

Mr & Mrs J R Buirds

# Hilton Residential Home

## Inspection report

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### 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?

Good 

### Overall summary

We carried out an inspection of Hilton Residential Home on the 14 & 19 January 2015. The first day was unannounced.

We last inspected The Hilton Residential Home on 22 August 2013 and found the service was meeting the requirements of the current legislation in the outcomes assessed. These were, consent to care and treatment,

care and welfare of people using the service, management of medicines, requirements relating to workers and assessing and monitoring the service provision.

Hilton Residential Home provides residential care to older people in nine single and five double rooms. Five rooms have en-suite toilet facilities. The home is located half a mile from Padiham town centre in Lancashire and is close to local shops and transport routes. Car parking is available at the front of the home. There are comfortable

# Summary of findings

lounges, dining rooms and a conservatory. Various aids and adaptations are provided to support people maintain their independence in addition to assisted bathing facilities. There is a passenger lift to the lower ground floor bedrooms. At the time of our visit there were 21 people living in the home.

The home 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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered manager and support staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us they were cared for very well and they felt safe. They said they had never had any concerns about how they or other people were treated. One person said "I feel perfectly safe here. I couldn't find one thing to complain about. Of course I can speak up for myself and maybe others can't, but from my experience, and I've been here a while now, the staff are very good with everyone." Routines were seen to be flexible to accommodate people's varying needs and there were no institutional practices observed.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. Staff were kept up to date with changes in people's needs and circumstances on a daily basis. We found there were sufficient numbers of suitable staff to attend to people's needs and keep them safe and we observed calls for assistance were responded to in a timely way. People told us there was enough staff working to attend to their needs as and when required.

Contractual arrangements were in place to make sure staff did not gain financially from people they cared for.

For example, staff were not allowed to accept gifts, be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

Individual risk assessments had been completed and were centred on the needs of the person. People's rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risk.

People had their medicines when they needed it. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic. Cleaning schedules were followed and staff were provided with essential protective clothing. There were contractual arrangements for the disposal of clinical and sanitary waste and the water supply was monitored for the control of Legionella. Water temperatures at source were maintained at a safe temperature for bathing. People told us they were satisfied with their bedrooms and living arrangements and had their privacy respected by all staff.

Each person had an individual care plan. These were sufficiently detailed to ensure people's care was personalised and they were kept under review. Staff followed 'How I like to spend my day' overview that placed people at the centre of their care. Staff discussed people's needs on a daily basis and people were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed. This meant people received safe and effective care.

We observed good interaction between staff and people using the service. There was much laughter and a friendly atmosphere throughout our visit. From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Activities were varied and people had good community involvement.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. One person told us, "The food is exceptionally good. I've never sent a meal back

# Summary of findings

yet. We can have what we want for breakfast, cereal, porridge, and a cooked breakfast. We get a choice at tea but if I didn't like what was on offer I would get something else I'm sure."

People told us they were confident to raise any issue of concern and that it would be taken seriously. There were opportunities for people to give feedback about the service in quality assurance surveys. Recent surveys showed overall excellent satisfaction with the service.

People told us the management of the service was good. Staff, relatives and people using the service told us they had confidence in the registered manager.

There were informal and formal systems to assess and monitor the quality of the service which would help identify any improvements needed. There were opportunities for people to express their views about the service with evidence their views had been listened to and used to improve their quality of life experience.

During the inspection we found the service was meeting the required legal obligations and conditions of registrations.

# 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. People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly. Safe recruitment practices were followed and contractual arrangements and policies and procedures for people's protection were in place.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. The home was clean and hygienic.

Good



### Is the service effective?

The service was effective. Appropriate action was taken to make sure people's rights were protected. Decisions made took into account people's views and values. People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly and support people's changing needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Food served was nutritious and plentiful and people told us they enjoyed their meals.

Good



### Is the service caring?

The service was caring. There was much laughter and a friendly atmosphere between staff and people using the service. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care.

