

Idelo Limited

Idelo Limited - 5 Courtenay Avenue

Inspection report

5 Courtenay Avenue
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The unannounced inspection of Idelo Limited- 5 Courtenay Avenue took place on the 24 August 2017. We continued the inspection on the 25 August 2017 so we could complete checks of staff records. The manager was informed that we would be returning to the service on the 25 August to complete the inspection.

At our last inspection on 11 November 2015 the service met the regulations we inspected and was rated Good. At this inspection we found the service required improvement in some areas.

Idelo Limited-5 Courtenay Avenue is a residential care home for three people. The service provides care and support to people who have learning disabilities, autistic spectrum disorders and who may have additional mental health needs. At the time of the inspection there were three people using the service including one person receiving respite care. Public transport and local shops are within walking distance of the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People told us that they felt safe living in the home. There were procedures for safeguarding people and staff understood how to respond to possible abuse. They knew how to raise any concerns about people's safety so people were protected. But, the arrangements for recording, monitoring and the handling of people's monies did not ensure financial abuse could not take place.

People's care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. But written guidance for staff to follow when responding to one person's medical need was not available until after our visit.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff. Staff received the support they needed to carry out their roles and responsibilities in providing people with the care and support that they needed.

Staff demonstrated a very caring attitude towards people who used the service and ensured their dignity and privacy was maintained. People were involved in planning their care and day to day activities, and the service was responsive in meeting people's individual needs and preferences.

People's medicines were managed safely. Staff had received training in safe administration of medicines.

People's dietary needs and preferences were supported, and they were encouraged to choose what they wanted to eat and drink.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew how to raise a complaint and were confident that staff would listen and be responsive to any concerns they raised.

Checks were carried out to monitor and improve the quality and safety of the service. But we found there were areas where improvements were needed, that had not been identified from the quality assurance arrangements.

We have made a recommendation about developing more effective quality assurance systems.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's management and handling of people's monies was not meeting legal requirements 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. Staff knew how to respond in the event of any abuse but arrangements for looking after people's monies did not ensure financial abuse could not take place.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff were employed to assist people with their care. The staffing of the service was organised so people received the care and support that they needed and to keep them safe.

Requires Improvement 

Is the service effective?

Good 

The service was effective. People were cared for by staff who had completed relevant training to enable them to care for people effectively.

People were provided with a range of meals and refreshments, and were supported by staff to make choices about what they wanted to eat and drink.

People benefitted from having access to a range of healthcare services and the service liaised with relevant healthcare professionals to make sure people received effective healthcare and treatment.

Is the service caring?

Good 

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff involved people in all decisions about their care.

People were treated with dignity and had their privacy respected.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. Staff were knowledgeable about people's individual care needs, interests and preferences so people received personalised care.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

People were supported to take part in a range of recreational activities of their choice.

The service had a complaints policy. People knew what to do if they had a complaint or concern about the service. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There were some systems in place to monitor the quality of the service. But, these had not identified the issues we found where improvements to the service were needed.

People and staff had opportunities to provide feedback about the service. People and a person's relative were positive about the service and the way it was managed.

Staff told us they enjoyed working at the home providing people with the care that they needed, and were well supported by management staff.

Idelo Limited - 5 Courtenay 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 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 was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC, and all other contact we have had with the home since the previous inspection. Prior to the inspection the provider had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The registered manager was not available during the inspection, but the registered manager of the provider's other care home spent time with us during both days of the inspection. They told us about the service and provided us with all the information and records we required. We also spoke with the provider, a senior care worker and another care worker.

We spoke with the three people using the service and to gain further understanding of people's experience of the service. We also spent time observing how staff engaged with people when providing them with the care and support they needed.

Following the inspection we spoke with one person's relative. We also contacted two community professionals but had not received a response from them by the time this report was completed.

We reviewed a variety of records which related to people's individual care and the running of the home.

These records included care files of the three people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. A person told us that staff were kind, and they would tell a manager and/or a family member if they were not treated well or if they were worried about anything. A person's relative told us that they felt people were safe and informed us that "[Person] would let me know if they were unhappy about anything."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. The host local authority safeguarding team contact details were displayed. Staff knew about whistleblowing procedures and were able to describe different kinds of abuse. Care workers we spoke with told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by them. Care workers knew that they could report abuse to CQC, local safeguarding team, and the police.

