Housing 21

Housing 21 – Anvil Court

Inspection report

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Date of inspection visit:
13 March 2020

Date of publication:
07 May 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Housing 21 – Anvil Court is a domiciliary care agency providing personal care to people with a range of needs such as dementia and Parkinson's disease. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 32 people who were using the service received a regulated activity.

People's experience of using this service and what we found
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Although risks to people were appropriately managed, they were not always recorded. Medicine administration practices were not always safe, which left people at risk of not receiving their medicines correctly. We have made recommendations in these areas. Records were not always robust or completed in full, which meant the registered manager could not always demonstrate full management oversight in areas such as accident and incident mitigation and complaints received. Audits did not always identify the issues we found during our inspection, but action had been taken where other audits had identified areas for improvement.

Staff were passionate about caring for people, and this was evident in our observations of care and feedback from people and their relatives. People told us they were treated with dignity and respect and were encouraged to make choices around their day to day care. The registered manager had created a positive ethos within the service, with people's quality of life at the forefront of staff's objectives. People, relatives and staff all felt the registered manager was approachable and open.

People felt safe with the support they received from the service, and staff were aware of their responsibility to protect people from abuse. There were a sufficient number of safely recruited staff to meet people needs, and people told us staff arrived on time and stayed the full length of the care call. Staff were up to date with training and received regular supervision meetings. Staff adhered to infection control practices, which made people feel safe and comforted in light of the current COVID-19 pandemic.

Referrals were made to a range of healthcare professionals to maintain people's health and allow them to keep living in their homes as long as possible. There was effective communication in the service, with relatives informing us they were kept up to date with their loved one's health and wellbeing. Staff were kept up to date with best practice and changes in national guidelines through communication boards and meetings. People, relatives and staff were all asked for feedback regularly, and action was taken to address any concerns found.

People were encouraged to maintain their wellbeing and hobbies through support from staff to attend activities that were important to them, as well as complete tasks such as shopping for essentials. Staff held a

range of activities within the building for people and promoted a social gathering for breakfast once a week. People were able to make suggestions for activities they would like to see within the building, and these were taken on board and arranged by the registered manager.

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 9 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to keeping thorough and contemporaneous records at this inspection.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Housing 21 – Anvil Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of four inspectors. Two inspectors visited the service's office and two inspectors spoke with people who use the service and their relatives on the telephone.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2020 and ended on 31 March 2020. We visited the office location on 13 March 2020 and made telephone calls to people and their relatives on 31 March 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
Prior to this inspection we reviewed all the information we held about the service, including data about

safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager only, due to ensuring people were kept safe and infection control practices for COVID-19 were adhered to. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with five people who used the service and seven relatives about their experience of the care provided. We also spoke with two staff members. We reviewed additional information we requested from the inspection such as the service's staff training record.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

● Risks to people were managed, but not always appropriately recorded. For example, one person had a recently diagnosed contagious illness but was known to visit other people in their flats. There was no information on how staff should manage the risk of cross contamination to other people. The person's daily notes also identified that they had tried to visit another person in their flat. Staff had been able to divert the person back to their own flat so there had been no impact, but the risk was ongoing.

● However, other risk assessments were in place. One person was a smoker and used medicated flammable creams. There was a clear risk assessment on how staff should manage this risk, such as ensuring the person's clothes were washes on a high heat and were not saturated with the emollient.

● The service had a business continuity plan. This document confirmed what action should be taken in a variety of emergency situations, such as loss of IT equipment or utilities. They were also in the process of completing a risk assessment aroundCOVID-19. This has now been completed.

We recommend the provider ensures both long- and short-term risks to people are appropriately recorded.

Using medicines safely

● Medicine administration practices were not always safe. Body maps were not in place to inform staff of where they should apply medicated creams or pain patches. This left people at risk of the medicine being applied in the wrong place and reducing its effectiveness. We raised this with the registered manager who confirmed that these would be implemented. We have since received evidence that these have been.

● However, medicine recording practices were safe. Medicine administration records (MAR) were completed in full, and protocols were in place for 'as and when' medicines (PRN). Where people had refused their medicine, this was correctly recorded on the MAR and the reason behind this recorded. A relative told us, "[My family member's] MAR is always up to date and I can see what she has had and when."

● Staff received regular medicine competency checks. These ensured staff were administering, recording and storing medicines safely. These were completed annually or more frequently if needed.

