Regents Park Limited

55 Langaton Lane

Inspection report

55 Langaton Lane
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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?	**Requires improvement**

Overall summary

The inspection took place on 11 May 2015 and was unannounced. We also visited the provider's main office on 2 June 2015 to look at records held there.

55 Langaton Lane is registered to provide accommodation with personal care for up to three people who have learning disabilities and physical disabilities. At the time of this inspection there were three people living in the home with complex care and communication needs. None of the people were able to engage in conversations and they had little or no verbal communication.

There was a registered manager in post who also managed two other care homes in the Exeter area. 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.

The registered manager was not aware of the requirement to notify the Care Quality Commission of any incidents or accidents that occurred. For example, during

Summary of findings

this inspection we heard that a person had suffered a broken ankle when using the garden swing which we had not been notified of. This meant there was a risk serious accidents or incidents may not be adequately investigated by external agencies and professionals who have a legal responsibility to ensure people's safety and well-being.

Where people were subject to restrictions, Deprivation of Liberty Safeguards (DOLS) applications had recently been submitted. The provider and registered manager had recently been made aware of changes in legislation by members of the local authority safeguarding team. This meant the provider and registered manager had not kept up-to-date with changes in legislation or good practice guidance.

People were able to make choices about their main meals and drinks. Individual preferences of food and drinks had not been assessed or recorded in care plans. People were supported to choose the main meals they wanted using pictures to help them plan weekly menus. Meals were varied and suited individual dietary needs. There was a good supply of fresh fruit readily available .

People were safe. There were sufficient staff to meet each person's needs. As we were unable to communicate verbally with people we relied on our observations of care and our conversations with staff and other professionals to understand their experiences. People were smiling and relaxed and responded positively when staff offered support. Staff knew each person well and understood the non-verbal ways in which they communicated, for example by pointing at objects or pictures. We saw staff offering people choices and checking their responses before providing care or support.

People led active lives. Two people attended a day centre every weekday that was operated by the provider. One person had chosen not to attend the day centre and instead chose activities at home or in the local community that they enjoyed. People were able to go out in the evenings or weekends, or stay at home and do activities of their choice.

We looked at staff recruitment, supervision and training records held at the provider's head office. These showed staff had been carefully recruited by obtaining references and carrying out checks on their suitability before they were offered employment. Staff received relevant training which meant staff had the skills or knowledge to help them support people effectively Staff received regular supervision and support. Staff meetings were held regularly. Staff said they worked well together as a team.

Medicines were stored and administered safely. Staff had received adequate training on safe administration of medicines.

Staff knew how to protect people from the risk of abuse. They had received training on safeguarding adults and knew who to contact if they suspected abuse may have occurred. Systems were in place to ensure people's cash or savings were managed safely. This meant people were protected from financial abuse.

People were supported to maintain good health. Risks to people's health and welfare had been assessed and reviewed regularly. Staff were given guidance and training on how to recognise and reduce risks.

The property was a bungalow with level access to all areas. All rooms were well maintained, comfortable and homely. Bedrooms had been personalised to suit individual tastes and interests. At the time of this inspection building work was in progress to convert the roof space to create further bedroom and living areas.

Support plans provided clear and up to date information about all areas of each person's health and personal care needs. The plans had been drawn up to include photographs to enable people to be as involved as far as possible in planning their support needs.

There were systems in place to monitor the daily routines in the home. Daily reports on all aspects of the support given to each person were completed by staff. The reports were returned to the provider's head office each month to be checked by the provider and registered manager. However, the registered manager did not regularly work in the home and there was a risk some poor practice or ineffective routines were not picked up or addressed, for example systems for booking and recording medical appointments.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Medicines were stored and managed safely.

Good

Is the service effective?
The service was effective.

People wereprovided with person centred care regarding food choices that reflected their preferences.

People received effective care and support from staff trained in providing care for people with complex communication and support needs. People were supported to access specialist healthcare professionals when needed.

People's human rights were protected because the provider followed appropriate legislation.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect. The staff were caring and considerate.

