

Ability Housing Association Fiddlers Green

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 visited the service on 9 December 2014 and the inspection was unannounced. At the last inspection on 28 November 2013 we found the service was meeting the regulations we looked at.

Fiddlers Green is a care home that provides accommodation and personal care for up to seven people. The service specialises in the care and support of younger adults who may have physical disabilities, such as cerebral palsy and learning disabilities. The

accommodation includes seven single occupancy bedrooms each with their own en-suite toilet and shower facilities, an open plan communal lounge/dining area, kitchen, bathrooms and laundry room.

There were seven people living at Fiddlers Green when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

People told us they felt safe living at Fiddlers Green. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury.

There were enough properly trained and well supported staff working in the service to meet people's needs. People told us, and we saw, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People received their medicines as prescribed and staff know how to manage medicines safely.

People told us they were happy living at Fiddlers Green. They also said staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity, respect and compassion. Staff were aware of the values of the service and the care they provided was centred on each individual.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external services.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

People told us Fiddlers Green was a comfortable place to live. We saw the environment was well maintained. Furthermore, the layout, adaptations and equipment used in the home ensured people's mobility needs were met. People could access all areas of their home and move around it independently.

Each individual was involved in making decisions about their care and had personalised care plans that they had helped create. People had agreed to the level of support they needed and how they wished to be supported. Staff supported people to make choices. Where people's needs changed, the provider responded and reviewed the care provided.

People had access to their local community and could choose to participate in a variety of interesting in-house and community based social, educational and vocational activities. We saw staff supported people to be as independent as they wanted to be and to take positive risks. People were also encouraged to maintain relationships that were important to them.

The service had a clear management structure and people who lived there, relatives and staff felt comfortable about sharing their views and talking with the manager and staff about any concerns or ideas to improve the service they might have. We observed an open and inclusive atmosphere in the service and the manager led by example. The manager demonstrated a good understanding of their role and responsibilities, and staff told us the managers were competent, supportive and fair.

There were effective systems in place to monitor incidents and accidents as well as the overall quality of the service provided at Fiddlers Green. The provider regularly sought people's views about how the care and support they received could be improved. Where improvements were needed, action was taken.

The manager had sufficient training in Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence.

The environment was safe and maintenance took place when needed. Management consistently monitored incidents and accidents to make sure the care provided was safe and effective.

There were enough staff to meet the needs of people who used the service. People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective. Staff were suitably trained and were knowledgeable about the support people required and about how they wanted their care to be provided. The provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

The premises was suitably designed, adapted and equipped to ensure people could easily access appropriate areas of the home.

Good



Is the service caring?

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care, treatment and support. Care was person centred and focussed on what was important to people and how they wanted to be supported. Staff were aware of what mattered to people and ensured their needs were met.

Staff supported people to maintain and develop their independent living skills.

Good



Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's needs and choices and care plans provided them with clear information and guidance.

People were supported to access activities that were important to them both in the home and the local community.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

Good



Summary of findings

Is the service well-led?

The service was well-led. People spoke positively about the registered manager and how they ran the service.

The manager ran the service in an open and transparent way. We saw good leadership and the service had clear values, which included promoting choice, involvement, dignity, respect, equality and independence for people.

The provider regularly monitored the care, facilities and support people using the service received. Ongoing audits and feedback from people was used to drive improvement.

Good



Fiddlers Green

Detailed findings

Background to this inspection

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

The inspection took place on 9 December 2014, was unannounced and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications and safeguarding alerts and outcomes. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with five people that lived at Fiddlers Green who were able to give us direct feedback about the care they received at the home, the registered manager and three members of staff.

We also spent time observing care and support being delivered in communal areas. We 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.

Finally, we looked various records that related to peoples' care, staff and the overall management of the service. This included three people's care plans, three staff files, the complaints log, medication administration records (MAR) sheets, accident and incident forms and quality assurance tools.

After our visit we contacted two people's relatives and asked them for their views about the service.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse, neglect or harm. People told us they felt safe living at Fiddlers Green. One person said, “I’ve always felt safe here. No worries there”. A relative also told us they were confident their family member was kept safe by staff who worked at the home.

Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse. The manager told us staff were required to read these policies and procedures as part of their induction. Information and contact details for the local safeguarding adults’ team were displayed for easy reference. Staff had a good understanding of how to keep people safe within the service. For example, they knew what constituted abuse and neglect, the signs they would look for to indicate someone may be at risk of this and the action they would take if they had a concern about a person. Staff told us, and we could see from records we looked at, staff had received safeguarding adults training in the past 12 months.

The provider managed risks appropriately so that people were protected and their freedom respected. Each person’s care plan contained personalised risk assessments that identified the hazards people might face and the action staff needed to take to prevent or manage these risks appropriately in order to keep people safe. This included environmental risks and any risks associated with people’s health and support needs, such as travelling in the local community, going on holiday, having a bath, preparing a meal or drinks, fire safety, moving and handling and looking after their finances. Staff demonstrated a good awareness of the potential risks people may face and were able to give us examples of the risks specific people might encounter, for example, when they accessed their local community or ate a meal.

The service managed accidents, incidents and safeguarding concerns appropriately. Records of accidents and incidents we checked were appropriately maintained by staff and routinely reviewed by the manager to determine whether or not any themes or trends had emerged. There was evidence in people’s care records that risk assessments and support plans had been updated in

response to any incidents which had involved them. For example, risk plans around falls were strengthened after it was noticed they had steadily increased for one person who lived at Fiddlers Green.

The home was well maintained which contributed to people’s safety. There were up to date servicing and routine maintenance records for the premises and utilities such as gas and electricity. Wheelchairs and hoists were regularly checked to make sure they were safe for people to use. Fire alarms and equipment were also routinely tested and there was an evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. There were arrangements to deal with foreseeable emergencies and the provider had procedures and continuity plans in place for unforeseen events such as fire and flooding. Staff were trained in basic first aid.

There were sufficient numbers of staff available to keep people safe. People told us there were enough staff available when they needed them. One person said, “There is usually enough staff working here.” Another person told us, “When I go shopping the manager makes sure extra staff are around to go with me”. A relative also said, “There has always been enough staff on duty when I’ve visited”. The manager told us and staff duty rosters showed staffing levels were determined according to the number and dependency levels of people who would be at home at any given time and the activities they had chosen to participate in that day. A member of staff told us if a person required one to one support with activities or appointments the manager would ensure additional staff were made available.

People told us they received their prescribed medicines on time. Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dose and the reasons for prescription. We saw all medicines were securely stored away in a locked metal cabinet. We checked two people’s medicines administration record sheets and saw they were up to date and contained no recording errors.

There was an up to date procedure for the safe management of medicines and all staff had completed training on safe handling of medicines. Staff we spoke with understood about the safe storage, administration and management of medicines. A named member of staff had

Is the service safe?

responsibility for the auditing of medicines. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed.

The supplying pharmacist had recently completed a full medicines audit and their subsequent report stated that they were satisfied the service's medicines handling arrangements were safe.

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People we spoke with felt confident that staff were suitably trained and knew how to look after them. One person said, “Staff know what they are doing.” Relatives we spoke with also felt staff “did a good job” and had a good understanding of how to meet their family member’s needs. One relative said, “The staff I’ve met so far seem to be really competent.” Staff spoke positively about the training they had received and told us they had been given all the training and guidance they required to meet people’s needs. The manager told us it was mandatory for all new staff to complete an induction, which included a period of shadowing experienced members of staff, before they were allowed to work unsupervised with people using the service. Staff confirmed that they had each completed an induction that had covered key aspects of their job and all felt this had prepared them well for their role as support workers.

We saw the service’s staff training record was maintained electronically. The record showed us that all staff had completed the provider’s mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff advised us that training was regularly available and records supported this. Staff confirmed they had received cerebral palsy and learning disability awareness training, as well as practical training sessions on moving and handling. This ensured staff knew how to move people safely and comfortably. It was clear from discussions we had with staff that they had a good awareness of how to support people with physical disabilities.

Staff had effective support and supervision. Staff told us they felt well supported by their manager and senior staff who worked at Fiddlers Green. One member of staff said, “The manager is very approachable and is always on hand to offer you advice and support”. Records showed staff regularly attended group meetings with their peers as well as individual supervision sessions with the registered or senior staff. Staff told us the manager and/or senior staff regularly carried out spot checks to assess their moving and handling and medicines administration competencies. All staff had their overall work performance appraised by the manager annually.

