

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 4 Park Avenue

Inspection report

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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?

Good 

Summary of findings

Overall summary

This inspection took place on 18 and 26 of August 2016 and was unannounced.

The Hoffmann Foundation for Autism - 4 Park Avenue is a residential care home registered to provide accommodation and care for up to six people who have learning disabilities or autistic spectrum disorder. At the time of our inspection there were five people living at the service.

The Hoffman Foundation for Autism has a registered manager at the service. 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.

At the last inspection on 16 and 20 March 2015 the service was found to require improvement overall. The service was found to be inadequate under the Safe domain and required improvement in the other domains. Seven breaches were identified.

We found that there had been improvements in a number of areas but found that risk assessments and associated documents were sometimes inconsistent and some risks were not assessed appropriately. We also found that some documents contained different information about people with regard to how they communicate and what behavioural support they required. There were inconsistencies in monthly recordings around behavioural issues. We found two breaches related to these concerns and made a recommendation.

Measures had been undertaken to make the environment safe for people living there.

People's medicine were administered and stored appropriately. There were PRN, as and when medicines, guidance available to staff.

People's money was audited to avoid abuse taking place and the service was working with people's family members who had appointeeship for people's finances.

There were enough staff to meet the needs of the service users and there were robust recruitment processes to ensure staff were safe to work with vulnerable adults.

The service was clean and free from malodour and staff had received infection control training.

The service was working under the Mental Capacity Act 2005 to ensure they upheld people's legal rights.

Some staff were trained first aiders and there were stocked first aid boxes available for use in an emergency.

People were supported to attend medical appointments by staff who were knowledgeable about their health support needs.

Staff were caring and understood what mattered most to people and supported them to maintain their dignity and privacy.

People had person centred care plans that named what they liked and did not like. Support needs were detailed for both personal care and activities. People attended a variety of activities both individually and as a group.

Complaints were recorded and responded to.

The service was well led with a registered manager who understood their role and responsibilities.

The service was audited by the provider to ensure a quality service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. We found a number of inconsistencies between risk assessments and associated documents. Some of the risk assessments were not detailed enough to support staff in their caring role.

Staff knew how to report safeguarding adult concerns and understood their responsibility to raise concerns.

There were enough staff to meet the needs of the service and there were recruitment processes in place for the safe recruitment of staff.

Medicines were stored and administered in a safe manner.

The service had effective infection control measures.

Requires Improvement ●

Is the service effective?

The service was not always effective. Records of health and behavioural patterns was not always consistent.

The staff received supervision and training to support them in their role.

The service was working under the legal requirements of the Mental Capacity Act 2005 and had applied for Deprivation of Liberty Safeguards appropriately.

People were supported to access appropriate health and social care services.

Requires Improvement ●

Is the service caring?

The service was caring. Staff demonstrated a good understanding of the people using the service and knew what was important to them.

People and their relatives were involved in their care planning.

Staff maintained people's dignity and privacy.

Good ●

Is the service responsive?

Good ●

The service was responsive. People had person centred care plans that were reviewed on a regular basis.

There was a complaints policy and procedure and complaints were recorded and responded to.

Is the service well-led?

Good ●

The service was well- led. There was a registered manager who understood their role and responsibilities.

There were clear lines of communication and staff were encouraged to give their views about service changes.

The provider had audited key areas to quality assure the service.

The service worked in partnership with other professional bodies.

Hoffmann Foundation for Autism - 4 Park Avenue

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 team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had expertise in working with people who require behavioural guidelines to keep themselves and others safe.

Prior to the visit we spoke with the commissioning body and the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service. We reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our visit we met with all five people using the service. We observed staff working with people. We looked at four people's care records and associated documents such as behavioural plans and risk assessments. We looked at five people's medicine administration records. We spoke with the registered manager, the acting deputy manager and the newly appointed deputy manager. We spoke with staff on shift, including a cleaning staff member and interviewed the acting deputy manager, team leader and a support staff member. We looked at four staff personnel files including recruitment, supervision and training documents.

