's expectations of the management of the service.

This included areas such as oral health, so the provider could be sure people would receive appropriate care.

- Staff understood how they were expected to care for people and told us they were given clear guidance from the registered manager. This was done through regular meetings to discuss people's care needs.
- The registered manager understood their responsibilities to be open and what action to take in the event of something going wrong with people's care.

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

At our last comprehensive inspection, we found the provider's quality assurance systems and processes were not sufficiently robust or effective. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection the provider demonstrated that improvements have been made and the provider was no longer in breach of Regulation 17.

- Improvements had been made to the way the checks on the quality of care were used to develop people's care further.
- The registered manager had worked with a provider's representative to ensure previous concerns relating to fire management, people's risk assessments and the effectiveness of medication audits were addressed.
- Staff gave us examples showing how the registered manager and provider's monitoring of staff training had driven through improvements in staff's knowledge and skills, for the benefit of people living at the home.
- There had been recent changes to the provider representative, [line manager], supporting the registered manager. At the time of the inspection, the new provider representative had not had the opportunity to undertake an audit of the care provided at the home. We were advised there were plans for their audit to be undertaken imminently.
- People told us they liked living at the home, and they were confident to approach the registered manager and staff when they wanted any support.
- Relatives were positive about the way the home was managed. One relative told us because the care focused on the needs of their family member they were very happy living at Favor House. Another relative said, "The home is beautifully run and [registered manager's name] is working with me. [Registered manager's name] has been really supporting."
- Staff told us there had been improvements in the support they received to provide good care and told us open communication with the registered manager helped them to seek advice and adjust people's care promptly, when needed. One staff member said, "There's an open-door policy here. [Registered manager's name] has been god sent, and the best manager I have known."
- The registered manager told us they regularly cared for people themselves, at different times of the day, and used this to check people were receiving good care. The registered manager gave us an example of positive changes introduced to promote people's dignity when showering as a result of the observations they had made.

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

- People's views were sought by staff observing people's response to the care and opportunities offered and through 'house' meetings. These meetings checked people were happy with their menu options, and interesting things they might like to do.

- Relatives told us they were consulted about their family member's care and the development of the home. One relative told us they had made recommendations about holiday arrangements for their family member for the registered manager to consider and felt their views were being listened to. The relative said, "They, [staff], let me know how they are, and [person's name] still keeps up with all their activities, [so] I'm really happy with their care."
- Staff were encouraged to reflect on the care provided. One staff member said, "Things are one hundred percent better since [registered manager's name] has come. We do have staff meetings, and my voice is heard."
- The registered manger was reviewing surveys with a view to sending these out to people, relatives and other professionals. The registered manager explained how feedback from these would be used to inform improvements in people's care.
- The registered manager had developed relationships with other health and social care professionals, such as hospices, so people would benefit from specialist advice. The registered manager was planning further work with hospices to inform the further development of the service and to increase staff knowledge.
- Staff gave us examples of how they had worked with other health and social care professionals, such as epilepsy nurses and speech and language specialists, so people's unique needs would be met.

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 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider must ensure their most recent Care Quality Commission, (CQC), rating is displayed on every website maintained by or on behalf of the provider.