Sunlight House

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Inspection report

412 Hillcross Avenue
Morden SM4 4EX
Tel: 020 8542 0479

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. At our previous visit in November 2013, we judged that the service was meeting all the regulations we checked.

Sunlight House is a care home providing care and support to up to four adults. This included people with various mental health needs, autistic spectrum disorder, physical health needs and mild to moderate learning disabilities. At the time of our visit there were four people using the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our visit, the registered manager was away and had appointed an acting manager to take responsibility for the running of the service. The manager had notified CQC in advance of their absence as they are required by law to do.

People told us they felt safe at the home. However, people were not safeguarded from the risk of abuse

Summary of findings

because at the time of our visit, people who used the service and staff were not familiar with policies and procedures about how to report and deal with suspected abuse.

People had risk assessments and risk management plans. Staff knew how to use the information to keep people safe.

Staff were aware of the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet. There were procedures in place that could be used if they were needed. People said staff sought their consent before providing care.

There were enough staff to keep people safe and the service had safe recruitment procedures to protect people from the risks of being cared for by unsuitable staff.

The service provided support and guidance to staff through supervision and team meetings and they were supported to access further relevant qualifications. This helped staff to care for people effectively. Staff received some training but were not trained in evidence-based interventions or awareness of specific needs of people who used the service. This meant that people did not always feel their needs were met. Some information about risks, particularly those relating to people's specific conditions or disabilities, was absent from care plans and risk assessments meaning that staff may not have the necessary information to keep people safe. The home was not adapted to meet the needs of one person who lived there and their independence was compromised because staff had to give them extra support to move around the home, although the other three people reported no problems.

People were able to access healthcare appointments when required to meet their needs. They were able to discuss their health needs with staff, who supported them to stay healthy.

People had enough to eat and drink and told us they liked the food. They were involved in planning menus to meet their preferences and cultural needs, and meal choices were available. Staff knew about the risks of dehydration in hot weather and made sure people had enough to drink.

Staff had developed positive caring relationships with people who used the service. They knew people well and involved them in decisions about their day-to-day care. Staff understood and met people's cultural and religious needs.

People were involved in planning their care and their opinions were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes within the service that needed to be made to keep them safe and promote wellbeing.

People felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans, including supporting them to access community-based activities. Staff respected people's privacy and treated them with respect and dignity. People felt that at times, staff could do more to promote their independence.

The service encouraged people to raise any concerns they had and responded to them in a timely manner. No formal complaints had been recorded, but people were aware of the complaints policy.

People fed back positively about the management of the service. There was an open and positive culture with approachable leaders and a clear sense of direction. The manager had a plan to improve the service. People said they were not kept informed about the plans but felt it was a good service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.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?

Requires Improvement

The service was not consistently safe. People who used the service and staff did not know how to respond to alleged or suspected abuse.

Care plans did not always include information about how to keep people safe.

People felt safe and staff knew about the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet. There were enough staff to keep people safe and the provider had robust recruitment procedures.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The service did not have specialist training or evidence based interventions for people's specific physical and mental health conditions and disabilities.

People were provided with a suitable choice of nutritious food and sufficient fluids.

People's healthcare needs were met in a timely manner.

Is the service caring?

Good

The service was caring. Staff had developed positive relationships with people and knew them well.

People were involved in planning and decision making about their care and staff respected their privacy. People felt the home could do more to promote their independence.

Is the service responsive?

Good

The service was responsive. The service responded to people's needs and individual preferences. Staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The service encouraged people to raise any concerns they had and responded to them in a timely manner. No formal complaints had been made, but people were aware of the complaints policy.

Is the service well-led?

Good

The service was well-led. People fed back positively about the management of the service. There was an open and positive culture with approachable managers and a clear sense of direction.

The manager had a plan to improve the service. People were not kept informed about the plans but felt it was a good service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys.

Sunlight House

Detailed findings

Background to this inspection

This inspection was carried out by a single inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at notifications that the service is required to send us by law.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

We gathered information by speaking with people who use the service and care staff, and by observing staff providing care and support to people in the home. We spoke with all four people who used the service, the acting manager and two care workers. We used pathway tracking, which means looking at how the service works with people from before they started using the service through to the present. We also reviewed some records and policy documents relating to people who use the service and staff. We looked at four people's care records and four staff records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe from abuse and discrimination and that they would tell someone they trusted if they experienced or suspected this. One person said, "Yes, I'm safe. Staff are very understanding." Another person told us, "I feel comfortable here." Staff told us they delivered care according to how people wanted to be supported so that their rights were protected. The service had equality and diversity policies to support staff in applying anti-discriminatory values consistently. Two members of staff we spoke with were able to describe clearly what the different types of abuse were and how they would recognise them. However, a third member of staff was not able to describe them clearly, although they understood that shouting at people and neglect were abusive. Staff did not give us consistent information on how they would respond to alleged or suspected abuse. They were not aware of any procedures in the home about how to report abuse. We saw that they had access to a copy of the local authority's safeguarding adults policy, but did not find any information on what staff should do before cases were escalated to the local safeguarding team. The provider sent a safeguarding policy to us after our visit, but as it was dated after our visit, we have not been able to verify whether staff have the knowledge to safeguard people effectively.