People were able to make choices and were involved in decisions about their day. Personal profiles of 'How I like to spend my day' were written placing people at the heart of their care.

Good



### Is the service responsive?

The service was responsive. People received care and support which was personalised and responsive to their needs. People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were opportunities for involvement in regular activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

Good



# Summary of findings

## Is the service well-led?

The service was well led. People were happy with the management arrangements in the home. The registered manager monitored people's care and support and provided supervision of staff on a daily basis, which allowed work performance and development needs to be monitored. Staff understood their roles and responsibilities.

The registered manager actively sought and acted upon the views of others. This was supported by a variety of informal and formal systems and methods to assess and monitor the quality of the service.

Good



# Hilton Residential Home

## 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 was planned to check 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.

The inspection took place on the 14 & 19 January 2015. The first day of the inspection was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. During the inspection we asked the registered manager to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service.

We spoke with seven people living in the home, two relatives, one person who attended for a meal every day, three care staff, one domestic staff, a cook and the registered manager.

We observed care and support being delivered. We looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, training plans, complaints and compliments records, all medication records, policies and procedures and a sample of returned quality monitoring questionnaires.

# Is the service safe?

## Our findings

We spoke with seven people using the service and with two relatives who told us they were regular visitors to the home. People living in the home told us they did not have any concerns about the way they were cared for. They told us they felt safe and staff treated them well. One person said “I feel perfectly safe here. I couldn’t find one thing to complain about. Of course I can speak up for myself and maybe others can’t, but from my experience, and I’ve been here a while now, the staff are very good with everyone.” Another person said, “You’ve asked me questions and I’m answering honestly. We are looked after very well here. I go to bed when I choose and get up when I want and I often go out. Staff are very kind.”

We spoke with a relative and asked them to give their views regarding the care and attention their relative received. They said “It’s very good here and he is so happy. I visit when I can, usually a few times a week. He likes to go out and that’s not an issue here. He can come and go as he pleases. I notice when I visit everyone is relaxed. The staff are very caring and I’m amazed how flexible they are. I have no concerns regarding his care.”

People we spoke with told us staff were always around when they needed them. One person said, “They are quick to come when I need help. I don’t usually have to summon anyone because there is always one of the staff around.” Another person told us, “There are staff on at night too. They’ll make you a cuppa and do things like that. I can usually manage to get up myself but if I ring my bell they are there. It’s not something I’ve had to think about. I suppose it’s because you don’t have to go looking for the staff. There is always someone about.” Routines were seen to be flexible to accommodate people’s varying needs and there were no institutional practices observed.

We looked at how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people’s needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people’s needs. The registered manager told us any shortfalls, due to sickness or leave, were covered by existing staff. We also found the manager had reviewed staffing levels and had recently recruited two new staff to join the team. We looked at how this was managed. We found completed application forms, references sent for and evidence the Disclosure and Barring Service (DBS) were

completed for applicants prior to them working. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This check helps employers make safer recruitment decisions. Once the character checks were verified they would be allowed to commence work. Contractual arrangements were in place to make sure staff did not gain financially from people they cared for. For example, staff were not allowed to accept gifts, or be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

We discussed safeguarding procedures with three members of staff and with the registered manager. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There were policies and procedures in place for their reference including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called ‘making a disclosure in the public interest’. Training records evidenced staff training in safeguarding. There had been no safeguarding alerts raised in the last 12 months.

We looked at three people’s care records and found individual risk assessments had been completed and were centred on the needs of the person. People’s rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risk. These were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. However we did not see written guidance for staff to confirm people’s current medicines with their GP on admission to the home. The manager told us this would be included in the guidance provided for staff. It was usual practice to check medication on admission and all handwritten entries were checked by two staff for accuracy. People had been assessed to determine their wishes and capacity to manage their own medicines.