The service provided a range of support to people regarding the management of their monies. We checked records of people's income and expenditure. These showed that people were involved in decisions about the way they spent their money. The individual support people needed with their finances was described in each person's care plan and regularly reviewed.

However, there were areas where arrangements for handling people's monies did not ensure financial abuse could not take place. The service's financial policy for the management of people's monies stated "registered manager will check that service users' finances and records are accurate at least fortnightly". We noted that the registered manager had on occasions checked the balances of people's monies but records were not available to show that regular audits of people's monies including checks of receipts of purchases had been carried out. Also, receipts of purchases were found to be disorganised and not easily accessible.

One person's expenditure records were accurate. But, when we checked another person's expenditure records we found that they lacked clarity about the person's spending and did not show that the person was always protected against the risk of financial abuse. A person's expenditure records showed that on 1/7/17 they had purchased trousers for £60 but a receipt for that purchase was not available. On the 7/8/17 a record of a person's expenditure indicated £30 was spent but the three receipts of expenditure suggested that £41.85 was spent, and it was not clear where the extra money came from. On 12/8/17 an expenditure record showed £15 was provided for a person's meal and other expenditure. There was a receipt for the person's meal and some toiletries but the receipts did not show this was equivalent to £15. We also noted that inventories and checks of people's purchases such as clothes and toiletries were not in place, so there was no record to show that the person received their purchases.

Also, a person's records showed that they were paying a regular contribution for the use and upkeep of the service's vehicle used by the person for transport to their day centre and other activities. There was no record that showed that the person had consented to this arrangement or that the person had been assessed as having [or not having] the capacity to agree to this practice. There was no documentation

available that showed a decision had been made in the person's best interests if the person lacked the capacity to consent to this arrangement. There was also no written contract between the person and the service about this arrangement or any records that showed this action had been discussed with the placing local authority and/or the person's relatives. During the inspection the manager took action to start to address the shortfalls we found. They informed us that the payments would be suspended until the issue had been dealt with appropriately. We spoke with the provider following the inspection who told us that the person's placing authority were aware of the arrangement and that the service were currently communicating with the local authority regarding this matter.

This lack of clarity in people's expenditure records and receipts of purchases, the lack of regular audits of people's monies by management staff and the provider and the absence of agreement regarding a regular payment from a person for transport were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. The manager told us that the service did not employ agency staff so people received consistency of care from regular permanent staff who knew people well. During the inspection we saw no indication that people did not receive the care and support they needed, and staff had time to spend one-to-one time engagement with people.

People's care plans showed risks to people were assessed and detailed guidance was in place for staff to follow to manage risks and to minimise the risk of people being harmed. People's risk assessments were personalised and included risk management plans in a selection of areas including; medicines, using public transport and behaviour that challenged the service. General safe working practices risk assessments were also in place. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the hot water, fridge and freezer temperatures, as well as service checks of gas and electric systems.

A fire evacuation procedure was displayed. An up to date fire safety risk assessment was in place. Fire drills and fire alarm checks took place regularly to make sure staff and people using the service were aware of the fire evacuation procedures and the fire alarm was functioning appropriately. Personal emergency evacuation plans were in place for people using the service and an emergency action plan detailed the action that needed to be taken in the event of an emergency such as fire, flooding, and loss of gas, electric and water services.

The service had a policy and procedure for administration of medicines. People's medicines were stored securely. Records of medicines received by the home and returned to the pharmacist were maintained. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed at the right time. We saw a care worker administer medicines to people in a safe and appropriate manner. We noted that a recent check of the medicines had been carried out by a pharmacist who had advised that the service monitors the stock of PRN medicines [medicines prescribed to be administered

when needed]. Records did not show that this task had been completed, but the manager addressed this appropriately during the inspection.

Care workers told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this, and showed that annual checks of staffs' medicines competency had been completed. Information leaflets about people's medicines were accessible to staff. Also, an up to date pharmaceutical reference book was available so staff could look up details of medicines that they were not familiar with.