We also found that all four of the people who used the service gave different responses when asked what they would do if they suspected any abuse or ill-treatment at the home and only one person knew that they should report to the person in charge. Therefore, people were not protected from the risk of abuse, because people who used the service and staff were not made aware of how to appropriately report suspected abuse and what action to take.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they asked people about what they needed to feel safe and how best to support them. They said they looked out for anything that might be risky during each shift. This might be a person feeling particularly agitated or unsettled who might harm themselves or others as a result. Staff said they told other staff on shift and at handover to make sure staff had the information they needed to identify risks and keep people safe. They were able to describe specific risks for each of the people they cared for, including triggers that might cause a risky situation to arise for each person and how to recognise signs that this was happening.

People had individual risk management plans and these had been developed with input from people and their relatives to agree ways of keeping people safe. However, some of the information, particularly around people's histories, was missing. For example, one person's assessment stated that they had a diagnosis of epilepsy, but there was no information about the history, frequency, type, triggers or warning signs of any seizures or how staff should respond if the person experienced a seizure. Staff told us the person had not had any seizures since living at the home, but were not able to tell us any information about any risks connected with the person's epilepsy or how they were managed.

This meant that there was a risk of staff not having the necessary information required to keep themselves and people who use the service safe in the event of an emergency and to ensure that the care they provided was appropriate for people's needs, particularly if regular staff were not available or were not present when risk information was handed over verbally.

This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they knew how to deal with violent and aggressive behaviour safely. They told us they did not use restraint and that they would take steps to remove themselves and others from the situation if they could not resolve it verbally.

We asked staff about what would happen if decisions needed to be made on behalf of people who did not have capacity to consent to care and treatment. They told us there were processes that should be followed and they should consult people's next of kin, doctors, advocates and others involved in people's care. Staff told us that all the people currently living at the home had the capacity to consent to decisions they had needed to make so far and that they always asked people's permission before delivering any care. People who used the service confirmed that their consent to any care was sought. Staff demonstrated, by giving examples, that they understood capacity could change across time and different situations.

Requires Improvement

Is the service safe?

Care homes are required by law to comply with the Deprivation of Liberty Safeguards (DoLS), which form part of the Mental Capacity Act 2005. Although this did not apply to anyone living at the home when we visited because people had the capacity to consent to any restrictions, staff we spoke with were aware of DoLS and that depriving people of their liberty could be abusive.

We saw that external access via the front door was restricted via a keypad that could only be unlocked by staff; however, people we spoke with told us they knew this was to keep them safe and that they were able to go out when they wished. Sometimes this meant requesting staff support if they needed it to go out, but people said staff always provided this when asked. Documentation was on file to demonstrate that the keypad was in place to protect specific individuals who had a recent history of coming to harm due to leaving the home without support. This helped to ensure that people's rights would be protected if their needs changed and they required support that amounted to a deprivation of their liberty.

People who use the service and staff had attended a fire safety training course the month before our inspection. People fed back that it was useful and were able to describe consistently how they would respond if fire broke out. Staff we spoke with knew what their roles were in emergency situations and what they needed to do to keep people safe.

People who used the service and staff all told us there were enough staff employed by the service to keep people safe. One person added, "There are enough staff so we can all do our own things." We observed that staff were visible in the home and there were three members of staff available to support the four people when we arrived. Staff were responding promptly to people's requests for support and regularly spoke to people to check that their needs were met. There were both male and female staff on duty. This meant that people were able to have appropriate one-to-one support when needed and there were enough staff to safely support people to go out. Staff told us that they and their colleagues were willing to cover shifts at short notice to ensure that staffing levels were always met. They told us staffing levels could be changed if people needed more support. We confirmed this with rotas, which showed that the home's set staffing levels were met and extra staff had been added when needed to cover appointments and other events.

We reviewed four staff files and saw that they contained evidence of recruitment checks including criminal record checks, proof of identity and right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Requires Improvement

Is the service effective?

