

Portsmouth City Council

Russets

Inspection report

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Date of inspection visit:

15 December 2022

19 December 2022

Date of publication:

20 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Russets provides full time residential care for up to 7 people and respite care for up to 11 people with learning disabilities, in one adapted building. There are 2 flats within the building, one accommodates 4 people and the other accommodates 3 people. The rest of the building provides support to those people receiving respite care. Respite care is short term. At the time of our inspection 6 people were living at Russets.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Although the service is larger than current best practice guidance, this was mitigated by the building design. People lived within smaller flats in part of the building and had privacy for themselves and their visitors. We identified some environmental safety risks and we made a recommendation about this. The service was located so people could participate in the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records relating to consent and capacity needed improving and we have made a recommendation about this.

Right Care: People received support from staff who knew them well, understood their needs and considered their preferences. Staff understood how to protect people from poor care and abuse. Healthcare professionals had been referred to appropriately and staff ensured their advice was followed. People's support plans reflected their range of needs and this promoted their wellbeing. Risks associated with people's needs were understood by staff.

Right Culture: Quality assurance processes had not identified all the concerns in the service and where they had, enough improvement had not taken place. Records were not always complete. It was not always clear how people were involved in making decisions about how they wanted to achieve their goals. We have made a recommendation about this.

The culture at Russets had improved since the last inspection and was positive. People and their families told us they felt the management team was supportive. Complaints were listened to and acted upon. Staff received the training, support and information they needed to provide effective care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 June 2019) and there was a breach of regulation.

At this inspection we found the provider remained in breach of regulation. The service remains rated requires improvement and has been rated requires improvement for the last three consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 7 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Russets on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to Governance at this inspection.

At our last inspection we recommended that the provider sought reputable guidance to support people to maximise their skills to their full potential. At this inspection we found improvement was still needed. We have made a recommendation about the management of environmental risks in the service and records relating to consent and capacity.

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

Follow up

We will request an action plan from the provider, and meet with them to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Russets

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection. An Expert by Experience supported the inspection by making calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Russets is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Russets is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, administrator, care workers, assistant unit managers, a kitchen assistant and a compliance manager. We also received feedback from four external professionals. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Although, most aspects of the environment were safe for people to live in, some environmental risks were identified during our inspection. For example, we found two window restrictors were not in place. A window restrictor is a safety device which prevents a window from opening too wide to reduce the risks of people falling out. Some electrical items had not had a portable appliance test in line with guidance, to ensure their safety. There were several fans around the home which were dirty. This meant when they were on, they would blow dirt into the air. The registered manager was not aware of these issues and arranged with the landlord for these to be rectified promptly.
- Some areas of the home needed maintenance work completing to ensure safety and hygiene standards were met. The registered manager was aware of this and had taken appropriate action to try and get this work completed. The provider did not own the building and the registered manager told us they often faced challenges with the landlord to ensure the home and equipment in it were well maintained. They went on to say this was improving.
- We additionally identified some other issues. This included food that was out of date or undated. This meant people were at risk of consuming food that had potentially not been disposed of within the correct timescales, which could lead to illness. The registered manager acted quickly to improve practice around this area.

We recommend the provider enhances their environmental and equipment checks to ensure risks to people's safety are reduced.

- People's care plans included individual risk assessments, such as for mobility and risks associated with people's health conditions. Plans were individualised and provided staff with guidance about how to reduce risks to people without restricting their rights and independence.
- We noted additional information about some people's risk of choking was conflicting to their risk assessment. This could cause confusion amongst staff. When we shared our concerns with the registered manager, they told us they had already identified this and had plans in place to rectify it.
- One person's care plan contained information about how staff should support them if they displayed distressed behaviour. The care plan did not provide evidence this person had consented to this or it would be undertaken in their best interests. We were concerned this could mean the person may not be supported in the least restrictive way. Following the inspection, the person had demonstrated their consent to the practice and additional information was included so the action could only take place with the agreement of

senior staff

- Staff knew people well and were aware of risks to their health, safety and welfare. Staff knew how to manage and reduce people's individual risks. For example, staff members knew about the consistency of people's food and drink, and how to support them to eat safely.
- We saw staff knew how to support people to move safely, using individual equipment assessed for the person.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- External professionals provided us with mixed feedback about how Russets managed safeguarding concerns. For example, one external professional explained how Russets had managed a safeguarding situation and said, "This leads me to feel confident in the safety of my service user whilst under their care." However, another external professional felt Russets could have managed a different incident in a better way. When we discussed this with the registered manager, they felt this was more to do with differences in expectations around communication, rather than how the safeguarding concern had been handled.
- People appeared relaxed around staff and people's relatives thought the service provided safe care.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff followed national practice to check that people had the correct medicines when they came for a short stay.
- People could take their medicines in private when appropriate and safe.
- Some people were prescribed medicines on an 'as required' (PRN) basis. PRN protocols were in place which provided guidance to staff about the most effective way to administer these. However, for people who were prescribed a variable dose of their PRN medicines, there was not always guidance to demonstrate how much should be given. The registered manager took action to improve this.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager ensured that people's medicines were reviewed by prescribers in line with STOMP (stopping over-medication of people with a learning disability, autism or both) principles.
- Staff were trained to manage medicines and were assessed to ensure they were competent to do so. However, competency assessments had not taken place annually in line with the National Institute for Clinical Excellence (NICE) guidance. The registered manager put plans in place to rectify this.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas were difficult to clean due to the poor state of repair. The provider was working with the landlord to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's relatives or those acting on their behalf were able to visit their family member when they wished to.

