Liaise (London) Limited

Totteridge House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Totteridge House is a residential care home providing the regulated activity accommodation and personal care to up to seven people. Whilst registered for seven people it can currently only accommodate six people, as one of the bedrooms has been converted into a dining room and communal space. The service accommodates six people in one adapted building and provides support to people with a learning disability, including people with autism. At the time of our inspection there were five people using the service.

People's experience of using this service and what we found
Relatives were happy with the care their family members received. They felt confident they got safe care. They commented "I am extremely happy with the care my son receives, he has at times distressed behaviours and they manage it well," "Compared to where my son lived before I couldn't be happier, they understand him better so get the best from him," "The staff have a very good attitude to my son, they are kind, supportive and friendly," and "The staff are friendly and professional, my son really enjoys time spent with a couple of his main carers."

Some records were not accurate and complete. Auditing and monitoring of the service was taking place however, the audits had not identified the shortfalls we found in record management or that sufficient staff were not provided at night-time to provide people with the level of support outlined in their PEEP's.

Some risks to people were identified and mitigated. Staff were aware of people's risks and how best to support them. Sufficient staff were provided during the day which enabled people to have the support they required and access to community activities. The night-time staffing levels did not take account of the support outlined in people's Personal Emergency Evacuation Plans (PEEP's) which had the potential to put people at risk. The PEEP's were reviewed in response to our feedback and we have made a referral to the local fire service.

Safe medicine practices were promoted, and systems were in place to safeguard people from abuse. Staff were clear of their responsibilities in recognising and reporting potential safeguarding incidents. Accident and incidents were recorded and showed a debrief of incidents and a review of positive behaviour management plans to prevent reoccurrence.

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.

Staff felt suitably inducted, trained and supported in their roles. Staff were suitably recruited, although some records relating to recruitment were not on electronic staff files to demonstrate the checks they had carried out. These were added to the file after the inspection.

The service had an experienced manager who was committed to providing a person-centred service for people. They acted as a positive role model to staff and had built positive relationships with health professionals and families. Relatives were complimentary of the registered manager and the stability they had brought to the service. Health professionals told us they worked collaboratively with them. A health professional told us the service supports people with very high complex needs. They commented "The registered manager is always available, leads from the front, is hands on, person centred and see what is important for a person. She puts the people they support at the centre of everything they do."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: People were provided with the right support, communication aids and equipment to enable them to be involved in making choices, promote their independence and develop life skills.

Right Care: Person centred care was provided which promoted positive outcomes for people. There was a reduction in distress for people and people were treated with compassion. This promoted their well-being and enabled them to achieve their goals and aspirations which included access to community activities such as swimming, driving experience, holidays and college.

Right Culture: The registered manager promoted a positive, open culture within the service, where staff felt supported, trained and able to raise concerns to enable them to support people to lead inclusive and empowered lives.

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 22 May 2018).

Why we inspected
The inspection was prompted in part due to feedback and concerns around the providers fire safety systems. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements in the safe and well-led domains.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Totteridge House on our website at www.cqc.org.uk.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was always well-led.

Details are in our well-led findings below.

Totteridge House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector on site over two days. An expert by experience carried out calls to relatives after the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Totteridge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Totteridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we walked around the home to review the environment people lived in. We spoke with one person who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, one team leader and two support workers. We reviewed a number of records relating to individual's care and the running of the service. These included fire safety, health and safety, recruitment, staff competency assessments and medicine records.

We asked the provider to send further documents after the inspection for review, which included support plans for three people, fire safety records, training, supervision, audits and meeting minutes. We spoke with four relatives and sought feedback from professionals involved with the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● The provider had made changes to fire safety systems across their services, in response to a fire incident in another of their locations. However, the provider had not checked to see if these changes had been effective. For example, from records, we were not assured that the updated fire policy was being followed in relation to fire drills.