Following the inspection we spoke with three people's relatives and spoke again with the commissioning body.

Is the service safe?

Our findings

One person's family members told us "It is absolutely wonderful there I can't find fault in anything."

Appropriate measures had been taken to ensure the environment was safe for people. For example radiators had covers in place and one person's bedroom had been recently made safe for them by furniture being bolted to the walls and the floors, and floor coverings made flush to the surface to avoid them being pulled apart.

At our previous inspection it was found that some people entered other people's rooms at night and this was not effectively managed. We found that measures were now in place and occurrences had been minimised so the risk to people of being disturbed was significantly reduced. There was a monitor sensor camera that alerted waking night staff should one person leave their room. The service had given people keys to their bedroom doors and they could lock their door if they wished to do so. Staff could still enter if needed in emergency. In addition one person's capacity to consent to a person entering their room had been assessed under the Mental Capacity Act 2005.

There were risk assessments in place for people. There were three formats of risk assessment as these had been updated and changed. The original format was clear with each risk addressed individually and had been signed by staff. However we found a number of inconsistencies between associated documents. For example one person's risk assessment said they do not like big crowds but this was not reflected in their care plan under the section 'Things I do not like.' Two other people's care plans stated they did not like dogs however there was no risk assessment to state how this would be managed if they met a dog when out in the local area.

One person's risk assessments stated that they required PRN, that is 'as and when', medicines for epilepsy, however the PRN medicine was not referenced in their hospital passport. This is a document that informs the hospital staff of people's support needs and was not in their 'My Health Care Action Plan'. In the person's risk assessment it stated to give a copy of 'My Health Care Action Plan' to the ambulance crew however this document did not contain the important PRN information. This could have serious consequences for the person's health.

Another person's 'Individual Epilepsy Care Plan' in February 2016 named a new PRN medicine to be administered if they had an epileptic seizure as did their epilepsy guidelines but a new risk assessment referenced the previous PRN which was no longer prescribed. The risk assessment also referenced them having seizures 2-3 times a month when in actuality they had not had a seizure in 2 years.

Some risk assessments were not detailed enough. We noted that night time support for epilepsy for both people was not assessed in any of the documents old or new therefore there were no details to state if seizures occurred at night and if so how this might be managed. Staff told us seizures had not occurred at night, however the pattern for seizures should be stated clearly and risk assessed to show all risks around their epilepsy had been considered and mitigated. We raised this with the manager who addressed the

errors immediately.

One risk assessment stated that one person appeared to have a basic understanding of road safety but also stated that the person "doesn't look before crossing the road without a verbal prompt." This means that they did not have a basic understanding of road safety. We noted also in one person's risk assessment they were referred to twice by the wrong name.

We raised our concerns about the inconsistencies in the risk assessments with the registered manager who showed us they were in the process of updating risk assessments to a new format explaining that this was "work in progress." We accepted the registered manager had identified the concerns and was working towards addressing this with staff support. However we had raised the issues of risk assessments not being robust at our last inspection and work should have commenced by the provider prior to this to ensure risk assessments were robust and detailed.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there had been concerns about how people's money was managed. The service looked after some people's money and for other people in partnership with family member's involvement. Some family members had power of attorney and so checked people's finances. We asked the registered manager to tell us how they ensured people's money was safe. They told us that there was a monthly audit by a manager from another service. Also that the provider audited the service once every three months and finances were checked at this time.

There was a safeguarding adult and whistleblowing policy and staff were aware of how to report safeguarding adults concerns and described to us how they would recognise signs and symptoms of abuse. We saw that safeguarding adult referrals had been recorded appropriately by the registered manager who demonstrated a good understanding of their responsibilities under safeguarding adult legislation.