We recommend the provider ensures the use of body maps Is fully implemented to make sure people have creamed medicines and pain patches applied correctly.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe by the service provided at Anvil Court. One person said, "I feel safe because it's a nice place to be." Another person said, "I feel safe as I'm in this building and there's a manager who you can go to. It's knowing someone is there." A relative told us, "I feel they know how to

protect [my family member]. They are very aware if they need to safeguard her."
● Staff were aware of their safeguarding responsibilities. One staff member told us, "If there are any queries or concerns regarding safeguarding, I would report to senior staff or management, document the incident, and reassure the person if needed" and, "Any problems with management I would follow the whistle blowing procedure." The registered manager said, "A lot of them say they will raise to me but they also know they can call the local authority or CQC. T tell them if they're not sure they should raise it with me anyway."

Staffing and recruitment
● There were a sufficient number of staff to meet people's needs. One person said, "I have the same people and they are more or less on time." A relative told us, "I believe they do stay for the required time and turn up at the specific times for visits. They sit with [my family member] and chat (if they complete all their tasks before the end of the call). They always ask, "Is there anything else I can do for you?." The registered manager said, "I tell staff to stay the full length and have a chat. It makes them feel that we've got their interest at heart and not just giving care to them."
● Staff sickness and absence was covered by permanent member of staff who were happy to do additional work. The registered manager informed us, "I'm very lucky here as staff are so willing to help. I would never put a resident as risk so if we were short-staffed I would also step in." Rotas confirmed staff had covered calls where needed to ensure everyone had their care needs met.
● Recruitment files evidenced staff were recruited safely. This included a full employment history, references from previous employers and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children.

Preventing and controlling infection
● People were kept safe as staff adhered to infection control practices. We observed gels and gloves were available to staff around the building. One person told us, "They always seem to be washing their hands." Another person said, "They always wear gloves when they do my [catheter]"
● Additional precautions had been put in place due to the COVID-19 pandemic. One relative said, "I always thought their handwashing was very, very good. There is now an increased awareness and they are being proactive in encouraging mum to wash her hands." The registered manager said demonstrated they were keeping up to date with guidance around managing the risks related to COVID-19.

Learning lessons when things go wrong
● There had only been one accident in the past 12 months, in which a person had fallen from their bed. The accident was recorded as had the immediate action of checking for injury. However, the record did not include any information about future risk mitigation. We raised this with the registered manager who informed us they would ensure staff completed accident and incident forms in full.
● No monthly tracking of accidents and incidents to check for trends was needed as there was only one recorded incident. However, the registered manager confirmed any new records would be sent to her to review. This meant they would be monitored for any patterns or trends.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

● People's legal rights were protected because staff followed the principles of the MCA. However, records did not always reflect this. The registered manager informed us one person had fluctuating capacity around being able to administer their medicines. There was no signed consent form to confirm they were happy for staff to administer this when they had capacity to make this decision. Despite the person having diagnosed cognitive impairments, their mental capacity assessment had stated they had no disturbance of the brain, and therefore had not been completed in full. The impact to the person was low, as daily records demonstrated staff asked the person for consent to administer their medicine each day. However, further work was required to ensure the correct process and documentation was in place for this. We raised this with the registered manager who informed us this would be implemented. We will review this at our next inspection.
● Other people had appropriately completed consent forms in their care plans. These included consent to personal care and medicine administration. Best Interest meetings were recorded and evidenced that people involved in a person's care were included in the decision-making process. This included the person's family and social worker.
● Staff were knowledgeable around the principles of MCA 2005. A relative told us, "They absolutely check anything with him first. They are always talking to me about human rights." A staff member told us, "We have a little note in our pockets which reminds us of the MCA principles, so I do work to them."

We recommend the provider ensures mental capacity assessments are completed for people with fluctuating capacity to guarantee their rights are protected.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre-admission assessments were completed prior to people receiving support to ensure their needs could be met. A relative confirmed, "[The registered manager] called and discussed my mum and did this in person too."
● Nationally recognised standards were used to assess people's needs. For example, a falls risk assessment tool (FRAT) was used to assess the likelihood of a person falling and identifying if preventative measures needed to be implemented.
● Staff were kept up to date with new best practice and changing national guidelines. The registered manager told us, "I get all the CQC updates, the things like the heatwave stuff from National Health England. I print them off and make staff aware. I hold meetings if they need to know something straight away." We observed new guidance around COVID-19 was already visible in the service.