Staff understood each person's non-verbal means of communicating their choices and preferences.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved as much as possible in the assessment and planning of their care.

Each person had a key worker with particular responsibility for ensuring the person's needs and preferences were understood and acted on.

Good

Is the service well-led?
The service was not consistently well led.

Systems for monitoring the quality of the service were not fully effective.

Requires improvement

Summary of findings

The provider did not have effective quality assurance systems in place that ensured people received a safe service that responded fully to their individual needs.

55 Langaton Lane

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 11 May and 2 June 2015. The first day of the inspection was unannounced and was carried out by one inspector. During our visit we looked at medicines stored and administered in the home. On the second day we agreed in advance to meet the registered manager at the provider's offices to look at the records stored there. These included staff recruitment, supervision and training records, and records of cash and savings managed on behalf of people.

Before this inspection took place the local authority adult safeguarding team held a whole service safeguarding investigation after information was received from OFSTED about a children's home also run by the provider. The adult safeguarding team were seeking reassurances that the concerns raised about the children's' service did not also relate to three care homes for adults operated by the provider. The concerns included the use of restrictive practices, unsafe recruitment processes, safeguarding, fire risks due to locked doors, inadequate budgets for food and activity, medication and specialism and isolation of the service. During this inspection we were satisfied none of these concerns related to 55 Langaton Lane.

During our inspection we met each of the three people who lived there. We were unable to have conversations with them because they were unable to communicate verbally. Instead we relied on our observations of care and our discussions with two staff and external professionals to help us understand people's experience of the service. We also reviewed their records of care.

Before the inspection we looked at the information we had received on the service since the last inspection. We had received no notifications of incidents or accidents.

Good

Is the service safe?

Our findings

People were unable to tell us if they felt safe and therefore we observed their interactions with staff and spoke with staff to find out if people were safe. We saw people were smiling and relaxed and appeared comfortable when staff were supporting them.

There were efficient recording systems and regular checks and balances that ensured people's money was held safely. We looked at records held in the provider's main office of cash and savings held by the provider and managed by staff on behalf of people using the service. Receipts for all purchases made on behalf of people were retained and recorded. Handover procedures were in place for money passed to and from the provider's office for each person's monthly allowance. Staff in the office checked and double checked the records and these were also signed by the registered manager to ensure the records were correct.

During our inspection we spoke with two members of staff. They told us they had received training on safeguarding adults and they were confident they knew how to identify and report any potential abuse.

The support needs of the three people living at 55 Langaton Lane were met safely because there were sufficient staff to meet their assessed needs. When we arrived at the home there was one member of staff at home with one person. Later in the afternoon a second member of staff arrived before two people returned home from the day centre. We were given assurances that more staff would be provided if people wanted to go out in the evening. At weekends there were either two or three staff on duty. At night there was one waking staff on duty. Staff told us these numbers were sufficient and allowed them time to give each person the support they needed. Staff explained how the waking night staff checked on people every hour during the night. Support plans and daily records showed staff understood the importance of frequent checks for epileptic fits throughout the night and what to do if a person experienced a fit.

We looked at staff employment records for all care staff recruited by the provider since the last inspection, including staff working in other homes operated by the provider. This was because some staff worked shifts in each of the three care homes. The risk of abuse to people who used the service was reduced because effective recruitment and selection procedures were followed. These included checks to make sure new staff were suitable to work with vulnerable adults. Staff were not allowed to begin working with people until satisfactory checks and references had been obtained.

Risks to each person's individual health and safety had been assessed and regularly reviewed. Care plans explained the potential risks for each person including choking, dehydration and malnutrition. Daily records showed the meals each person had eaten and also showed each person was weighed regularly. Where people were at risk of choking the staff had sought input from the local speech and language therapy team (known as SALT). After our inspection visit we spoke with a SALT therapist who told us they had visited the service recently and were satisfied their advice had been followed and people were receiving the support they needed.

A member of staff told us two people were at risk of constipation. We saw there were good supplies of fresh fruit readily available in the kitchen/dining room. Staff told us they encouraged people to eat plenty of fruit and vegetables, and also prune juice, to reduce the risk of constipation.