## Is the service safe?

Medication was delivered pre packed with corresponding Medication Administration Records (MAR) sheets for staff to use. We looked at all MAR sheets and noted safe procedures were followed where hand written records of medication were used. We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. Records we viewed showed people requiring urgent medication such as antibiotics received them promptly. We found people who had prescribed medication to be taken, such as medicine for pain relief, this was given when indicated. Arrangements with the supplying pharmacy to deal with medication requirements were good and medicines were disposed of appropriately.

All medication records seen were complete and up to date. However we did not see supporting evidence to demonstrate the medication systems were checked and audited on a regular basis. The manager told us the medication was checked and in future this would be recorded better. They had a medication management audit carried out by the NHS commissioning group and were awaiting their report. The registered manager told us any changes or recommendations made would be followed through. Staff administering medication had been trained.

We looked at the arrangements for keeping the service clean and hygienic. There were infection control policies and procedures in place for staff reference such as dealing with waste and spillages and handling soiled laundry. A reminder for hand washing was displayed in toilets and soap dispensers and paper towels were provided. Domestic staff were employed and cleaning schedules were in place. The service held a maximum five star rating for food hygiene awarded by Environmental Health.

Staff were provided with personal protective equipment such as disposable gloves and aprons. There were contractual arrangements for the disposal of clinical and sanitary waste. The water supply was monitored for the control of Legionella and water temperatures checked to monitor water at source was at a safe bathing temperature for people using the service.

Records we saw confirmed equipment was safe to use and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely such as using a hoist. Training had also been given to staff to deal with emergencies such as fire evacuation. Security to the premises was good and visitors were required to sign in and out.



# Is the service effective?

## Our findings

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. It sets what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Staff we spoke with showed an awareness of the need to support people to make safe decisions and choices for themselves. They had an understanding of the principles of these safeguards and had received training on the topic. At the time of the inspection none of the people using the service were subject to a DoLS.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. This provided staff with essential knowledge to support people as they needed and wished. We also saw evidence in care records people's capacity to make decisions was being continually assessed.

The registered manager told us one person had Do Not Attempt Resuscitation (DNAR) consent in place. We discussed the protocol that had been followed to deal with this. This had been dealt with and authorised by the person's GP. There was evidence recorded in the care plan this had been discussed with the person, and their views and values taken into account.

We looked at pre admission assessments for three people recently admitted. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. Furthermore people had a contract outlining the terms and conditions of residence that outlined their legal rights.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at training records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. All care staff had achieved a recognised qualification in care. Regular training was provided and included for example, moving and handling, fire safety, first aid and health and

safety, malnutrition, safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The training plan showed further training was planned for including end of life care.

Staff told us they were supported and provided with regular supervision. All staff had received an annual appraisal of their work performance which would help identify any shortfalls in staff practice and identify the need for any additional training and support. Staff considered supervision was on-going as the registered manager quite often worked alongside them during the day. Staff spoken with had a good understanding of their role and responsibilities and of standards expected from the registered manager and provider. They said they had handover meetings at the start of their shift and were kept up to date about people's changing needs and support they needed. Records showed important information was shared between staff and the staff we spoke with had a good understanding of people's needs which meant they received effective, personalised care.

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of the routine review of care needs. Risk assessments were in place to support people with particular nutritional needs. We saw for example staff were instructed to weigh people and report any loss in weight or problems people had. All care plans we looked at contained a nutritional risk assessment. Food and fluid intake charts were used to monitor people's nutritional intake where any risk was identified.

We observed lunchtime on one day of our visit. The meals served looked appealing, were nutritionally balanced and portions served were generous. The atmosphere was relaxed with good interaction throughout the meal between staff and people living in the home. We noted people were given support and assistance as necessary to eat their food. Meal times were unhurried and people were given hot and cold drinks at regular intervals throughout the day.

All of the people we spoke with said that the food served in the home was very good. One person told us, "The food is exceptionally good. I've never sent a meal back yet. We can have what we want for breakfast, cereal, porridge, and a cooked breakfast. We get a choice at tea but if I didn't like

## Is the service effective?

what was on offer I would get something else I'm sure." Another person told us, "Good food and good choice." A relative visiting told us "He can have anything he wants. He likes his breakfast. He always wants eggs on toast or bacon, egg, sausage and fried bread and he gets it." Special dietary needs were catered.