●People had personal emergency evacuation plans (PEEPs) in place. The deputy manager confirmed they did not have an assessment to determine the level of staffing required. However, the PEEP's in place at the time of the inspection indicated people needed a higher level of staff support and supervision during evacuation at night-time than was available. In response to our feedback the service reviewed the PEEPs, in line with the current available staffing at night. We have referred our findings to the fire service for their review and consideration.

● Records in relation to fire risk assessment and management were not always maintained or accurate. For example, the record of fire extinguishers did not include the fire extinguisher in the summerhouse and the fire drill record was not always accurately completed to show the names of staff on duty and the response to the fire drill. This meant the service had not assured themselves that all staff were given the opportunity to be involved in fire drills and it was not recorded how people responded to the fire drill.

● Whilst staff had completed e learning fire safety training at induction, the training records viewed showed face to face fire safety training was overdue for seven out of the 16 staff, and not completed by three new staff.

Systems were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and confirmed the fire training took place with eight staff attending and fire records including PEEPs had been updated.

● The emergency response plan dated May 2022 made reference to a vertical phased evacuation procedure which can be used as part of any PEEPs. It also indicated that the preferred option in the event of a fire is the full evacuation of the Home. The provider updated the emergency response plan in response to our feedback to make it clear a full evacuation of the service would be required.

● A legionella risk assessment was completed in December 2021 with a review due in December 2023. Legionella testing was carried out in June 2020. The legionella risk assessment and the provider's policy did not outline the frequency of the legionella testing. The registered manager confirmed legionella testing was

scheduled to take place after the inspection, in response to our feedback.
● The fire equipment was serviced and an up to date fire risk assessment was in place. Other equipment such as the gas and electrical equipment was serviced as required.
● Daily, weekly and monthly health and safety checks took place which included fire safety, first aid boxes, alarms, water temperatures, window restrictors and equipment such as the swing and trampoline were checked to ensure they were safe to use.
● People's care plans contained a series of risk assessments which were person centred. Risks associated with medical conditions, mobility, food and nutrition, choking, communication, relationships, community access and life skills were identified and mitigated.
● People had positive behaviour plans in place. These outlined triggers and strategies for responding to an incident to mitigate risks to the person, staff and others living at the service. Staff were aware of risks to people and supported them appropriately to mitigate the risk.
● Relatives gave examples where their family member was supported with a task or activity, whilst managing any risks associated with the activity. One relative felt their family member needed more encouragement to be a lot more independent. The service was aware of the family's view on the person's care and they continued to work with them and professionals to develop the person's skills, whilst mitigating risks.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to safeguard people. The provider had safeguarding policies in place and staff were trained in safeguarding. Staff were aware of their responsibilities to report safeguarding concerns. Staff commented "I feel confident to report any concerns and I have trust and confidence in the management to act on it," and "My priority is to keep people safe, therefore I would report and record."
● The team meeting minutes viewed, showed safeguarding was a regular agenda item with staff updated on recent safeguarding incidents and reminded of their responsibilities to keep people safe.
● A person told us they felt safe. Relatives felt confident their family members were safe and they were happy with the care provided. They commented "The care [family member's name] receives, I feel is safe without a doubt," "I am extremely happy with the care my son receives and they manage his behaviours well," and "Compared to where my son lived before, I couldn't be happier, they understand him better so get the best from him."
●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Decision specific mental capacity assessments were in place and best interest decisions were recorded. A person's MCA relating to medicine administration was not specific as to how the medicine was to be administered. After the inspection the deputy manager confirmed this was updated.

Staffing and recruitment

● Staff new to care completed the Care Certificate training. The Care Certificate training provides a framework to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. New staff worked alongside permanent staff in getting to know people and their role. Staff had access to e learning training in topics considered mandatory by the provider. These included topics such as safeguarding, Mental Capacity, learning disability, Asperger's and Autism awareness training. Face to face mandatory training in first aid, fire safety and Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention training (PROACT-SCIPr) was also provided.