People were able to make decisions about their everyday life and were asked for their consent. Throughout our inspection we saw staff always sought people’s consent before carrying out any care or support. One person told us, “My keyworker always tells me what’s happening and never does anything without asking me.” Staff told us they always asked people’s permission and respected their decision if they didn’t want to do something. Staff also said, and records showed, people using the service had been asked to consent to the care and support they received by signing their care plan.

Policies and guidance were available to staff about the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent. These safeguards help to ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff told us these policies and procedures gave them clear instructions and guidance about their responsibilities in relation to the MCA and DoLS. Training records also showed us that all staff had attended up to date training on the MCA and DoLS.

The manager told us they had needed to make one DoLS applications to the local authority in respect of one person who lived at Fiddlers Green. Relatives told us they had been involved in supporting their family member to make complex decisions about the care and support they received. Records also showed the service had involved people close to the person who lacked capacity as well as other professionals such as an advocate, care manager and GP. This ensured the service only deprived someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them.

People said they enjoyed their meals and were supported to shop for their ingredients and prepare some of their meals, snacks, and drinks depending on their choices and abilities. One person told us, “The foods alright. Staff help me make hot drinks in the kitchen when I want and in the morning you can help yourself to breakfast from food left on the table in the lounge”. Another person said, “Staff take me shopping every week so I can choose what food I buy”. Relatives told us staff actively encouraged and supported people to eat healthily.

We saw that people could choose what they ate and drank for their breakfast and lunch from the various items of food

Is the service effective?

and drink either laid out on a large breakfast bar in the lounge or stored away in easy to access cupboards and/or fridges/freezers in the kitchen. People's nutrition and dietary needs had been assessed and reviewed regularly. For example, we saw care plans included information about people's food preferences and the risks associated with eating and drinking. Staff told us they monitored people's nutrition and fluid intake using food and fluid charts and weight charts where this was required. Care plans also contained information where people needed additional support with and any associated risks. For example, where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported.

People had access to the health care services they needed. One person told us, "If I'm not well staff call the doctor for me". People told us, and records showed people were in regular contact with a range of community based healthcare professionals. This included GPs, district nurses, opticians, dentists, podiatrists, occupational therapist and speech and language therapists. Staff told us everyone who lived at Fiddlers Green was registered with a local GP surgery and that they would always contact health professionals if they had any concerns about a person's well-being. Staff demonstrated good awareness of people's specific health care needs. Timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. For instance, staff were able to give us examples of referrals

they had recently made to various health and social care professionals when they noticed one person had significantly increased their weight and another had been involved in an increasing number of falls.

We saw care plans contained a health care action which referred to people's health needs and provided information for staff about the potential impact of any health conditions they had. The records were personalised and showed people's health needs and preferences were kept under review. People also had hospital passports. This was a document that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs.

During our tour of the premises we saw people's bedrooms were personalised according to their individual tastes and interests. People told us Fiddlers Green was a comfortable place to live. One person told us, "I asked staff to hang up pictures and photographs of things I like, which they did". Another person said, "I chose the colour my bedroom was painted". Staff told us people were supported to furnish and decorated their rooms how they liked. We found the premises had been suitably designed and adapted to meet the needs of people with physical disabilities. For example, we saw people's bedrooms and communal bathrooms were all equipped with ceiling mounted tracking hoists and in the kitchen and lounge we saw work surfaces, cupboards, the cooker and tables had all adjusted to ensure they were wheelchair accessible.

Is the service caring?

Our findings

People were supported by caring staff. People described staff as “very kind and caring”. One person said, “Staff are always supportive and kind towards me” and “My keyworker is lovely and really easy to talk to”. Another person told us, “I like my keyworker. They’re always good to me”. Feedback we received from relatives was also complimentary about the standard of care and support provided by staff at Fiddlers Green. For example, one relative told us, “I’m very happy with the quality of the care staff provide [my relative]. The staff seem to be a very caring, hardworking and committed bunch. No complaints about the staff”.

Throughout our inspection the atmosphere in the home remained relaxed and congenial. We saw the interactions between people who lived at the home and staff were kind and caring. People were relaxed with staff who were attentive to what people had to say. In discussions with staff we noted they talked about people who lived in the home in a kind and affectionate way. We saw people were able to ask for advice and support at any time and we saw staff gave them this when it was needed.

