Mr Brian Jack

Duckyls Farm Centre

Inspection report

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Tel: 01342811111

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 March 2017 and was unannounced. Duckyls Farm Centre provides accommodation and personal care for up to 10 people who have a learning disability. One the day of the inspection eight people were living at there. The home is located on a farm in a rural area of West Sussex. The people who live there take part in work on the farm and in the garden.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Duckyls Farm Centre had a sole individual provider who had day to day oversight of the service. Therefore a registered manager was not required. The provider employed a deputy manager who assisted with the day to day management of the home. Some members of staff lived on the farm.

The previous inspection of 28 October 2015 had followed up on earlier breaches of the regulations that had been identified. The inspection found that improvements had been made, but there remained areas of practice that needed further improvement. At the inspection on 14 March 2017 we checked if the required actions had been taken. This report covers our findings. We found that whilst some actions had been taken it remained that some areas of practice continued to require improvement.

Staff were inconsistent in their understanding of their responsibilities with regard to the Mental Capacity Act 2005 (MCA). Some restrictive practices were in place however it was not clear if the person was able to consent to this or if a best interest decision had been made. This was identified as a breach of the regulations.

A continued lack of effective auditing systems meant that the provider could not be assured that shortfalls in practice were identified and rectified. This was identified as an area of practice that needed to improve.

People told us they felt safe and happy living at Duckyls Farm Centre. One person said, "It is safe here, we can ask for help if we need to." People were supported to receive their medicines safely. Risk assessments supported people to take risks and remain as independent as possible. Staff understood their responsibilities with regard to keeping people safe. Staff knew how to recognise signs of abuse and were clear about what to do if they suspected this. Staffing levels were consistent and there were enough staff to keep people safe. Staff told us they felt well supported. They had weekly meetings, regular supervision and access to the training they needed to carry out their roles

People told us that they liked the food and that they had enough to eat and drink. Their comments included, "It is always nice food," and "My favourite is sausages. I can always ask for more if I'm hungry." People were able to choose the food they wanted to eat and their dietary needs and preferences were accommodated. There was fresh fruit available for people to help themselves.

Staff supported people to work on the farm and said that this provided them with fresh air and exercise. People told us they enjoyed the work. One person told us, "I am strong and I like work on the farm, it's my choice and I like it." People were supported to maintain good health and had access to the health care services they needed.

The staff were kind and caring, one person told us, "All the staff are nice, my boss is nice, I love him." Another person said, "Yes, I am happy here, everyone is kind. I love living here in the country." Staff knew people well and supported them to be as independent as possible. People were supported to express their views about their care and felt that staff listened to them. Staff spoke about people warmly and were proud of people's achievements. One staff member told us, "I will support them to do anything they can, even if it takes longer, with a lot of encouragement. You can see the pride when someone has achieved something." Visitors were welcomed and we noted that people invited their friends and family to visit regularly.

The range of activities and occupations that people undertook were many and varied. People told us about the work they enjoyed on the farm and in the garden. One person said, "I held a lamb and helped to feed it," another person said, "I like collecting the eggs." Some people had volunteering jobs in the local community and staff told us that everyone had their own area of garden where they cultivated flowers, fruit or vegetables. People were supported to lead full and busy lives. Staff had developed links with the local community and supported people to maintain strong connections with neighbours and community groups.

The ethos of the home was to provide people with opportunities to be as independent as possible and to live fulfilling lives. This was reflected by staff and embedded within their practice. Staff were motivated and had a clear understanding of their roles and what was expected of them.

We found one breach of the regulations. You can see what actions we asked the provider to take at the end of the full version of this 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?

Good

The service was safe.

People's medicines were managed and administered safely.

Risks to people were identified, assessed and managed.

Staff understood their responsibilities with regard to safeguarding people. There were robust recruitment procedures in place and there were enough staff to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff understanding of their responsibilities with regards to the Mental Capacity Act 2005 was not consistent. Records did not provide clear evidence for how decisions were made that were in people's best interests.

Staff received the support they needed to carry out their roles and communication within the service was effective.

People were supported to have enough to eat and drink and were supported to access the health care services that they needed.

Is the service caring?

Good

Staff were caring.

Staff knew people well and had developed positive relationships with them.

People were supported to express their views and to be involved in decisions about their care and support.

People were treated with dignity and their privacy was respected by staff. People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff provided care in a person- centred way that was responsive to people's needs and preferences.

People were supported to follow their interests and were leading full and active lives.

People knew how to complain and their concerns were listened to. Staff took actions to address their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not always effective in identifying shortfalls in the quality of the service.

There were strong links with the local community.

Staff were well motivated and understood what was required of them.

Duckyls Farm Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure we were addressing relevant areas at the inspection. The provider had not submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. On this occasion the Provider had been unable to send the PIR due to a technical problem however we saw evidence during the inspection that the provider had completed the document.

We spoke with four people who use the service, and one visitor. We interviewed four members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems.

The last inspection of 28 October 2015 identified some areas of practice that needed to improve.

Good

Is the service safe?

Our findings

People told us they felt safe living at Duckyls Farm Centre. One person said, "It is safe here, we can ask for help if we need to." Another person said, "I feel safe here, I love living here."

Staff had a firm understanding of how to keep people safe and were clear about their responsibilities with regard to safeguarding people. Where appropriate, safeguarding alerts had been raised with the local authority in line with the current Safeguarding Policy. Staff had received safeguarding training and told us that they discussed the policy during a team meeting. Staff were able to explain how they would recognise potential abuse and what they would do. One staff member said, "I would report it to the manager instantly." Another member of staff said, "If I noticed a change in behaviour I would report it to the management."