Our findings

One person told us they did not feel staff had a thorough enough knowledge of their disability to be able to understand and meet their needs. We confirmed that staff had not received training in awareness of their particular disability and there was no information in their care plan about how it affected the person's daily life. However, we observed that staff gave this person support, reassurance and guidance as they moved around the house, including offers of help when going upstairs. The person explained to us that because of their disability they found it difficult and sometimes frightening to move around because the premises had not been adapted to meet their needs. We did not find any evidence of an occupational therapy assessment to explore the possibility of using adaptations to help promote the person's independence. The service had therefore not met the needs of all people through the use of suitable adaptations or other reasonable adjustments and this meant people's independence and welfare were compromised.

These issues are a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw evidence that the manager and deputy manager had relevant qualifications to equip them with the skills and knowledge to provide care to a high standard. However, it was not clear how staff were supported to keep up to date with best practice in mental health care or supportive interventions for people with learning disabilities.

Staff told us the supervision provided was useful to help them do their jobs effectively. One member of staff told us they had had one individual supervision session in the last year and would prefer it to be more regular. However, they also told us the manager or acting manager was always available to provide informal support to help them provide effective care and they felt they had adequate support from this. The home also had a monthly reflective practice group to discuss good practice and ensure care was being delivered to a consistent standard. Supervision records showed that the service had plans for developing staff in terms of training and further qualifications, which were discussed during supervision meetings and followed up. However, the plans were not effective as they did not cover training required to address the specific needs of people who used the service such as specific mental health conditions or disabilities that people who used the service had. Staff we spoke with told us that although they had or were working towards qualifications in social care, they did not have any specialist training or experience in these areas. This meant there was a risk of people receiving inappropriate care or support because staff were not trained to meet their specific needs.

We found from talking to people and looking at people's care documentation that the home provided care and support to people with a variety of mental health needs, autistic spectrum disorder, physical health needs and learning disabilities. Staff were not able to tell us whether the care they provided was evidence based or how they knew what care and support a person with a specific disorder might need. Staff also told us the training the home had provided was good and that they had enough experience to be able to manage difficult situations that arose whilst carrying out their jobs. However, they were unable to tell us how they achieved effective outcomes for people based on management of their specific disorders, conditions or disabilities. This showed that people's care did not always reflect published evidence and professional guidance.

These issues are a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us the food provided by the home was of good quality and said, "They asked me what I liked when I moved in" and "The food is very nice: you get to choose." Staff said they ensured people had enough suitable and nutritious food by asking them what they would like each day and supporting people to shop for their own food. They used a food diary to monitor what people were eating. We saw from the diary that there was a variety of healthy food on offer and that different people had different things to eat at each meal, demonstrating that choices were offered. People confirmed that portion sizes were appropriate for them. They said staff were aware of their dietary needs and although they respected people's choices, they would remind them to eat nutritious foods if they chose less healthy options. One person told us that they would benefit from a wider variety of food that was specific to their culture, although they did feel the home took cultural factors into account.

Requires Improvement

Is the service effective?

On the day of our visit, the weather was very warm. People told us staff had been encouraging them to drink more fluids. One person said, "The last few days they have been reminding us to keep drinking and stay cool."

People's care plans included information about nutritional needs and preferences and how to manage risks, for example by encouraging people to reduce their intake of foods that upset their stomachs or to reduce unhealthier foods that staff had noticed that people were eating a lot. People we spoke with confirmed that mealtimes were pleasurable and unrushed. When we arrived at 8.45am, one person was having breakfast and staff regularly offered drink top-ups. Staff did not try to hurry the person, although they did check to make sure the person had finished their meal.

People told us the service gave them support to keep healthy, including help with accessing healthcare professionals when required. All of the people who used the service told us they had had check-ups with their dentist and optician within the last year and that if they required medical attention the home would arrange a doctor or hospital appointment for them. Records showed that people were able to discuss their day to day health needs with staff.

People told us staff encouraged them to do a variety of exercise such as walking, swimming and gym to help them keep healthy and fit. Staff had also supported one person to cut down on smoking following advice from their general practitioner and the service had produced a daily smoking agreement with the person to facilitate this. Staff had discussed smoking reduction with another person as part of a care plan review, but the person had said they did not wish to reduce their smoking at that time. We spoke to this person, who indicated that they were aware of the risks of smoking and staff reminded them of these but did not attempt to prevent them from smoking when they wished to do so.