People were supported to maintain relationships with their families and friends. One person told us staff helped them to visit their friend at least once a week, which was important to them. Care plans identified all of the people involved in the individual’s life, both personal and professional, and made it clear how staff should support people to maintain these relationships. Relatives told us they were not aware of any restrictions on visiting times and that staff always made them feel welcome. People had been given information about local advocacy services.

People were supported to express their views and to get involved in making decisions about the care they received and issues that were important to them. One person told us, “You can do pretty much what you want here”. Another person said, “Staff do listen to us”. Records showed us people had regular opportunities to express their views at monthly meetings with their keyworker, regular group

meetings with their fellow peers and annual care plan reviews with their relatives and staff. People told us that they had each been allocated a keyworker who knew their likes and dislikes, and helped coordinate their care. We saw care plans were centred on people as individuals and contained detailed information about people’s diverse needs, life histories, strengths, interests, preferences and aspirations. For example, they contained detailed information about how people liked to spend their time, their food preferences and dislikes, and what activities they enjoyed.

Throughout our inspection we saw people used a variety of communication aids and tools to express their wishes and feelings. It was evident from discussions we had with staff and practices we observed that they had a good understanding of people’s preferred methods of communication. For example, we saw staff correctly interpreted what one person had communicated to them using an electronic communication device fitted to their wheelchair.

People told us staff were respectful and always mindful of their privacy. We observed staff ensure bedroom and bathroom doors were kept closed when personal care was being given. Throughout our inspection, staff respected people’s own personal space by knocking on doors and allowing them time alone if they requested it.

People were supported to take positive risks so they could be as independent as they wanted or could be. One person told us, “Staff help me with shopping, doing my laundry, getting money out of the cash machine and making drinks”. Another person said, “I sometimes help cook meals in the kitchen and go to the local supermarket to buy food with staff”. Relatives also told us the care and support their family member received helped them to be as independent as they could be. We saw staff actively encouraged and supported people to make drinks, prepare meals and tidy up after mealtimes. People had been given all the equipment they needed, such as wheelchairs, hoists, adapted baths and showers, to maintain and develop their independent living skills.

Is the service responsive?

Our findings

People told us they each had a care plan which staff had helped them create. One person said, “I meet up with my keyworker a lot and they always help me make changes in my care plan”. Another person told us, “Staff do listen to us and will make changes to your care plan if you ask them”.

People were involved in assessing and planning the care and support they received. Before a person came to live at Fiddlers Green their needs were fully assessed. This was achieved through gathering information about the person’s life history, abilities, wishes, aspirations and needs. Records showed people who lived at the home, their relatives (where appropriate); staff from the home and care managers had been fully involved in the assessment and care planning process.

People told us they had been given a copy of their care plan. We saw these were personalised and provided staff with detailed guidance about how the needs of people who lived at the home should be met. One member of staff told us, “We have a person centred approach to providing care here and people’s care plans give us all the information and guidance we need to meet an individual’s needs.”

People’s care and support needs were regularly reviewed by staff. This was achieved through monthly keyworker meetings and annual care plan reviews. Care plan reviews, which were held more frequently if required, involved the individual concerned, their relatives or advocates (where appropriate), staff from the home and other professionals involved in the person’s care. Staff told us that where changes were needed they updated people’s care plans accordingly to ensure they remained relevant to the needs of that person. Relatives told us staff encouraged them to be involved in planning and reviewing their family member’s care and were good at keeping them informed about any changes in their health. One relative told us, “Staff will always ring if something happens to [my relative]”.

Staff gave us examples of ways they responded to people’s needs. Two members of staff explained how they supported a person to manage their finances and what support another person needed to maintain a relationship with a close friend. We saw staff appropriately maintained daily records which reflected people’s day-to-day experiences, health and wellbeing, and any other

significant issues. Staff told us they shared information at each shift handover which ensured they were kept up to date with any changes concerning people’s care and support.

People told us staff helped them make decisions about their lives and that they were offered lots of daily choices. People said they could decide what time they got up or went to bed, what they wore, what they ate and drank, and what they did all day. One person told us, “I can help myself to breakfast when I like” and “I chose the colour my bedroom was painted”. Another person commented, “I choose what I want to wear in the morning and when I go out”. During our visit we saw people could access food and drink whenever they wanted, eat their meals when and where they wanted, and participate in social activities that interested them. Staff told us, and records showed that people were encouraged to choose what activities they participated in and where they went on holiday during house meetings.