People's health care needs had been assessed and people received additional support when needed. We looked at records of healthcare visits, including GPs, the chiropodist and the district nursing team. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked around the premises and saw there were aids and adaptations provided for people to support people's well-being. For example all the rooms had a nurse call system. There were supported bathing aids, standing aids and a hoist. People had brought personal possessions with them and these were arranged in their room providing a homely environment. One person had their mobility scooter to use and another person told us they had brought their recliner chair from home.

# Is the service caring?

## Our findings

People we spoke with said they were cared for very well. One person commented, "I feel cared for very well. The staff always have time to sit and chat with us. It's nice to know they are interested in how you feel and will always ask us how we are." Another person told us, "They help me have a shower but I can manage most things myself. If I need help I just press my buzzer and they are there." A relative visiting told us staff were very caring and good at their job. They said, "From day one they have been very good. You always see a smile on their face and they always have time to chat. I like that. It shows they are interested and that people living here matter. They help you feel at ease and will go out of their way to keep people happy. They are very caring." And, "I'm kept up to date with everything that is going on and they discuss his care." Relatives told us visiting arrangements were very good and they were made to feel welcome by all the staff.

We observed good interaction between staff and people using the service. There was much laughter and a friendly atmosphere throughout our visit. From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. We looked at the agenda from the last staff meeting. This had included 'dignity in care' issues which meant staff were kept updated on this issue and dignity in care was being monitored. People we spoke with said their privacy, dignity and independence was respected.

We observed some people spent time in the privacy of their own room. One person commented, "I definitely feel at home here. They (staff) don't just walk in. They always knock on my door. I suppose it is manners but I'm not bothered really." Another person told us, "It's lovely. I was able to bring my chair from home and I have my own TV. It's kept spotless. I'm very comfortable here. I have everything I need."

We looked at three people's care plans and found they, or their relatives had been involved in on-going decisions about care. What was important to people receiving care had been recorded for example; people had a profile written of 'How I like to spend my day'. This placed people at the heart of their care and helped to ensure they had personalised care and support they both wanted and needed.

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found they had been encouraged to express their views and opinions of the service through regular meetings, care reviews and during day to day discussions with staff and management.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People also had a guide to The Hilton which included useful information about the services and facilities available to them.

# Is the service responsive?

## Our findings

We looked at pre admission assessment records for three people. These had been carried out by the registered manager. Although there was no formal assessment tool used, the information recorded was good. Information had also been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and mental capacity. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home and consider if the facilities on offer met with their needs and expectations.

People identified as having some difficulty making choices were supported during this process. We saw people who would act in their best interests were named, for example a relative. Emergency contact details for next of kin or representative were recorded in care records as routine. Relatives' visiting told us they were always contacted if there were any changes to their relation's needs and to keep them updated on a regular basis.

Care plans were sufficiently detailed to ensure people's care was personalised. Every person had a daily living plan referred to as 'How I like to spend my day'. There was evidence care plans were being reviewed and people's comments noted. Examples of this included, 'My plan is working well'. 'The staff are very polite and good with me'. 'My family and the staff are happy with my planned care'. The home had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover at the start and end of each shift. They discussed how people were and any concerns they had.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed. There was evidence of involvement with district nurses, dietician, and other health and social care professionals involved in people's care. We asked the registered manager how essential information was relayed when people use or move between services such as admission to hospital or attended outpatient clinics. We

were told staff escorted people if needed and all relevant details were taken with them and any information or guidance from the hospital, GP or outpatients was recorded and discussed to support people's continuing healthcare.