Staffing and Recruitment

- Staff were safely recruited, and appropriate checks had been carried out to ensure they were fit to work with vulnerable adults.
- The numbers and skills of staff matched the needs of people using the service. One relative told us, "Staff have time for [Person's name] and spend time with him. There is always someone [staff] there."
- Induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs and preferences.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff undertook reflective practice to support learning and improvement. An external professional provided positive feedback about the way a medicine error had been handled and said, "[Registered manager] quite rightly took this very seriously and undertook further investigation to identify the cause of error and ensure it is not repeated."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last two inspections, records relating to consent and capacity needed improvement. At this inspection, we found improvements were still needed. For example, records did not always demonstrate that people or their legal representative had consented to their care.
- Where records about people's ability to make decisions were in place, they were sometimes conflicting and confusing. In addition, records made when staff had assessed a person's capacity to make a specific decision, lacked detail about how they had determined the outcome. This meant records did not provide effective guidance to staff about how people needed support with decision making. We discussed these concerns with the registered manager who told us of their plans to improve records relating to consent and capacity.
- Despite the issues with records, we saw no indication that people's rights were restricted. Staff told us how they supported people to make decisions about their care and support and respected these. For example, one staff member told us about how two different people made choices using body language.
- People and their relatives confirmed that people's right to make their own decisions was respected. For example, a person told us, "I get to make my own choices" and a relative said, "[Person's name] has the freedom to do what he wants."

We recommend the provider seeks reputable guidance to ensure records in relation to consent and capacity are improved and accurate.

- DoLS had been applied for in line with legislation and local practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health prior to their admission. An external professional described the admission process as, "Very professional and thorough." This assessment was used to form a written plan of care, which was updated as staff learnt more about the person.
- The provider had improved their process in relation to people returning for respite care. This was to ensure the information they held about people's needs and preferences was up to date.
- Nationally recognised assessment tools were used to determine people's support needs and there was guidance for staff in people's files, which reflected good practice guidance. An example of this was advice from the speech and language therapists when people were at risk of choking.
- Staff made appropriate use of technology to support people. Pressure relieving equipment and falls prevention technology was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, including communication tools and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice. Staff could describe how their training related to the people they supported.
- New staff received an induction to their role. This included appropriate training to give them the right skills and knowledge to effectively support people and understand the requirements of their role.
- Staff received support in the form of continual supervision and recognition of good practice.
- The service had clear procedures for team working and peer support which promoted good quality care and wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were provided with meals that were suitable for them and followed their dietary requirements and preferences. For example, a relative told us, "[Person's name] does not like curry so staff will give him something else. He is diet controlled diabetic at home, so staff keep a close eye with sugar free diet."
- Staff monitored the amount people ate and took action if people started to lose weight. For example, they referred people to GPs or specialists for advice and offered meals and drinks fortified with extra calories.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. However, we observed at lunch time on our first day of inspection, a lack of interaction from staff to people at times. We discussed this with the registered manager who said they would look into this.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by them. Information was shared with other agencies if people needed to access other services such as hospitals.
- The service had good links with external health and social care professionals which supported people to

have good outcomes. In addition, the registered manager described utilising other staff members who worked in the organisation, such as an occupational therapist and a nurse, to support people effectively with areas such as moving and handling needs.

- An external professional provided us with positive feedback about how the service worked with them and told us, "Russets offer a collaborative way of working."

Adapting service, design, decoration to meet people's needs

- We have commented on some environmental issues in the Safe domain of this report. However, the design, layout and furnishings at Russets generally supported people's needs.
- There were signs around the home which helped meet people's needs and promote their independence.
- Private and communal spaces were available to people and people had the freedom to choose where they spent their time. A sensory room was available for people, and staff and relatives told us how much this benefitted people.
- People's rooms were personalised according to their taste. For example, a relative told us how their relatives' room had been decorated in line with their favourite TV programme.
- Some bathrooms were more welcoming than others and when we discussed this with the registered manager, they already had plans in place to update and improve the environment of those that needed it.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we made a recommendation that people were supported to maximise their skills to their full potential. At this inspection we found further work was still needed.