● The (PROACT-SCIPr) training updates were overdue for five out of the 16 staff, and a new staff member was awaiting the three-day course. The deputy manager confirmed the new staff member was booked to attend the training in October and a new date would be scheduled during October for the (PROACT-SCIPr) updates training.

● Annual competency assessments of staff practice and learning in relation to topics such as safeguarding, personal protection equipment, fire safety, medicine administration and health and safety were completed, with any areas for improvement noted and addressed.

● Staff told us they felt well supported and had regular supervision. The supervision matrix showed regular planned supervisions were taking place.

● Relatives felt reassured that staff were trained and had the skills to manage situations. They commented "In my opinion the staff are very well trained and cope well with [family member's name] ups and downs," "If my son becomes distressed the staff know how to calm him by involving him in an activity he enjoys," and "The staff know [family member's name] well and having received good training if he becomes distressed they encourage him to go to his room as this is his 'safe place' and it de-escalates the situation."

● People were provided with one to one staffing during the day, with two staff provided for individuals, to enable them to access the community. There were five staff on duty during the day with two other staff working a shorter shift such as 10 till 6 to facilitate community access. Two staff were provided on the night shift. The service used regular agency staff to cover staff vacancies and promote continuity of care. On call management support was provided.

● Relatives felt staffing was sufficient. They commented" "I can only speak in relation to my son and in my view there are enough staff," "It is well staffed and the staff, they have are good," "The continuity of staff is very helpful for my son as he knows them and trusts them which results in less distressing behaviours," and "There are regular staff which gives good stability for someone like my son who has Autism."

●Systems were in place to promote safe recruitment practices. Staff completed an application form and attended for interview. Completed health questionnaires were on file and gaps in work histories were explored.

● A minimum of two references were on file. The provider's recruitment policy indicated references should be taken up from at least two most recent employers and should cover a minimum of three years. In one of the three staff files viewed a reference was not on file from their previous employer. The human resources department confirmed this had been requested but was not forthcoming, so a decision was made to take a character reference. There was no record on file to support their decision. After the inspection, the registered manager confirmed the staff member's file was updated with this information.

● Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. In one staff file viewed their DBS was not on their electronic file. After the inspection, the registered manager confirmed this was made available and added to the staff member's electronic file.

● The service used agency staff and the agencies were required to provide a summary of the pre - employment checks carried out on their staff. The agency pro forma record viewed for some agency staff did not indicate references were obtained for their staff. In response to the draft inspection report,the registered manager contacted the agency who confirmed references were obtained for their staff.

Using medicines safely

●Systems were in place to promote safe medicine practices. The provider had a medicine administration policy in place. Staff involved in medicine administration were trained and had their competencies assessed to administer medicines. Medicines were suitably stored and at the recommended temperature. A record was maintained of medicines ordered, received, administered and disposed of.

● Protocols were in place for "as required" medicines and a homely remedies list was agreed with the GP. Professionals were involved in decisions to administer medicines covertly in food or drinks to suit the needs of individuals and records of changes to medicine were included in the person's medicine file to ensure this was actioned.

● People's support plans outlined the support required with administration of their medicine. The medicine administration records viewed showed medicine was given as prescribed with two staff signatures required to confirm administration.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was open to visitors and people were supported to go on leave to families.

Learning lessons when things go wrong

● Accident, incidents, safeguarding's and complaints were reported on. The registered manager reviewed them, took any necessary action and the electronic reporting system allowed a senior manager of the organisation to have oversight of occurrences within the service.

● Team meeting minutes showed discussions took place on incidents to further promote learning and people's positive behaviour support plans included post incident support guidance to promote staff's well-being and to discuss lessons learnt. The service worked closely with the in-house positive behaviour team to adapt approaches and improve outcomes for people.

● Relatives confirmed they were informed of any accident, incident or medical emergency involving their family member. Relatives commented "Staff always contact us if any events have occurred", and "We were informed when there was an incident with my [family member's name] and another person. They told us what happened, said it was a safeguarding issue and reassured us they would be putting more things in place to see it didn't happen again."