People's relatives told us "there are enough staff" and "I never see people left on their own, there is always a staff member with them." During the inspection there was enough staff to meet the needs of people using the service. We found that staff were working as rostered. The registered manager told us they used bank or agency staff to cover staff absence and we saw that an agency worker was working during our inspection to ensure there was enough staff to support people. There was a recruitment process to check staff credentials before they were allowed to commence work. Staff completed an application form and attended an interview. They gave two references and proof of ID and eligibility to work in the UK. The service carried out Disclosure and Barring Service checks to ensure staff were safe to work with vulnerable adults.

The service had systems in place for the safe administration of medicines. We checked people's medicine administration records (MAR) and found they were completed without gaps or errors. When we cross checked people's medicines with the MAR these were also correct. Staff administering medicines could tell us what the medicines were used to treat. We saw that there was a procedure in place to handover one person's medicines to the day centre when they went there for the day, their medicines were counted and signed for. Medicines were kept securely and the temperature was recorded daily. We noted the temperatures recorded had sometimes been high and once just above the correct temperature settings. We brought this to the registered manager's attention so they could monitor that medicines were always being stored safely.

Some people were prescribed controlled drugs. We saw that when a controlled drug was administered two

staff signed the controlled drugs log and counted the remaining medicines, we checked documentation and recordings were correct. The controlled drugs had been kept in the cabinet with other medicines however we were shown a cabinet that had been purchased to keep the controlled drugs and this had been secured to the wall and was in use on the second day of our visit. Some people had PRN medicines. There were protocols in place for the PRN medicine to be administered such as medicine in the event of an epileptic seizure. There was a system in place to ensure medicines were ordered and received in a timely manner.

The team leader told us about the fire procedure in the event of a fire indicating the exits immediately when we arrived and they checked the second day that we remembered the procedure. There was fire prevention equipment throughout the service and weekly fire alarm checks. Fire drills took place every three months and there was a clearly displayed fire procedure and emergency 'grab bag' with essential equipment inside. People living at the service had personal evacuation plans in the event of a fire. Annual safety checks had taken place for the fire alarms and the fire prevention equipment was serviced July 2016, other safety checks that had taken place was the gas supply in May 2016, the electric five year service in August 2014 and the yearly electric portable appliances test in May 2016.

The service was clean and free from malodour. We spoke with the cleaning staff who showed us cleaning substances were kept appropriately in a locked cupboard and that they used colour coded mops to avoid cross contamination. To keep some people safe from harm there was no soap or paper towels in the bathrooms or toilets. However people who were able to be safe with these items kept them in their room and staff had access to these items in a locked cupboard when they needed them. Other people were supported to use the soap and paper towels in a supervised manner. Staff also had access to disposable protective equipment such as aprons and gloves we observed staff using these appropriately.

Staff had received food hygiene training and food was stored in the kitchen appropriately with opened foods in the fridge labelled to avoid out of date food being eaten. There were colour coded chopping boards and a poster that reminded staff how to prepare meat and fish in a safe manner to avoid cross infection.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was able to tell us when they would make a DoLS application. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service as the managing authority had applied for DoLS from the statutory bodies appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment and having examined measures that were being taken to protect people and property.

Staff had received training in MCA and DoLS and could tell us how they would get people's consent before supporting them explaining "we do not assume people lack capacity, we give them choice." Staff gave examples of giving choice of clothes and food. The service had worked with health and social care professionals to complete MCA assessments and had held best interest meetings for people. A mental capacity assessment had been requested by the service for two people with regard to their finances.

People's relatives told us "Staff are fully qualified and know what they are doing." Staff completed an induction pack that gave them the knowledge they required to start working at the service. In addition staff had completed training in areas such as fire awareness, emergency first aid, infection control, medicine administration, safeguarding adults, manual handling and health and safety. Staff were given training to manage the behaviours of people using the service. This was on-going training with staff attending a course and having regular workshops with a behavioural therapist. Staff told us the training was helpful in supporting them with their work.