People's medicines were safely stored and administered. The service used a monitored dosage system supplied by a local pharmacy. The medicines were securely stored in a locked cabinet. We saw staff had signed the medicines administration records each time they had administered a medicine and there were no unexplained gaps. There were systems in place to record the amounts held in the home at the end of each month and carried forward to the next. Staff told us they had received training on the safe administration of medicines and we saw certificates to confirm this.

Care plans gave information to staff about the medicines prescribed to each person, including how to administer them safely, and how to administer them according to each person's individual needs and preferences. For example, one person's care plan instructed staff; "Staff always need to check my medication sheet before they administer any medication to me, this is partly because my medication can change according to my seizure activity. I like you to break my larger pill (Adcal) into 2 parts and I like to swallow the smaller pills whole so you need to give me time to swallow each one. To help me take my tablets and for them to

Good

Is the service safe?

properly go down, I must to have a drink with or after I have taken them." The care plan went on to explain each medication including emergency medication for epileptic fits.

People lived in a building that was well maintained and safe. There was level access around the bungalow. Gas and electrical equipment were serviced regularly and all equipment was in good working order. Staff told us if any equipment went wrong the repairs were carried out promptly.

Builders were working on the premises at the time of our inspection converting the roof space to create first floor bedroom and living accommodation. Some areas outside the home were temporarily out of bounds to people living in the home for safety reasons but all areas inside the home remained safe.

Good

Is the service effective?

Our findings

People were able to make choices about their main meals and drinks. People's assessments and care plans provided information about how each person should be assisted with food and drinks although there was limited information about food and drink preferences. During our visit people were encouraged to choose the drinks and foods they wanted by pointing at the items. Their meals were served on plates with plate guards to help them eat independently. Staff followed instructions in each person's individual support plans, for example "I have a blue slip mat, a blue scoop plate, a plate guard and my moulded spoon. Please do not give me a knife or fork; this is because if I have a seizure when I'm eating I may injure myself.

The weekly menus were drawn up by staff who showed people pictures of meals and asked them to choose the meals they wanted. A menu for the week was displayed in the kitchen. The two people who attended the day centre took packed lunches with them. The person who remained at home was usually offered a re-heated portion of the meal cooked the previous evening. Staff assured us that if the person did not want this an alternative was always offered. Menus for the previous week were varied and included meals such as chicken casserole, roast chicken, and fish and chips. Fresh fruit was available if people wished.

A health professional we spoke with after our visit told us they were satisfied people received safe and effective support. They confirmed that one person's health had remained stable and the staff were competent and knew how to meet the person's health and support needs.

Staff told us there was a stable and happy staff team. They said they were well supported and received regular supervision by their line manager. Staff turnover was low, and reasons for staff leaving were positive such as going to university. New staff received supervision every week until their probation period was completed, and from then on supervision was received every six weeks. Staff meetings were held regularly and these were a useful opportunity to share information or discuss any issues. They said they were able to request advice, support or extra supervision at any time.

Staff were knowledgeable about people's individual support needs. We saw two people return home from the day centre late afternoon. Staff followed the person's preferred daily routines, for example one person liked to have a shower soon after returning home. Another person with mobility difficulties had a standing frame provided by health specialists. A member of staff gave individual support to the person while they used the standing frame to make sure they were comfortable.

People were supported by a staff team who were supervised and supported. We were given a copy of the provider's training matrix which showed three staff held relevant qualifications in care, while four staff held no relevant qualification. This is slightly lower than the national level of qualified staff in similar care settings and meant that people were not always supported by staff who held relevant qualifications.

Staff told us they received good training and supervision at the start of their employment. One member of staff described their induction which included shadowing experienced staff, and they said "I had a lot of training in the office". This included health and safety topics such as, infection control, moving and handling, challenging behaviour, medicines, and administration of emergency medication for epilepsy, first aid and fire safety. All staff had received training and regular updates on all required health and safety related topics. They had also received training relevant to the support needs of the people living at 55 Lanagaton Lane including autism, epilepsy awareness, and epilepsy medication.