● A health professional involved with the service told us the service was responsive to safeguarding incidents. They commented "They respond to incidents and follow through as local learning to further safeguard people."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records were not always suitably maintained, accurate and complete. A person's support plan had conflicting times for them to be woken up. This had the potential to cause distress to the person. Another person's Mental Capacity Assessment and best interest decision on medicine did not specifically outline how the person took their meds and the separate guidance around how their medicine was to be administered was not up to date to reflect the current method of administration.
- A person's cigarettes were restricted at their request. Whilst various support plans made reference to their cigarettes being restricted there was no guidance provided on how this was to be managed to ensure a consistent approach.
- Other records relating to the running of the home such as Covid -19 cleaning schedules and fire safety records showed gaps in recording. Whilst these were ticked as completed on the shift planner, the duplication of recording resulted in those records not being suitably maintained.
- The training matrix was not accurately maintained to show the e learning fire training was only provided at induction and not annually as indicated on the training matrix.
- Auditing was taking place, but it had not identified gaps and discrepancies in records outlined above. Alongside, that the audits failed to identify that legionella testing was overdue and that all of the required information was not on all staff recruitment records and agency staff information was not on file.
- The provider's audits failed to identify that sufficient staff were not available to safely evacuate people at night based on the level of support outlined in their PEEPs. This is a particular concern based on the provider's commitment to improve fire safety in response to findings of an investigation into a fire in another one of their services.
- Whilst the training matrix outlined a low percentage of staff with fire training and PROACT SCIPrUK, the auditing failed to highlight this to ensure the training was updated in a timely manner.

Records were not suitably maintained, accurate and auditing was not effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to our feedback immediate actions were taken to review and improve records.

- The registered manager was aware of what needed reporting to CQC, and the required notifications were made, in a timely manner.

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

● The service had an experienced registered manager and deputy manager, whom worked well together to promote good outcomes for people. The registered manager was clear of their objectives for the service, which was to provide people with a good quality of life, and to retain and up skill staff to develop in their roles.

● The registered managed was committed and passionate about delivering person centred care. They had developed a positive culture within the service which promoted the right support, right care and right culture for adults with a learning disability. This promoted people's independence, dignity and ensured they were supported in an anti-discriminatory way.

● Person centred care plans were in place which were developed as a quality of life plan, which identified people's communication needs and the individual support they required. This resulted in positive outcomes for people in that their well-being had improved, they had regular access to community facilities and their hobbies and interests were identified and facilitated. The service had a wishing tree display in the dining room where people's wishes and achievements were displayed and celebrated. We saw a person had taken part in a driving experience, whilst others had started college, took an interest in their appearance, a therapy dog had been accessed and people were enabled and supported to develop their life skills.

● Staff felt the service was well managed. They described the management team as "Supportive, approachable, led by example, assist on shift, treat staff well and make them feel valued." Staff commented "[Registered manager's name] is the best manager. She is approachable, fort right, knowledgeable and wants staff to learn and grow. She is incredibly passionate about the people we support and have increased the range of activities available to people which has improved their quality of life," and "The home is well managed, the culture of the home is transparency, need for trust and unity. Everyone is checking on each other and support is provided from all levels."

● Relatives were complimentary of the registered manager and the stability they had brought to the service. They commented "Both the Manager and the deputy manager are very down to earth and very approachable, if I have any ideas they are always open to give something new a go," "The manager and her deputy are very good, the manager isn't there at weekends but it runs just as smoothly, to me that shows the manager has set things up well," and "The manager is always looking at ways to make the residents lives richer, staff seem to like working there so they stay, in my view that's down to a good manager."

● Relatives felt able to raise concerns and felt that issues raised were addressed. Relatives commented "The [registered manager's name] is always my first port of call if I have a concern, I like the fact that she is always open to listen to any suggestions I might have."