People were supported to pursue activities that were important to them. People told us they enjoyed activities which were planned around their lifestyle choices. Two individuals told us they liked going out in the local community with staff to meet friends, have a pub lunch, go shopping and attend college. One person said, “I like watching cricket and reading the newspaper everyday”. Another person told us, “I like playing on my computer in my bedroom”. We saw a range of leisure resources were available in the main communal area such as films, music, books, board games and puzzles. Care plans reflected people’s recreational and leisure interests which provided staff with guidance about how these social needs and preferences should be met. Information in care plans corresponded with what people had told us about their social interests and needs.

People told us they felt comfortable raising any issues or concerns they might have. One person shared an example where they had raised issues directly with the manager and felt their concerns had been dealt with quickly. Another person said, “I would talk to my keyworker if I wasn’t happy about anything.” A relative also told us they had been satisfied with the way the manager had dealt with concerns they had raised. People were given a copy of the provider’s complaints procedure when they first came to live at Fiddlers Green. We also saw copies of the provider’s complaints procedure were available throughout the home

Is the service responsive?

in communal areas. The procedure clearly outlined how people could make a complaint and the process for dealing with this. The procedure was also written in plain English and illustrated with pictures. People told us they found the

complaints process easy to understand and use. We noted all complaints received by the service were recorded by the manager and the actions taken to resolve these had been well documented.

Is the service well-led?

Our findings

People told us they felt the service was well run by an experienced and competent person. They spoke positively about the manager's approach to running their home and about how accessible they were. One person said, "I like the manager a lot. She's always about and is easy to talk to." Another person told us the manager was "very good at their job."

The provider had a number of arrangements to support home managers. The manager told us they had regular meetings and one-to-one supervisions with their line manager. The manager had also undertaken training to help them manage the service effectively and keep up to date with best practice, which included professionally recognised management qualifications.

The service had a clear set of values. These included choice, involvement, dignity, respect, equality and independence for people. It was clear from discussions with the manager and staff that they understood and implemented these values. Typical comments included, "We treat everyone as an individual at Fiddlers Green", "people can live the life they want here" and "we make sure people know what their rights are and have the chance to make their own choices and live as independently as they can." These values formed part of staffs' mandatory induction programme and on-going training.

People felt involved in developing the service and their views influenced the way Fiddlers Green was run. Every year, people using the service, their relatives and other stakeholders were given questionnaires to feedback their comments. Three people told us they felt fully involved in helping the manager and staff make improvements to Fiddlers Green. For example, two people said they had wanted their bedrooms redecorated, which we saw had happened. Relatives also told us they felt able to make suggestions about how things could be improved at the home. One relative said, "I feel confident my views would be taken on board by the manager here if I made some suggestions to improve the place".

The manager also encouraged staff to express their views. Staff told us there were regular team meetings where they were able to discuss issues openly and were kept informed about matters that had affected the service and the people who lived there. Staff also told us if they had to speak with the manager about any concerns they might have and were confident that they would be listened to. One member of staff said, "I would not hesitate to talk to the manager about any poor practice issues I came across at the home." Another told us, "The manager is very good at their job. I think firm, but fair would be a good way of describing her."

Staff had clear lines of accountability for their role and responsibilities and the service had an effective management structure in place. Staff felt the team worked well together and there were good systems in place for communication to inform them about the needs and any changing circumstances of people using the service. Staff told us and records showed, that any changes in people's needs and incidents were discussed at their team meetings, daily shift handovers or recorded in the communication book to ensure everyone was aware of what had happened and the improvements that were needed.

The provider completed various audits to assess the service quality and drive improvement. A regional manager regularly visited the service to ensure that people were provided with good standards of care and support. The manager completed a report that looked at complaints, staffing, accidents and incidents and finances. Other in-house audits the manager and her staff team regularly carried out included checks on people's care plans, risk assessments, medicines, infection control, fire safety, food hygiene, staff training and supervisor, and record keeping. We saw that where any issues had been found as a result of these quality monitoring audits, an action plan was put in place which stated what the service needed to do to improve and progress against the actions.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.

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.