Staff were encouraged to keep up-to-date with current good practice, for example they had recently been given an article to read by an organisation called BILD (British Institute for Learning Disabilities). Staff told us it had been very interesting. We also saw memos to staff on planned future training sessions.

Staff had received training on safeguarding adults, but not all had received training on the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DOLS) although they were aware this training had been booked for the near future. The training records showed three staff had received this training. We discussed one person for whom restrictive practices had been agreed in the past through a 'best interest' decision making process. This person was still being restricted on a daily basis. The staff were unsure if the person's capacity to agree to this practice had recently

Good

Is the service effective?

been reviewed and they said this highlighted the importance of the MCA training about to be provided. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time.

One month before this inspection took place checks were carried out through the safeguarding adult's team that showed that no DOLS applications had been submitted for people living at 55 Langaton Lane. The provider was advised to submit applications where applicable. Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. During this inspection we were assured by the registered manager that they had submitted applications in the previous few days for each person. This was needed because people were unable to leave the home without staff support.

We checked the use of locks on bedroom doors. Two bedroom doors were locked using a mortise type lock during the daytime when the occupants were at the daycentre. The staff told us one person sometimes entered other people's bedrooms during the day when the occupants were out. To protect people's belongings they kept the doors locked. However, the type of lock used meant there was a risk people may be locked in their rooms and unable to get out independently. Staff assured us that the doors were always unlocked while people were in their rooms. After our visit the registered manager told us the locks had been removed and they intended to supply new locks that people could lock and undo easily from the inside of the room if they wished.

Reports were completed by staff about each person regularly throughout each day. The report sheets had been specially printed for each person to include any tasks specific to their needs. The reports were bound in monthly books that provided a complete record of the person including risks assessments. The reports covered all aspects of each person's daily routines and provided good information about their health and welfare, the activities they had participated in, times of getting up and going to bed, the foods they had eaten, and their mood. The reports showed that each person's health and wellbeing had remained stable, and they were happy and contented.

Support plans provided good information about each person's medical conditions including signs and symptoms and how it affected the person. The plans also explained each person's communication methods, including sign language such as Makaton, or use of pictures to help them express their needs. This ensured staff had information to enable them to provide care that was appropriate to each person

We looked at systems for booking and attending regular medical appointments. A member of staff told us they had been concerned at times that information about medical appointments had not always been clearly available for all staff to see. There was a diary system for recording medical appointments but the system was not always effective. After our inspection the registered manager told us they had spoken with team leaders and had introduced a monthly appointments sheet which will be added to the front of each person's daily report book to ensure all staff are aware of when appointments are due to be booked or attended.

People's individual needs were met and enhanced by the adaptation, design and decoration of the home. The home's entrance was gently ramped and there were wide corridors and level access throughout the bungalow. The home had a spacious comfortable lounge, large kitchen dining room and a large private garden. Each person had a bedroom furnished and adapted to suit their individual preferences and needs, for example beds were lowered where necessary to help people get in and out of bed safely. People were able to move around safely and independently. Handrails were provided in corridors.

Good

Is the service caring?

Our findings

During our visit we saw staff interacting with the people who lived there in a caring and empathic manner. Although people were unable to communicate verbally staff understood their non-verbal communication methods. They were able to recognise changes in mood, and understand the things people wanted to do by observing their facial expressions, listening to the sounds each person made, or by observing the things they were pointing to. During our visit people were smiling, relaxed and happy.

One person with limited mobility used a standing frame for about 30 minutes each day. We observed a member of staff supporting them while using the frame. The member of staff was chatting to the person in a gentle and friendly way. They stroked the person's hair and gently rubbed their back to help the person relax. The person looked sleepy, relaxed and was smiling. The member of staff told us about the things the person loved to do, such as sitting on the swing in the garden, or sitting on the sofa with a member of staff. They said the person loved cuddles and reassurance from the staff. We watched as the member of staff gently and patiently supported the person to walk from the lounge to the kitchen using the handrails along each side of the corridor. The person used a wheelchair when outside of the home but staff understood the importance of supporting the person to retain mobility and independence wherever possible inside the home.