● Professionals involved with the service commented, "The team appears well organised, respectful, welcoming and approachable. I feel they raise concerns in a timely fashion and we have responded," "The manager and her staff team are very caring towards their service users and will go the extra mile to support to ensure their wellbeing and safety," and " [The registered manager's name] is always available, leads from the front, is hands on, person centred and see what is important for a person. She puts the people they support at the centre of everything they do."

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

● The provider had a duty of candour policy in place which was developed in line with regulation 20. It included a template letter to use to inform a person and/or their family member about a duty of candour incident.

●Whilst no duty of candour incidents had occurred in the time under review, the registered manager was aware of their responsibilities in respect of a duty of candour incident and was open, honest and transparent during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Systems were in place to get feedback on the care provided. People who used the service, families and staff were surveyed annually. The outcome of the surveys showed staff and relatives provided positive feedback on the service.

● Individual resident meetings took place with user friendly minutes of the meetings maintained. A key worker system was in place, with keyworkers working closely with people to support them to achieve their goals. Three of the four relatives spoken with were aware of the keyworker system and which staff member was a keyworker to their family member. They commented "My son has a brilliant key worker who I see around all the time, it's a man and that works for my son as he tends to get on better with male members of staff," and "Yes my son has a key worker who I have two way communication with, which I appreciate."

● Information was presented in an accessible way for people. Social stories and communication passports were in use and easy read information was available on information boards to promote people's involvement within the service. Alongside, this staff have attended communication and Makaton training, and picture books and the use of technology such as "Grid Player" and/ or a communication app for iPad or Android tablet were available to people.

● Systems were in place to promote communication within the team. Handovers took place and a shift planner was in use which outlined tasks and activities for the shift. Staff were provided with one to one supervision and monthly team meetings took place with staff encouraged to contribute to them.

● Relatives told us there was good communication between them and the service. Relatives commented "Since the new manager there is so much better communication with us, more stable staffing and more activities for my son to do," "Communication was ok before this manager, but now it's first class," "Communication under the present manager has improved, also the facilities have, like a new summer house in the garden," and "The communication since the new manager has been there has always been excellent and that did not alter during all the upheaval of the pandemic."

Continuous learning and improving care

●The registered manager was committed to continuous learning and improving care. They were up to date in best practice in learning disabilities.

● Staff were supported to be champions in specific roles such as engagement, inductions and a speak up champion. The registered manager acted as a positive role model to staff in working alongside them to improve care.

Working in partnership with others

● The registered manager had built positive relationships with health professionals which promoted positive outcomes for people. Health professionals told us the service worked well with them to benefit the people using the service. Professionals commented "The manager works collaboratively with health professionals, including the GP," "On visiting the service I was very confident with the care the service user received, and really impressed with the manager and the team," and "The manager will seek support from external agencies as required and acts on advice given. Information is shared between the team efficiently." Another professional told us the manager and deputy manager worked very well with them. They commented "They are receptive to feedback, are strong advocates for individuals and are not afraid to challenge other professionals if they feel that they are not giving the best possible service to a person."

● The service also had access to internal health professionals such as an Occupational therapist, Speech and language therapist, a behaviour analyst and the PROACT SCIPrUK Instructor. They supported and worked in partnerships with staff in developing people's communication and were responsive to changes in people's behaviours. A health professional commented "The in house multi-disciplinary team is responsive when needed to be involved to work collaboratively."

● People were enrolled at local colleges. Community involvement and activities was promoted, with people supported and enabled to develop their interests and hobbies.
● The service had developed positive relationships with families. They were encouraged to be involved in their family members care to promote people's well-being and positive outcomes for them. Health professionals commented "Staff involve family members with all decisions and do their best to integrate their service users in the community," and "The service is very good at keeping the family involved and communicating with them."

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's audits was not effective in assessing and monitoring the quality of the service to ensure records were suitably maintained, accurate and that risks were mitigated.