The house had a garden, living room and separate dining room so that people had a choice of communal spaces to use in addition to their private bedrooms. People we spoke with felt that the home's décor was somewhat bland. One person said, "The house is all right but it could do with some colour." Another person showed us their bedroom and we noted that although it was a good size with en-suite facilities, there was little evidence of personalisation or efforts to make the environment more homely. We asked if they had chosen their décor and they told us they had not, but expected to be consulted the next time the room was due for decoration because other people in the home had previously been involved in choosing colours for their own rooms. We noted that plans for redecoration of the home had been discussed in a staff meeting the month before our visit and this was expected to happen later in the year.

Good

Is the service caring?

Our findings

People told us they were involved in making decisions about their care on a daily basis. They said, “Staff sit you down and explain what’s going to happen” and “I get to choose where I go.” We observed staff informing or reminding people of their plans for the day and asking if they were happy with them or offering choices so that people were kept informed and their decisions were taken into account. People told us they got on well with all staff. One person told us they felt well cared for “all the time.”

We observed staff interacting with people in a respectful and caring manner, for example by using their preferred names as recorded in their care plans, offering help and support with tasks and speaking in a calm and friendly tone of voice.

We asked people about how the service worked with them to understand their diverse needs. People told us that staff respected their cultural and religious backgrounds. One person said, “They ask you what you want to do and eat. They ask me, ‘would you like to cook your own [cultural] meal?’ They listen to me.” Another person told us the service had given them support in attending church so their religious needs were met.

People were aware that they had individual care plans and told us they were involved in creating them. We saw they had signed documents certifying that they had been involved in planning their care, that they understood what was agreed and that they agreed to the care being carried out.

We saw examples of care plans and agreements that had been made with people who used the service, their relatives and other professionals involved in their care. These documents showed that people had been involved in discussions about their care and their views and preferences were sought and acted on. These discussions resulted in interventions designed to strike a balance between what was needed to keep people healthy and protect the rights of themselves and others, and how people wished to live their lives.

Staff had a good knowledge of the people they supported, their likes and dislikes, needs and typical behaviours. For example, they told us about people’s preferred personal care routines and how they knew if people were unhappy or upset. This helped them maintain positive caring relationships with people because they knew what normally worked for people to meet their needs and preferences. People told us they had keyworkers so they knew which member of staff was responsible for supporting them to access any health, care or other support that they did not usually have as part of their care package.

Each person had their own bedroom with a lock on the door. People told us staff encouraged them to keep their own space private and respected their privacy by always knocking on doors before entering. When we spoke with staff, we observed that they kept people’s personal information private by only disclosing information about individuals when other people who used the service were not present.

People were supported to develop their skills and independence by attending activities and courses outside the home. Two people were doing an external cookery course, which staff told us was designed to help them become more independent. However, people told us they were not regularly supported to put their skills into practice at home and said they would prefer more opportunities to cook their own food. We observed staff making breakfast, lunch and drinks for one person who was present during our visit, but staff did not ask the person if they would like support to make their own meals and drinks. Staff agreed that they could do more to promote people’s independence and protect them from the risk of losing daily living skills due to lack of use. They said this was a challenge that they were trying to address as a service. People, their care plans and staff all gave examples of this, such as people being supported or prompted to take part in cleaning their house.

Good

Is the service responsive?

Our findings

People told us they and their families were involved in the assessment of their needs and were regularly consulted about updates. One person said, “They sat me down and interviewed me. They always come back to me and talk about [my care plan]. It’s very useful.” Another person said, “I came to have a look first and decided I wanted to live here.” People told us what their needs were and described how the home was meeting them. They said the home had been able to accommodate them in a timely manner when they had chosen to move in.

People told us they received personalised care according to their preferences and needs. One person said, “We do our own things. They know what’s important to us”. Another person told us they noticed staff supported people differently according to their needs and that staff recognised that some people needed more support than others. We observed during our visit that staff spent time interacting with people when they needed support.

Care plans showed that people’s care and support were regularly reviewed and their needs re-assessed. People told us they and their families were involved in these reviews. Staff had opportunities to discuss information from reviews at staff meetings so necessary information was shared about people’s care and changing needs.

One person we spoke with expressed the opinion that sometimes their routine was a little rigid and it was difficult to get support to do things differently if they chose to do so. However, the other three people said they were able to choose how they wished to be cared for on a daily basis and staff would make allowances to meet their preferences.

The service supported people to access classes and groups that were important to them and which enabled them to remain a part of their local community and see their friends. This included access to religious groups. People told us the home had arranged activities for them both inside and outside the home that suited them and each person had a unique timetable of activities.