Throughout our visit staff were attentive to each person and responded promptly and positively to all requests. Staff understood each person's needs and preferences and we saw staff communicating with them according to their individual communication preferences. The people had lived in the home for many years and staff had become very familiar with their preferences and individual ways of communicating. One person pointed to the cupboard, then pointed to the drink they wanted, and the member of staff responded appropriately. People also used picture communication systems (known as PECS) to help them communicate their needs and wishes.

A key worker system was used to ensure each person had a member of staff who had been given the responsibility for ensuring their needs and preferences were known and respected by all staff. One member of staff explained how they supported the person they had key responsibility for. They helped the person keep in touch with friends and family. They explained how families were consulted and involved in all important decisions. They also explained how they made sure the person attended medical appointments. They also made sure the support plans were kept up to date with any changes in the person's support needs.

Staff treated people with dignity and respect. For example, when people were supported with personal care such as assistance to shower or use the toilet this was carried out discretely and respecting people's privacy and dignity. Each person had their own individual bedroom where they could spend time in private if they wished. Some people experienced seizures and had assistive sound technology in their rooms. This meant they could be monitored without staff being present in their room and intruding further on their privacy.

People had been involved as far as possible in drawing up and reviewing a plan of their support needs. Support plans had been drawn up using photographs as well as text to enable people to have as much involvement as possible in planning their support needs. The support plans included pictures of the person and things that were important to them, for example outings and favourite activities. They also included diagrams, for example one person needed to sit in a specific chair when eating their meals and their support plan included a diagram of the seating arrangements staff should follow.

Good

Is the service responsive?

Our findings

Information in the support plans was detailed and personalised. For example one support plan said "I really enjoy myself in the shower/bath; splashing, getting covered in bubbles, etc. this is great fun so be prepared… you may get wet too! I don't like getting bubbles in my eyes, so please have a flannel to hand so I can wipe my face." Other detailed instructions included how to support a person to shave. The support plans were easy to read and gave sufficient detail to ensure all staff knew exactly how each person wanted to be supported in all areas of their care and daily activities. The plans explained each person's preferred communication methods.

We spoke with staff and observed people during our visit to find out about the activities people enjoyed and their daily routines. The provider ran a day centre which two people attended on weekdays. The day centre provided a wide range of activities including arts and crafts, cookery, animal care, and a cinema.

Staff were responsive to people's individual needs and wishes. For example, one person had chosen not to attend the day centre and therefore they remained at home each weekday supported by one member of staff. Staff explained the things the person enjoyed doing and the places they regularly went to and how they responded to the person's wishes. For example we heard the person enjoyed going out in the car and sometimes enjoyed walks in the countryside. However, if the person decided it was too cold or windy they often chose to return to the car, and the staff respected their wishes. Staff also explained how they were gradually introducing the person to the day centre, and said this had recently been very successful. We observed the person during the day and saw how they chose the things they wanted to do. The person appeared happy and contented.

Support plans provided information about the activities each person enjoyed and the places they liked going to, including activities during the evenings and weekends. For example, one person enjoyed shopping trips, going to the beach, watching football, having a barbeque, and going to the cinema. Daily reports and photographs in the support plans showed how people lead active lives doing things they enjoyed and had chosen.

Satisfaction surveys had been sent out to all families in December 2014 to gather their views of the service. Although surveys had been received from families and advocates of people who used other services run by the provider, no surveys were received for the people who lived at 55 Langaton Lane. The registered manager told us families, visitors and staff have been encouraged to use the CQC website to view Regents Park's reports and use the "Share your experience" section where people were encouraged to give their views on the service. No comments have been received by CQC since the last inspection.

Although people who used the service were unable to make formal written or verbal complaints staff understood the things that made them unhappy. For example, one person had recently shown signs of distress at times when builders working on the property had made a noise. Staff had recognised the noise was the cause of the person's distress and so they arranged to take the person out when building noise might upset them. The registered manager told us no formal complaints or concerns had been received about the service since the last inspection.