Staff support: induction, training, skills and experience
● Staff were receiving regular supervision meetings with their line manager. These meetings included discussions around wellbeing, training needs and feedback from observations of care. A staff member told us, "Supervision is every three months. It is regular and we have time to discuss things after."
● Staff were up to date with training. Training topics completed included safeguarding, equality and diversity, awareness of mental health, learning disability and dementia. A staff member said, "The training is good and adequate."
● People and relatives commented that staff were well trained. For example, a relative told us, "There are frequent training sessions happening on site. If there is a new member of staff they have a fairly long induction period and they shadow." Another relative said, "I do think they are competent." Staff received regular observational supervision from the registered manager to ensure they were competent in their roles and to address and additional training needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain their nutrition and hydration. One person told us, "I get my own meals, but if I am not well, I know they would help me." People who required support with meals had their nutritional preferences recorded in their care plans, such as how they preferred their hot drinks to be made.
● People were encouraged to eat together on occasions to promote social inclusion. Staff used a communal kitchen within the building to make a cooked breakfast every Friday. This was then served in the communal area so people could socialise and engage with each other if they wished to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Relatives were kept up to date on their loved one's health and wellbeing. One relative told us, "When [my family member] is under the weather they go the extra mile. They'll pop in to check on her even if they are not due to visit." Another relative said, "They ring me if he gets upset and if he is poorly, they get in touch with the doctor, but I am the first port of call."
● Staff communicated effectively. Daily handover meetings were held for staff on different shifts to pass on important information. There was also a communication book for staff to record this. A relative told us, "Communication is very good. If I tell a staff member something, it's put in the communication book and it's been clear it's been communicated."
● Referrals to healthcare professionals were completed when required. This included the GP, speech and language technicians and district nurses.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and compassionate towards them. One person told us, "They are very good to me. I can't fault them. They are very kind and understanding. We have a laugh usually." Another person said, "They do anything I ask. I am quite happy."
- Relatives echoed this, with one saying, "He's happy with the care. He is so settled and quite happy. I am happy they are doing everything for him." Another relative said, "I'm very happy with the carers. I'm extremely impressed."
- Staff were passionate about providing quality care to people. We observed caring interactions between people and staff, and it was clear they had good relationships. One person entered the main office and staff greeted them warmly and asked how they were. One staff member told us "A smile on someone's face as I go in and as I leave a person's flat is a very big thing for me."

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

- People were involved in reviews of their care, or their relatives if they were unable to. Care plans evidenced review conversations with people and their relatives, recording any feedback given was recorded. Feedback received was consistently positive, with people and relatives confirming they were very happy with the care being provided at the service.
- Staff supported people to make decisions around their day to day care. One staff member told us, "The little things are the big things. I give choices to them, such as would they like a wash or shower, a green or red jumper, how they like would their tea of coffee." People confirmed they were encouraged to make decisions like this throughout their day.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence where possible. One person told us, ""If you are able to do things, they let you." Another person said, "I feel lucky. They let me be as independent as I can be." A relative explained, "[My family member] likes to do things by herself and in her own way. Once she was ill and the doctors could not confirm why, other than it was possibly medicine made her dizzy. She was scared to shower herself, but the carer called and sat in the bedroom while she did." They went on to explain it made their family member happy as they were allowed to remain independent but had support nearby if needed. Care plans focused on what people could do, rather than what they required support with.
- People told us their dignity was respected. One person said, "Are the carers respectful? Oh, yes. They're excellent carers." A relative told us, "[My family member] very much feels respected." Another relative told us, "Staff know there might be changes to [my family member's] behaviour, they don't laugh at her when she

'imagines' things."

● Staff respected people's privacy. A staff member told us, "I knock on the flat door and as I enter their flat, I tell them it's me and ask if is it ok to enter. I make sure they are covered when doing personal care and the curtains are pulled." People confirmed this when we asked if staff respected their privacy.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

● People and their relatives felt comfortable to raise any concerns and were pleased with the outcomes of doing so. One person told us, "They are pretty good at sorting any little problem." Another person said, "No complaints. Really quite happy. If I had any I would go straight to [the registered manager]." A relative told us, "If I have any concerns, they are very quick to respond. The office generally has an open door and even if it's out of hours I get a reply." Therefore, there had been no impact to people as a result of not formally recording complaints that had been raised.

●The service had received numerous compliments from people and relatives. One read, "I think Anvil Court provided an excellent choice for (name) for the two years she lived with you. I want to thank your team and you yourself for the way you helped supported and cared for (name)." Another read, "I would like to thank all the staff, all staff were lovely and so helpful and made me feel I am not a bother and that was what they were there to help."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Care files included information around people's backgrounds, likes and dislikes and individual needs. This allowed staff to deliver personalised care to individuals. One person told us, "Staff know what I like as I have some literature on that in my care plan." A relative said, "I see the service as being very person focused." A staff member said, "Personalised care is care which is adapted to the person's own choices and needs. I read the care plan."