- Support plans did not set out clear pathways for people's future goals and aspirations, including supporting people to learn and develop skills and strategies to achieve these.
- Staff told us, one person wanted to move into their own home and felt another person may benefit from going back to a service that provides external support during the day. There was no information in these people's care plans about the support they may need to achieve this.
- When we discussed how people were supported to achieve their goals with staff, they were not always clear of what action was needed to support people to identify, work towards and achieve goals and aspirations.
- Although, the registered manager and staff provided us with examples of how they had previously supported people to achieve their goals, there was no clear system to ensure all people had this information captured, so they were able to work towards goals and wishes. We discussed our concerns with the registered manager who told us of their plans to make improvements in this area.

We recommend the provider improves their practice to ensure people are supported to identify, work towards and achieve their goals and aspirations, and this is recorded in their support plans.

- Staff demonstrated a good understanding of people's other needs and preferences and we saw staff supporting people in line with their support plans.
- Preferences in relation to who supported people were identified and appropriate staff were available to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. There were visual structures which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One relative told us, "Staff are aware of [Person's name] needs although he cannot [communicate verbally]."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff told us, "We do a lot of activities here. It's lovely." People and staff had been getting ready for Christmas at the time of our inspection and we saw pictures of how people had enjoyed a visit from Father Christmas.
- People had enjoyed various outings. Staff planned events and days out based on people's preferences. For example, two people had wanted to go to an Abba tribute night, another attended a football match whilst a third person had done some Christmas shopping.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. Policies, systems and support from the wider organisation were in place to provide this should it be needed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

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: Continuous learning and improving care

At our last inspection, a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective, and records were not always accurate. At this inspection, not enough improvement had not been made and the provider was still in breach of this regulation.

- The provider had a variety of quality assurance processes in place which included a range of audits. However, these had failed to identify all the shortfalls we found. This included records relating to risk and the MCA, concerns in relation to the safety of the environment and how people were supported to achieve their goals. This meant the quality assurance processes in place were not always effective in identifying concerns, or if they had, driving the necessary improvement.
- Some of the concerns identified at this inspection were the same as at previous inspections, such as MCA records and supporting people with their goals and aspirations. This demonstrates learning had not effectively taken place.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, some areas for improvement had been identified by the provider and an action plan to make these improvements was in place. Where concerns were identified through our inspection and had not already been identified by the provider, the registered manager was responsive and put plans in place to make the required improvements.
- The registered manager and assistant unit managers understood the importance of continuous learning to improve the care people received. They all worked well together and shared an aim of ensuring people received good quality and safe care.
- Since our inspection in May 2019, a number of improvements were noted. This included the appointment of a compliance lead, additional monitoring systems, the provision of activities, the culture in the service and a stable staff team. People and relatives were also happy overall with the care provided.

- Staff understood their responsibilities and what was expected of them. Staff participated in team meetings and received supervisions. This gave staff the opportunity for learning and development.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This had taken place in line with regulation.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager and senior staff were alert to the culture within the service and spent time with staff and people discussing behaviours and values. The registered manager and staff told us how the culture had improved since the last inspection.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. The registered manager had implemented an 'Extra Mile' reward scheme where staff were recognised for their hard work and good practice. This also had positive outcomes for people.
- Management and staff put people's needs and wishes at the heart of everything they did and were committed to making improvements.
- An initiative called 'Resident of the week' was in place. The primary aim of this was to improve the overall experience for people who lived at Russets.
- We received positive feedback from relatives and professionals. This included how supportive and flexible the service was with arranging respite care and how staff went out of their way to help people in emergency situations. One external professional said, "Russets is a very valuable resource in Portsmouth."
- People's relatives provided us with positive feedback about the service. Comments included, "We are grateful for the support which is a blessing" and "There is a jovial atmosphere with banter." They also said they would recommend the service to others. For example, one relative said, "There's a positive atmosphere and I would certainly recommend them to others. I'd give them 10 out of 10 for care."

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

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "I received an annual survey and they [staff] are open to changes. They do get things sorted and it works."
- People were encouraged to express their choices. The specific communication needs of people were taken into account by staff. For example, we saw evidence of people using 'Talking Mats' to communicate about things that mattered to them. Talking Mats is a symbol-based communication tool.
- Staff meetings were held regularly. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.

Working in partnership with others

- The registered manager told us how they were improving their partnership working with the landlord of the building to improve the safety of the environment. They additionally told us how their joint working with a local integrated learning disability team had improved, and plans were in place to strengthen this relationship.

- The service worked well in partnership with other health and social care organisations, which helped improve people's health and wellbeing. Links had been made with the local community to enhance people's lives and support people to keep connected with their local area.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to establish effective systems to assess, monitor and improve the quality and safety of the service and to ensure accurate records.