People told us the provider listened to them and responded to their concerns in good time. They knew how to raise concerns by speaking to staff or managers and told us they felt comfortable doing so. People said, “They respond immediately, or at least by the next day.” We saw examples of concerns that people had raised and the provider’s response, which had been documented. Concerns and complaints were encouraged, explored and responded to quickly. At the time of our visit, the service had not received any formal complaints. However, staff we spoke with were aware of the complaints policy. This had been discussed at a recent team meeting, meaning that staff were equipped to support people to make complaints, respond appropriately and give people the information they required. A copy of the policy was displayed where people could see it.

We saw some copies of surveys that the people who used the service had completed. The feedback people had given was positive. All the people who had completed surveys indicated that they knew how to complain should they need to. However, we noted that the surveys were not anonymous and people told us they had completed them with staff support. Although this showed that the home was making efforts to support people in expressing their views about their care, one person told us they had not completed the survey because they were uncomfortable with their feedback being traceable to them and would have preferred an opportunity to feed back anonymously. They did, however, confirm that they were able to express their views at house meetings. We saw examples of this, such as people saying at a meeting that they would like to have takeaway dinners once a week, which the food diary showed was put into place. People also told us that staff asked for their views informally and listened to what they said.

Is the service well-led?

Our findings

People we spoke with felt the service's managers were "good" and "very understanding" and made them feel well cared for. They told us the home's manager often called meetings to obtain their opinions about how the home was run.

One person commented that the manager "treats everyone equally. He doesn't discriminate." The service had a management ethos policy outlining the service's values. This included an open and positive culture with approachable leaders and a clear sense of direction for the service. Staff agreed that this was a fair reflection of how managers behaved. They said the service was forward-looking so that managers were continually considering how they could provide people with better standards of care and support. Staff told us they were "pushed to improve" and given learning and development opportunities to help them widen their knowledge and skill bases.

The service had a business plan, which stated that the service used both positive and negative feedback from people who used the service, commissioners and other providers working with people to improve the quality of the service. Areas identified from this feedback included improving and updating the home's décor, purchasing games equipment and making improvements to the garden including a vegetable patch. This was planned to be carried out in the next five years and reflected feedback people gave to us about improvements they would like to see. We asked people for their views.. All of the people we spoke with said they felt it was a good home but stayed the same rather than continuously improving. However, staff told us the home had a clear vision for improvement and that they felt the service was continually progressing towards providing a better standard of care. This showed that people's feedback was sought and used in improving the service, but some aspects of the provider's plans were not communicated to people who used the service. This meant that, although people were involved in the development of the service, they were not always aware this was the case.

Two members of staff were being supported to work towards management qualifications. Staff told us they were encouraged to learn and develop professionally, which they said was motivating and encouraged them to take pride in their work.

The home had a clear leadership structure. At the time of our visit, the registered manager and deputy manager were both away and another member of staff was in an acting manager role. People we spoke with knew who the manager and deputy manager were and who was in charge in their absence. They knew that they should report to the manager if they experienced any problems with the staff who were supporting them. The manager had held a handover meeting before going away in which staff were made aware of upcoming events, meetings and reviews that were due to ensure continuity of the service.

We saw examples of how the service learned from accidents and incidents and involved people in action plans. These included meeting with people to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management actions to put in place that did not compromise the person's rights. An example was staff noting down what one person was wearing and what time they had left the house each time they went out unaccompanied in case they became lost and the information was required to help locate them. Actions agreed following incidents were reviewed to ensure the action plan was working and people were happy with changes to the way they were supported. Where appropriate, monitoring tools such as behaviour charts were used to identify any themes or triggers for incidents.

Staff told us they attended a monthly reflective practice meeting. They said they continually asked themselves, people and their relatives what they could do to improve the service and enhance people's independence.

The service had quality assurance systems in place. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. The checklist had last been completed the month before our visit and had been updated when actions resulting from it were complete. There were specific monitoring systems for risks associated with individual people. This demonstrated that the provider was aware of risks to the service and worked continuously to manage these.

Is the service well-led?

The service did not have its own policies and procedures in relation to the Mental Capacity Act and DoLS. However, the provider was aware of this, told us they were developing the relevant documents specific to the home and showed us a copy of the local authority's DoLS policy and procedure, which they were using in the interim.

We noted that the latest date on the service's own policies and procedures was 2006. Although there was evidence that the documents had been updated, there was no indication as to when this had taken place. The policies and procedures therefore may not give an accurate reflection of current legislation, best practice and the needs of the people currently using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not ensure care was planned and delivered in such a way as to ensure the welfare and safety of the service user. Care and welfare did not reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies.The provider failed to avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user's individual needs. Regulation 9 (1)(b)(ii)(iii)(iv)(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person did not make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs, and responding appropriately to any allegation of abuse. Regulation 11 (1)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate training. Regulation 23 (1)(a)