Staff told us they received regular supervision and that this supported them in their role. We saw supervision had taken place for all staff, although there were some gaps longer than the service policy stated in late 2015 and early 2016. Supervision was recognised as an important support for staff by the registered manager who had initiated regular supervision sessions since they commenced their post and had a supervision calendar to flag when supervisions were due for each staff member to avoid supervisions being missed.

At the last inspection there were concerns about the first aid boxes not being stocked adequately. The service had trained staff in emergency first aid and posters reminding people of the first aid procedure and naming first aiders was displayed in the communal areas. First aid boxes were kept stocked and staff were instructed to record what equipment had been used so it could be immediately restocked. In the event of a medical emergency people had hospital passports that went with them in addition to their MAR. The

passport contained information about people's medical condition and their support needs. We noted that hospital passports required some updating to ensure that all the information was relevant. We raised this with the registered manager who agreed to address this.

Staff were well informed about people's medical needs and described how it was important to know how people usually behaved giving an example of how they recognised something was wrong with one person because they stopped wanting to drink tea which is something they always wanted to do. They took the person to the GP and the person was admitted into hospital as they were found to be unwell. People had support plans that showed how they expressed themselves if they were in pain and gave guidance for staff to support them. Staff could tell us about people's medical conditions such as epilepsy and described what support people required.

Staff were also well informed about people's behavioural support needs and could tell us what was important to people such as wearing a specific item of clothing or a bedtime routine that ensured the person settled and did not become distressed. However the written records contained discrepancies and omissions in terms of behaviour, one person's monthly summaries stated in the monthly report April 2016 under 'General mood' there had been an increase of urination in the bedroom whilst in the same report under 'Incident report' stated there had been a reduction of instances urination in the bedroom. For one person their hospital passport was the only indication in their records that the person might completely block a toilet with tissue paper.

Behavioural charts were not available as they were sent to the ABA, this was the behavioural therapist support for the Hoffmann Foundation of Autism, and copies had not been retained by the service. In one person's records there was a night time protocol for May 2016 and a night time behaviour data sheet for the week of 20 June 2016 but then there are no other night time behaviour data sheets. There was a note in the folder indicating that the completed data sheets for 30 November 2015 – 16 January 2016 were sent to the ABA Department on the 19 January 2016. However it was not clear if records had been completed by staff or if all had been sent to the ABA department. This was important as there was no way for staff to check back to identify changes in people's behaviour or to refer back to what had been occurring.

Communication was an important feature in people's care plans and a critical element to successfully support people who had autistic spectrum disorder. Although some communication care plans contained good guidance we saw some inconsistencies between people's documents. This could mean that staff would not be clear on what was being used and what had been tried but had not worked well. For example one person's behavioural plan in their care record stated the use of TEEACH a method of communication and showed MAKATON signs another form of communication to be used. However the person's care plan stated the use of PECS another form of communication. The person's hospital passport stated that "Widget, MAKATON, sign language and PECS" should be used although Widget had not been mentioned elsewhere and with no reference of TEEACH. We raised this with the registered manager who explained they were in the process of updating all documents and acknowledged there was still work to do to ensure inconsistencies did not occur. They explained they and the staff team were working towards a "synchronisation of documents" so the up to date and correct information was immediately available in each format.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were supported to attend medical appointments such as the GP, psychiatrist, and hospital eye clinic and people had regular health check appointments with the services such as the chiropodist and

dentist. People had monitoring checks for their weight to ensure they were not losing or gaining weight inappropriately.

We observed people eating freshly made meals. People ate well and looked as though they were enjoying the food they were served. People made a choice for their breakfast and choices were displayed so people could point to a variety of cereals, toast, porridge, eggs etc. People were shown photos of meals from a large folder with lots of photos in it so they could point and choose what meal they liked and this was incorporated into the menu planning on a weekly basis. People took turns in choosing meals and the staff ensured there to be a varied menu. We saw that people were supported to have drinks on a regular basis and there were sufficient snacks and fruit for people to choose from.