From looking at photographs, information displayed, and from discussions with people who used the service, we found there were opportunities for involvement in a number of activities. People were involved in discussions and decisions about the activities they would prefer each day, which should help make sure activities were tailored to each individual. People's preferences were also recorded and personalised activities included puzzles, reading, knitting, chatting and TV. One person told us, "I like to keep busy. They know I like helping out, washing up, anything—it keeps your mind occupied." We watched people take part in armchair exercises and staff told us people went out shopping, for meals and for walks weather permitting. Staff said they worked to a key worker system. This involved overseeing people's care and spending quality time to provide them with that little extra personal touch in care delivery.

People were supported to maintain their relationships with their friends and family. Visiting arrangements were flexible and people could meet visitors in the privacy of their own rooms. The service had established links with resources in the local area and people were being supported to access the community in small groups and on a one to one basis. The registered manager told us they had good links with local schools that both invited and visited people using the service and share in events being held. We were told a hairdresser visited regularly. Religious needs were taken into account.

The complaints procedure was given to people at the time of admission. We noted the procedure was outdated and did not accurately reflect the right process to follow in the event of a concern or complaint. However, important contact numbers were displayed on the notice board that included contact details for health and social care professionals. The registered manager told us policies and procedures were currently being reviewed. People who used the service and their relatives were encouraged to discuss any concerns during regular meetings, during day to day discussions with staff and management and also as part of the service annual survey. People told us they had no complaints about the service but felt confident they

## Is the service responsive?

could raise any concerns with the staff or managers. One person said, “I would definitely say if things aren’t right. I have no complaints. In fact I’ve never heard anyone complain.”

There had been one concern raised with Care Quality Commission (CQC) prior to this inspection about the level of staffing. We found the concern reported had already

been addressed by the registered manager. Two new staff were waiting for character checks to be completed before starting work. We looked at details of one complaint received at the service. This was related to a reported ‘draft’ and ‘feeling cold’. We saw this was addressed promptly and remedied

# Is the service well-led?

## Our findings

The manager at The Hilton was registered with the Care Quality Commission (CQC). The registered manager told us she had clear lines of responsibility and accountability and the providers visited the home regularly and set aside time to discuss the operation of the service. We did not see any records to support this. The registered manager told us these visits had previously been documented and she would reintroduce a provider visit record following our visit. Training records showed the registered manager kept up to date with current good practice by attending training courses and developing links with appropriate professionals in the area.

Staff we spoke with understood their roles and responsibilities and talked about their commitment to providing a good quality service for people who lived at the home. They said communication was good between all staff and the registered manager frequently worked alongside them. Staff also told us they had confidence in the registered manager. They could raise any issue, or make suggestions and they would be taken seriously. The registered manager was described as being “approachable” and “always available”. Comments included, “I can talk to her anytime. She listens to what you have to say and she is very helpful.” “The atmosphere is good here. I would definitely say she listens to what you have to say and is very helpful and understanding. We all get on well together. It’s a very well run home.” “The manager works with us and as for the people living here I would say they are quite vocal in making their needs known.” People spoken with made positive comments about the management arrangements.

One person told us, “The difference here is that she (registered manager) is always popping in and out to see how you are. She gets involved and you can ask her for anything.”

We were told audits were done on a regular basis which included staff training, medication, environment and care plans but were not all documented. We discussed this with the registered manager who agreed to make sure a more robust approach was taken following our inspection to address this. However we saw evidence in records we had viewed that staff training, staff supervision, risk assessment and management was taking place and being reviewed. There was evidence these checks identified shortfalls in some areas and that improvement had been made, for example keeping training up to date and scheduling other beneficial training for staff.

There were opportunities for people to express their views about the service through meetings, care reviews and during day to day discussions with staff and management. Customer satisfaction surveys had been sent to people using the service. We looked at a sample of returned questionnaires and saw feedback had been very positive and complimentary about the care provided. We noted people had been asked about the standard of care, the staff, privacy, respect, food, activities and whether they felt able to make choices about decisions that were important to them.

The service had achieved the Investors In People (IIP) award. This is an external accredited award for providers who strive for excellence and commitment in good business and values. Organisations that achieve accreditation have been assessed through a rigorous and objective assessment that has shown strong leadership, vision and a culture of improvement.

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.

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.