Each person had their own bedroom that had been decorated and furnished to suit their individual tastes and preferences. Bedrooms had pictures that reflected their interests for example one person had pictures and bedding on a football theme. We also saw equipment such as sensory lights, televisions and DVDs and saw people asking staff to support them to use the equipment. One person had foam filled steps to help them move from their wheelchair to a dining chair. The person's support plan provided clear information to staff on how to assist the person to use the equipment, for example "To get on to my dining chair I need my soft steps. They allow me to get onto and off my dining chair on my own, I still need staff to support me, but I feel really independent when I use them. To use my soft steps to access my dining chair please place them up against the wall as shown in the photo, I then move myself up the steps and then onto my dining chair, but I still need staff to be with me to keep me safe."

Requires improvement

Is the service well-led?

Our findings

Since the last inspection no notifications of serious incidents had been submitted to the Care Quality Commission as required by law. During our inspection we heard that one person had suffered a broken ankle but the registered manager had failed to tell us about this. This meant we had been unable to check that other relevant agencies had been informed and involved promptly following the incident. It also meant we had been unable to check that actions had been to investigate the cause of the accident and take any actions necessary to reduce the risk of similar accidents happening again.

This is a breach of the regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents.

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. This person also managed two other care homes owned by the provider. We asked how they monitored the service to make sure all aspects were running smoothly. The registered manager told us they attended monthly house meetings and carried out weekly spot checks. However, some staff told us they did not see the registered manager on a regular basis. After the inspection the registered manager told us they will make sure they vary the day and time of their visits to the home to make sure they meet all staff on a regular basis in future.

During our inspection we found the registered manager was not fully aware of some issues or concerns relating to the home, for example the manager was unaware of the risk of medical appointments being missed. This indicated the management roles and decision making procedures between the provider, registered manager and team leaders may not be clearly defined or fully effective. They also did not have a system that reviewed and acted in a timely way regarding people who were being restricted under DOLS. Whilst we were told applications were now made this was not until we had highlighted this as an issue during our inspection.

We spoke with the registered manager about their failure to notify the Commission, or to keep up to date with changes in legislation such as the Mental Capacity Act 2008 and DOLS. They gave assurances that all incidents and accidents will be appropriately notified in future and that they will look at ways of regularly keeping up to date with changes of legislation and good practice guidance. We also discussed the management arrangements for the service and which members of the management team had responsibility for making decisions, or for monitoring the service. The manager told us he planned to discuss this with the provider to ensure management roles are clarified and clearly established.

After the inspection the manager told us they planned to improve communication and monitoring procedures through the introduction of new computer equipment for staff to record all information relating to the day-to-day running of the houses.

There were procedures in place to monitor the support given to each person. Daily reports completed by staff which contained detailed information about and monitoring checks on their health and welfare were returned to the provider's main office each month where they were checked by the manager and provider. The provider visited the service regularly and took a keen interest in each person's welfare. The provider carried out informal monitoring of the service and had a good awareness and close involvement with all aspects of the day to day running of the service. However, there was no overall quality assurance system in place to show how the provider and manager monitored the quality of the service.

This is a breach of the regulation 17 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents.

he registered manager carried out weekly spot checks on the service, where they checked areas such as staffing, accidents and incidents, cleanliness of the home, medications, petty cash, activities, and any safety checks including fire safety. They also checked that staff had read and signed any updates of policies and procedures.

Staff told us they enjoyed working at the home and said there was good teamwork. Staff meetings were held regularly and these were minuted. Staff said the meetings provided a good opportunity to raise issues, concerns or make suggestions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).** The registered manager failed to evaluate and improve their practice, or ensure they were aware of all changes in legislation and good practice recommendations relevant to the services people received. The provider has failed to establish clear and effective management systems and monitoring of the service that meets the changing needs of people who use the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Regulation 18 of the Care Quality Commission (Registration) Regulations 2009** The registered manager failed to notify the Commission of serious incidents or accidents that caused harm to people who used the service.