Is the service caring?

Our findings

A relative told us "[X] is a different person now, happy and back to their old self" describing the person had been very unsettled prior to their placement at the service. "Staff are all lovely people" and "nice and caring." Other family members said they found staff were professional and knew their relative was happy at the service from their manner.

A staff member told us "if they are happy we are happy." We saw that staff interacted with people in a positive manner and were encouraging in the way they spoke to people "yes X do you like that" and "what do you want to do close it? Go on then." We saw some people becoming very enthused when they saw particular staff laughing and dancing and going up to hold their hand to take them to show them something. One person showed the staff they had made a bird nesting box at the day centre all staff clapped and said "well done X its lovely" the person was clearly very pleased with the response.

Staff had completed equality and diversity training. Staff described that people are supported to celebrate their birthdays and festivals such as Christmas and Easter. Staff described that when supporting one person they had purchased specific foods such as yams and family had shown staff how to cook cultural dishes. Some people had their faith preferences and cultural heritage named in their care plans. One person was being supported to identify an appropriate church they might like to attend.

Staff maintained people's dignity by suggesting people made adjustments to their clothing for example fastening their trouser belt. People's personal preferences were respected for example one person liked to wear only black clothes, another person liked to wear their jacket at all times. Staff ensured however people were suitably and comfortably dressed for the occasion. People's privacy was respected and staff knocked before going into people's rooms. People's care records were kept in a confidential manner and only shared when necessary.

Relatives told us they were made welcome by the service and that they were always invited to care plan review meetings. They told us suggestions they made were listened to and if appropriate implemented by staff. Relatives gave examples of staff incorporating their suggestions in the care plan such as managing a person's clothing in a certain way. We saw that review meetings minutes and family members attended.

We did not see people's end of life wishes recorded in their care records. We talked with the registered manager about how they are working with people's relatives to record people's end of life wishes. The registered manager explained this was a sensitive topic for people's relatives and that they were going to send out letters to people to explain to them why the information was important for the service to know.

Is the service responsive?

Our findings

People had person centred plans and these were reviewed and updated on a six monthly basis. People's plan's identified how they should be supported in activities of daily living depicting where people were independent and when they required support. For example one person's plan showed they could lay the table for dinner and we saw them being asked to do this and they went to get the table mats with a prompt from staff and other people made a hot drink with support. Staff had also identified when there may be an opportunity for people to be more independent and learn new skills. People's personal care needs were specific for example one person's care plan stated 'hair grooming' and specified support to comb their hair and apply hair gel each day, another person required support to tie their shoe laces.

There was an activity planner in the dining area that showed what each person was going to be doing. This was managed carefully so that morning activities were displayed only then removed and replaced at lunch time with the afternoon activities. Activity plans were personalised and described what people liked and disliked. For example one person's care plan stated they liked to play with dominoes and we observed them being supported to do this. People undertook individual activities for example some people went to day centres on certain days where they pursued their interests such crafts and making items, other people liked using a sensory room.

People were being actively supported to maintain family relationships with staff making arrangements and two people were supported to meet a relative each week.

There were also group activities and people went out in the service bus to the park or a farm. A barbeque was planned with family invited for the weekend of our visit. There was some contact socially with other services under the same provider and a "Hoffmann's got talent" completion was advertised for people to join in if they wished to.

People had personalised bedrooms. They had their choice of colour scheme for example one person's care plan stated they liked the colour blue so their walls were painted a bright blue colour, they had also chosen their new flooring. Other people had bedrooms that reflected their personality with objects they liked near them.

The service had a communal lounge with comfortable seating, computer, TV and soft furnishing for one person who liked this. There was a kitchen dining area, a conservatory and well maintained garden with a fenced separate garden area that was used as an activity area to grow vegetables. Several people really liked to be in this area, they were supported to water plants and picked strawberries they had grown. Staff described one person sang and smiled and spoke words they had not said before after being invited to the garden for the first time. Staff had been unaware that this would be an activity they would enjoy, now it is something the person enjoyed on a regular basis.