A person had a medical condition which at times could display significant symptoms which staff needed to respond to so the person remained safe. The care workers we spoke with were very clear about the protocol they needed to follow in the event the person became unwell. But this procedure was not included in the person's care plan. The manager told us that they were in the process of liaising with a community professional about the development of a written protocol. Following our visit the manager promptly supplied us with a specific detailed personalised care plan/protocol that included guidance to minimise the risk of the person being harmed and to keep them safe when they presented with symptoms of being unwell.

The home was clean. Housekeeping duties were completed by care staff, and daily checks of the cleanliness of the kitchen and household appliances were carried out. Soap and paper towels were available and staff had access to protective clothing including disposable gloves when needed. A pedal bin located in a bathroom was faulty. The manager told us that it would be replaced.

The local authority had carried out a check of the food safety in 2015 and had rated the service very good.

Is the service effective?

Our findings

People using the service told us they were treated with respect and were very happy with the care and support they received from staff. We saw people approached staff without hesitation and engaged with them in a relaxed and open manner.

A person's relative provided us with positive feedback about the staff and told us they felt staff were competent and provided a person with the care and support that they needed.

The care workers we spoke with had been employed by the service for several years and knew people well. They spoke in a very positive manner about their experience of working in the home caring and supporting people. They were very knowledgeable about people's individual needs and told us about the care and support they provided people with. Care workers spoke of there being very good communication within the staff team about people's needs and the service. A care worker told us that the staff team were like a "family."

Care workers informed us they had received an induction when they started working in the home. They told us that their induction had included learning about the organisation, the service and people's needs. A care worker told us that during their induction they were given the time that they needed to get to know people using the service. The manager informed us that new care staff would complete the Care Certificate induction, which is the benchmark for the induction of new care workers, as well as the provider's induction.

Staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records confirmed that and showed training provided to staff included; first aid, safeguarding adults, health and safety, fire safety, infection control and food safety. Staff had also received training in other relevant areas including; challenging behaviour, person centred care, teamwork, key working, communication, risk assessment awareness and diversity in the work place. Records showed that a programme had been put in place to ensure that 'refresher' training in a range of areas was completed by staff on a regular basis.

Care workers told us that they felt well supported by the registered manager and the provider. They told us that they were very approachable and they could be contacted at any time for advice and support. A care worker told us that the registered manager or the provider rang the service every evening and early each morning to check that all was well at the care home.

Care workers informed us they received regular one-to-one supervision with a manager to discuss their progress and the needs of people using the service. Records showed that a range of matters related to the service were discussed during staff supervision. These included training, stress management, team work and people using the service. A care worker had recently received an annual appraisal of their performance and development.

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.

Staff understood the importance of ensuring people agreed to the care and support they provided. Care workers told us that all the people using the service had the capacity to provide their consent when being supported with day to day care. They told us that they involved people fully in decisions about their care and always asked people for their consent prior to providing them with assistance. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, healthcare and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. A person confirmed that staff asked them for their agreement before helping them.

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). Care workers knew about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The manager told us that there was no one currently who required a DoLS.

People were supported to maintain good health. They told us and records showed that people received regular health checks and had access to a range of healthcare professionals including GPs, chiropodists, dentists and opticians to make sure they received effective healthcare and treatment. During the inspection a person attended a hospital appointment and an appointment with their GP. Records showed healthcare and social care professionals had visited the home to see people using the service and monitor their health and well-being.

Information about the menu of the day was displayed. During the inspection, we observed people were asked what they wanted to eat for their breakfast and that their individual choices were accommodated. A person told us they enjoyed the meals provided by the service. A care worker spoke about a person's particular cultural dietary needs and how these were met by the service.

People's nutritional needs and preferences were recorded in their care plan. People's nutritional needs were monitored; written daily logs detailed what people had eaten each day. A care worker spoke about the support people received to encourage healthy eating. People's weight was monitored. Staff knew to report significant changes in people's weight to the registered manager.

The environment of the home was suitable for people's needs. A person who had mobility needs had a bedroom located on the ground floor. People told us they were happy with their bedrooms, which were individually personalised. A person told us "I like my room."

The manager told us that some areas of the interior had been recently redecorated and improvements to remaining areas including the lounge, which was 'tired' looking, were planned to take place.

The manager informed us that arrangements were in place to address maintenance issues. However, we noted that a bathroom window handle was broken, and a garden path was uneven in some areas, which could be a trip hazard. The manager told us that action would be taken to address these. Following the inspection the provider informed us that the window handle had been repaired and the garden path was in the process of being renovated.