● Staff supported people to improve and maintain their wellbeing. One person had requested to go swimming twice a week, which improved their mental health. The registered manager told us, "I asked what else we could do to give them some quality of life and make them feel like a person again. They asked just to go out with someone in to town or swimming." They also said, "We can be rigid in care plans saying this is what you need to do. But we have to remember that's their care, but we have to think what else can we do for them. They come back beaming. They love it." Another person was supported to maintain their hobby of horse riding, with staff accompanying them to weekly lessons.

● People were supported to access the community. A staff member told us, "We assist them to do simple things like to go shopping. They may not be able to go alone but with some assistance from us they can, like by us pushing a wheelchair." The registered manager confirmed, "We take them to places the pub, garden centres, the coast."

● Activities within the buildings communal areas were facilitated by staff. This included yoga, bowling and bingo. A relative told us, "[My family member] goes to yoga and enjoys it. Staff try to get them engaged."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People whose first language was not English were supported to communicate their opinions and wishes. For example, the registered manager sent the weekly activities rota to one person's relative, who then translated the document and informed the person of their options. Their relative told us, "(Name) does not read English so any information is emailed to me. I call my [family member] and explain it. It is working brilliantly as they can be kept informed, especially now around COVID-19."

● People's communication needs were included in their care plans. This included information around any hearing or sight impairment they had and how staff should support them with this.

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 the last inspection this key question was rated as Requires Improvement. At this inspection 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; 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

At our last inspection we recommended the registered manager reviewed staffing arrangements at busy times to ensure that people are receiving care and support when they want and need it. The registered manager had made improvements in this area.

● As reported in the Safe, Effective and Responsive domains, areas of documentation had not always been completed in full. Despite risks being managed safely, risk to people were not always recorded. Further improvement was also required in documentation around MCA, accidents and incidents and complaints.
● Care plans did not include information around managing people's medical diagnoses. For example, one person had a condition which meant their mobility and level of care required could vary day to day. There was no information on how the condition affected the person and symptoms staff should be aware of. There was no impact to the person as staff knew people well. The registered manager informed us health care plans would be implemented. We will review this on our next inspection.
● Quality audits did not always identify issues we found on the day of our inspection. For example, a medicine audit had not identified that body maps where not in place for pain patches and creamed medicines. This left people at continued risk of receiving care that required improvement.
●Complaints were recorded on a central electronic system. However, feedback from people and relatives indicated concerns that had been raised with the registered manager which were not recorded on the system. Therefore, concerns and outcomes were not always formally recorded."

Documentation was not always completed in full or contemporaneous, and audits were not always recorded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other audits identified areas for improvement which were then resolved. For example, a daily notes audit identified that one staff member left a care call earlier than they should have done. The registered manager held a supervision with the staff member and regular checks were being done to ensure they are staying for full length of the call.

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

● People and their relatives felt supported by the registered manager. A relative told us, "It is a very well managed service. [The registered manager] has a tight rein. The ethos is about family and the staff really care." Another relative said, "I know the registered manager, and I find they are open and approachable like all the staff there."

● This created a positive philosophy within the service which was shared by all staff. The registered manager told us, "I want staff to treat people like they are looking after a relative of theirs. I tell them to ask them what they would like to be called, we have to do things their way, not our way." A staff member confirmed this, saying, "I feel I provide a good caring service. I treat my clients how I would like my mum to be treated."

● Staff felt supported and appreciated by the registered manager. One staff member told us, "Our registered manager is great. Her door is always open. I feel I could and I do go to her if I have a question. She always says 'No question is a silly question'."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People and their relatives were regularly asked for their feedback on the running of the service. This included asking for their opinion on activities. The registered manager told us, "We send ballots around where they can write suggestions down. Someone said this morning they would like a Chinese takeaway with a karaoke night. Another one wants to go to the pub on Saturday. It's their house after all. We talk to the families too." People and their relatives confirmed this.

● Staff had regular meetings in which they felt able to share their ideas for the running of the service. One staff member said, "I can contribute my ideas if I have any." Topics discussed in staff meetings included shift patterns, updates on people's needs and any concerns.

● Feedback was also sought from people, relatives and staff through regular satisfaction surveys. Any issues identified within these were resolved in a timely manner. For example, people raised that the heating on the top floor was intermittent. The registered manager contacted the landlord of the building and ensured a contractor was hired to resolve this.

Working in partnership with others

● The service had close relationships with a variety of organisations who worked together to keep people in their homes for as long as possible. This included the local GP surgery, social care team and district nurses.

● The registered manager attended local registered manager's forums. These were meetings which allowed manager's in the area to share knowledge and experience in order to promote best practice in their service.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure contemporaneous and thorough records were kept.