There was a complaints policy and procedure displayed. Complaints were logged appropriately and it was

recorded how complaints were being addressed. There was an on-going complaint situation of a number of years with a neighbour who was complaining of noise from the service. Steps to address the concerns had been made by the provider however these had been of limited effectiveness in addressing the issue.

Is the service well-led?

Our findings

The service was quality assured by senior staff undertaking regular checks on a daily basis including medicines and health and safety checks these were recorded and identified concerns addressed. For example a shower had been recorded as broken and this had been repaired in a timely manner. There was auditing on a weekly basis by the registered manager and deputy manager in areas such as medicines. The provider audited once every three months. The registered manager had noted and begun process of updating documents although previous auditing had not noted the discrepancies in documentation relating to care records. The Hoffmann Foundation for Autism had also employed an external consultant in June and July 2016 who had written a report on the quality of the service given. An action plan was with senior management awaiting approval following the report findings.

We recommend the service reviews the auditing process to ensure care records are synchronised and accurate.

One people's relative told us "the place is run to perfection;" another thought "the service has got better and better" but one relative felt there had been a number of areas of concern recently. However they still felt the care given by the staff was good. Relatives told us the registered manager had written to them to introduce themselves when they commenced their post and had phoned them to talk with them about the service. Relatives thought this a positive start to their working relationship.

There had been some management changes in the service; this had been well managed by the provider. There was a recently appointed registered manager who commenced their post at the beginning of June 2016. The provider had ensured a registered manager was appointed to take over as soon as the previous registered manager left. The registered manager was responsible for two services and alternated their time between the services having three days one week at one service and then two days the following week. There was a newly appointed deputy manager and we saw that the acting deputy manager was giving a thorough handover to the new deputy manager during our visit. The acting deputy manager confirmed they would be working as a bank worker for the provider and would remain in contact with the service.

Established support staff took the responsibility of being team leader and demonstrated to us they were familiar with the service systems and people using the service. There were also staff who had been in post for a number of years and were very familiar with people using the service and their families. Staff had taken responsibilities and became champions in health and safety, medicines and behavioural management. The champions were receiving extra training to equip them for their role. Staff told us they were being encouraged to undertake social care qualifications such as NVQ 5 to equip them to progress in their career. We thought the registered manager recognised the value of motivating and skilling staff as this would benefit both the staff and people using the service.

There were clear lines of communication in the service with a daily handover to staff coming on shift. There was a communication book that contained important and relevant information and a diary for appointments that staff referred to. Staff had regular meetings, these were used to address changes, share

information and staff confirmed they felt confident to raise any issues at these meetings. We saw that the registered manager addressed staff performance concerns through the meetings and in one to one meetings in an appropriate manner and was reviewing systems to make them more streamlined and effective whilst obtaining staff feedback on the effectiveness of the new systems.

There were meetings with people's keyworkers on a regular basis and residents meeting each week these mainly focussed on meal planning and identifying activities. Each person's record contained a statement of purpose "To provide individualised services which improve the lives of adults with autistic spectrum disorders". We saw that there had been "autistic friendly" questionnaires gone through with people from this and other Hoffmann Foundation for Autism services to get an annual feedback with service users and a report of responses to the 'service user questionnaire' was available for January 2015. There had also been a relative's survey at the same time with a report analysing the outcomes. One relative with regard to this service wrote "So grateful to the staff at Park Avenue, my [X] is so happy, that's something I have not seen in a long time. I don't have to worry about them anymore, Thank you all".

The service worked with other professionals both from the wider organisation and from the commissioning body who confirmed that they were working in partnership with the service.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not being adequately assessed. There were discrepancies between risk assessments and associated documents.

The enforcement action we took:

None

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Recordings were not accurate and there were inconsistencies in documentation

The enforcement action we took:

None