Is the service caring?

Our findings

During our visit staff responded to people's individual needs in a friendly and kind manner. Staff engagement with people indicated that staff knew people well and had a good understanding of each person's individual needs. People using the service told us that they liked the staff and were treated well by them. All the people we spoke with told us they were happy living in the home. A person's relative spoke in a positive manner about the staff and told us they felt that a person was well cared for.

People's background and details about their lives and routines were included in their care records, which helped staff understand people's preferences and varied needs.

During the inspection we heard and saw staff offer people choices and respect the decisions people made. Care workers told us they encouraged and supported people to be fully involved in making choices about their care and other aspects of their lives. They provided us with examples of the range of decisions people had made. These included day to day decisions and choosing the restaurant where they wished to celebrate their birthday. During the inspection a person informed the manager that they wanted to spend the weekend at their relative's home. This was fully supported by staff who assisted the person to make the necessary arrangements.

One person informed us that they always chose the clothes they wanted to wear and the activities that they participated in. A care worker informed us that people using the service were usually very assertive and made it clear when they did or did not want to do something. They commented "They [people] say no to things, which is good as it shows they are not just being compliant." Another care worker told us that they "always provided people with options."

People's independence was supported. A person spoke of having a travel pass that enabled them to use public transport without cost. A care worker told us about how they supported a person to gain and develop day to day living skills such as doing their laundry with minimal staff support and clearing their plates and cutlery from the dining table after they had eaten. People were provided with the opportunity to access community facilities and amenities. A person told us that they regularly had their hair done at a local hairdresser.

Care workers knew about the importance of respecting people's privacy and had a good understanding of the importance of confidentiality. They knew not to speak about people using the service in front of other people living in the home and only discuss people's needs with other staff and those involved in the person's care and treatment.

Staff respected people's choice and showed consideration when people chose to spend time alone in their bedroom. A person told us they had their own key so they could keep their bedroom door locked if they wished to do so. When people were being supported with their personal care needs, the bathroom door was kept closed so people's privacy was respected.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. A person spoke of having friends at the day centre they regularly attended. People's care records showed that they had contact with their relatives. A person told us they were in regular contact with their family members and had recently spoken on the telephone with a relative. A person's relative told us that staff supported a person to visit them regularly. They commented "They [staff] bring [Person] and collect [Person]." Staff told us that having contact with people's relatives helped them to gain knowledge and understanding of people's background, needs and preferences. A care worker told us about the particular support they and a person's family members had provided to a person following their recent bereavement.

Staff and a person using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. A person showed us a birthday balloon that they had received during their recent birthday celebration which they told us they had enjoyed. Staff told us that one person using the service sometimes chose to attend a place of worship.

Care workers had received training in the principles of diversity, equality and inclusion in adult social care settings. Care workers we spoke with had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs, culture and needs. People's care plans included information about each person's religious, cultural and sexuality needs. A person's care plan showed that their sexuality needs were understood and supported by the service.

Is the service responsive?

Our findings

People told us that they saw a doctor when they felt unwell. The manager spoke of having frequent contact with healthcare and social care professionals, and with day centre staff to ensure that people's needs were fully met. Records indicated that a healthcare professional regularly visited the service.

An initial assessment of each person's needs was carried out before they moved into the care home. Staff spoke of the significant involvement of a person's family members in helping them to gain an understanding of people's individual needs. People's care plans were developed from the initial assessment and identified the support people needed with their care and other aspects of their lives.

The three care plans we looked at were person centred. They contained detailed information about each person's specific health, support and personal care needs. People's care plans also included information about their individual preferences, strengths and details about what was important to them. A person's care plan described their communication needs and included guidance to help staff understand how the person communicated and how this altered when the person's mood or behaviour changed. Guidance included "If you do not understand me please ask me to slow down and listen."

Another person's care plan included detailed guidance for staff about recognising the triggers that contributed to their challenging behaviour and included details of the support the person needed to minimise the risk of their behaviour challenging the service. One person had a 'crisis plan' that included details about staff responding to their behaviour in a consistent and supportive way. Care staff spoke knowledgeably about the support people needed with their behaviour and other needs. Records showed that care plans were updated when people's needs altered such as when there were changes in people's health. Staff told us they regularly read people's care plans.

Staff told us and care records demonstrated that people's needs were monitored during the day and night. A 'handover' took place between staff prior to each working shift, information about people's needs and any changes were discussed with staff. This ensured staff had up to date information about people's current needs so they could provide people with the service they required. Care plan records showed that people's care plans were reviewed regularly so that details about people's needs were accurate and up to date. A person's relative told us that they were kept informed about a person's progress and about any changes in their well-being.

People led busy lives and took part in a range of social activities. Activities included attendance at day centres, shopping, eating out, barbeques, day trips and holidays. The service shared a vehicle with the other provider's care home service, which provided people with transport to enable them to access a range of community facilities and amenities. People spoke of the enjoyment that they had from going on day trips and going out into the community. A person told us "I like shopping." Another person spoke of their pleasure they got from listening to music. The person had their own computer which they used during our visit.

The service had a complaints policy and procedure for responding to and managing complaints. A person

told us that they would speak with a manager if they were unhappy about something. A person's relative told us they were confident that any complaints would be addressed appropriately and was sure that the person would inform them if they had a complaint or concern.

Staff knew they needed to take all complaints seriously and report them to the registered manager. No complaints had been received during the previous 12 month period

Is the service well-led?

Our findings

People told us they were happy living in the home and received the service that they needed and wanted. A person's relative told us that they were satisfied with the way the service was run and would not hesitate to recommend it to others.

The registered manager had managed the home for several years with support from the provider and the registered manager who managed the provider's other small care home. Care workers we spoke with were clear about the lines of accountability. They knew about reporting any issues affecting the service to the registered manager and/or the provider. Care workers spoke very highly of the registered manager who they told us provided them with the training and support they needed to carry out their role. A care worker described the management staff as being excellent, and no matter how busy they [management] were, they always had time to engage with them about the service. Another care worker told us that the registered manager was 'hands on' and "She rolls up her sleeves, talks about everything concerning the clients, she breaks things down so that you understand. I can call her at any time."

Staff carried out a range of checks to monitor the quality of the service. These included reviewing people's care plans, completing fire safety checks, medicines, hot water checks and daily checks of the cleanliness of the kitchen and fridge/freezer temperatures. A comprehensive health and safety check had recently been completed by an external independent auditor. The manager told us the service was in the process of addressing the recommendations resulting from that check.

During the inspection we found areas where improvements in the management of people's monies, and the development of a written care plan/protocol concerning a person's needs were needed. This indicated that although quality checks were being carried out they had not been effective in identifying these shortfalls. The manager was responsive and took appropriate action to address these issues and showed us the template of an auditing system that the service planned to implement to more effectively monitor and improve the quality service.

We recommend that the service seek advice and guidance from a reputable source, about developing more effective quality assurance systems.

The CQC rating of the previous inspection was displayed as required in line with legislation. Our records told us that management staff were aware when they were legally required to inform us of incidents and other matters to do with the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Care workers told us they were kept updated about the service, and that the registered manager discussed areas of best practice and other matters were during team meetings. Topics included; policies, team work, activities, reporting, record keeping and staff training. Care workers told us "I can raise concerns" and "We discuss as a team about people's needs."

People had the opportunity to attend regular resident's meetings. During these meetings people were informed about issues to do with the service which included; activities, fire safety, healthy eating and menu. Minutes of these meetings showed that people raised issues and that staff were responsive to people's requests and views, such as arranging more frequent visits to the cinema. A feedback questionnaire that had been completed by a person using the service indicated that they were very satisfied with the service they received.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation liaised closely with community professionals about people's health and social care needs. The host local authority had carried out a check of the service in 2016 and had found no significant areas of concern. They had made some recommendations for improving the service, which the manager told us had now been addressed.

Policies and procedures to ensure safe day to day operation of the service were in place. Care workers informed us that they were aware of the policies and knew how to access the guidance that they needed to follow to keep people using the service and others safe. A care worker told us they had received a staff handbook which included "lots of information" including summaries of significant policies.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse as the service did not have effective systems and processes to prevent theft, misuse or misappropriation of money or property belonging to a service user.</p> <p>Regulation 13 (1) (2)</p>