People told us that there were enough staff to help them when they needed support. One person said, "There is always someone around," another person told us, "I can ask for help whenever I need to." Staff we spoke with told us that there were enough staff. One staff member said, "Staffing levels are good, there are always three or four people on duty during the day and two in the evenings. There are enough staff to keep people safe." Staff rotas confirmed that staffing levels were maintained consistently.

Safe recruitment practices were followed before new staff were employed. Records showed that application forms had been completed and two references had been obtained as well as checks made with the Disclosure and Barring Service (criminal records check) to make sure staff employed were suitable to work in the care industry.

People were supported to take risks in order to retain their independence. The home was located on a working farm and people had opportunities to work on the farm caring for the animals and growing fruit and vegetables in the gardens. Risk assessments were in place to identify and minimise risks, including when undertaking specific activities in and around the farm. Staff had a clear understanding of infection control procedures for example, people were reminded to wash their hands regularly. One staff member said, "It's really important that people wear overalls when working on the farm and that they take them off and wash their hands to prevent any cross contamination when back indoors." There were systems in place to ensure that environmental risks were identified, assessed and managed.

Incidents and accidents were recorded and included a description of the event and any actions taken. For example, one incident detailed an error made by a staff member and included a clear description of the actions taken to ensure that there was no reoccurrence.

People received their medicines safely. Staff had received training and spoke with confidence about how they administered people's medicines. Medication Administration Record (MAR) charts were accurate and had been completed consistently to show that people had received their medicines. There were effective systems in place to ensure that medicines were stored, managed and disposed of properly.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of October 2015 we found that the provider had addressed a previous breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. However staff training and knowledge with regard to issues of consent continued to need improvement. At the inspection of 14 March 2017 we found that whilst some improvements had been made, recording of best interest decisions was not consistent and some staff remained unclear with regard to their responsibilities under the Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff had an awareness of the MCA and understood the importance of respecting people's rights and gaining their consent to care and treatment. We observed staff seeking people's consent during the inspection. Some staff were able to talk confidently about the principles of the MCA, other staff were less sure. All the staff we spoke with told us that they checked with people to gain their consent before providing care and treatment. One staff member said, "People here have choices and freedom and this is to be encouraged." Another staff member told us that decisions were sometimes made in people's best interests and spoke about looking for the least restrictive options when supporting people.

However, staff were not always clear about how and when a best interest decision needed to be made and documentation did not always show how best interest decisions had been made. For example, one person was being monitored by staff during the night with the use of monitoring equipment. There was no clear documentation to acknowledge that this was a restrictive practice and to assess whether the person had capacity to consent to this practice. There was no clear documentation to show how a best interest decision had been made and to confirm that this was the least restrictive option for supporting the person.

The MCA was not being adhered to consistently and peoples consent was not always sought in line with relevant legislation. This meant that people's right to consent to treatment was not being considered and documented in full. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they were able to access the training and support they needed to carry out their roles. One staff member said, "I feel confident working here." A training plan was in place and the deputy manager was able to identify when staff were due to refresh their knowledge and skills. Some training had been provided that was specific to the needs of people staff were caring for, such as dealing with challenging behaviour

and epilepsy awareness training. One staff member told us that they had received a thorough induction which included shadowing experienced staff when they first started. Some staff had also completed the care certificate. The care certificate covers a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff were receiving formal supervision every six months. The deputy manager was responsible for providing staff supervision and they told us that their intention was to provide this on a three monthly basis in future. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they felt well supported and that their supervision meetings were helpful and constructive. One staff member told us, "If I have any problems I would always speak about it, (Deputy manager) is always approachable and listens." Another staff member said, "I have regular supervision and I can go to the managers if I need to so I am well supported."

Staff meetings were held every week and staff told us that this enabled good communication between staff. Notes of the meetings showed that staff discussed practical issues and planned events relating to the people living at Ducklys Farm Centre. Staff said the meetings also provided them with additional opportunities for support. One staff member explained that staff meetings were often used to discuss challenging practice issues and strategies for working with people. On the day of the inspection a staff meeting was in progress and we noted that updates to policies and procedures were being explained and discussed.

People told us that they enjoyed the food and that they had enough to eat and drink. Their comments included, "It is always nice food," and "My favourite is sausages. I can always ask for more if I'm hungry." We noted that there was fresh fruit available and people told us they could help themselves if they wanted to. A staff member said, "There's always fruit available because it encourages healthy eating." One person told us that they liked to eat the food that they had helped to grow on the farm. We observed the lunchtime meal and noted that staff and visitors joined people at the meal table in the dining room. The meal was a sociable occasion with people chatting to staff and each other. Where people needed assistance staff were quick to help and supported people in a discreet way.

Risks associated with eating and drinking were identified, assessed and managed. For example, one person had been identified as being at risk of choking. A referral had been made to a Speech and Language Therapist (SALT) and guidance was included in their care plan. Staff we spoke with were all aware of the needs of this person. Where risks were identified records showed that people's weight was monitored regularly.

People's individual needs and preferences were considered, recorded and known by staff. For example, staff told us that one person was a vegetarian. One staff member said, "They like to cook their own vegetarian meals." People were encouraged to be actively involved in preparing meals. One staff member said, "They take it in turns to cook, with the support of a member of staff." One person told us that they were involved in choosing the menu, saying, "We all choose the dinners, every week." Staff told us that there was a meeting on a Monday morning where people decided what they would like to eat that week.

People were supported to have access to the health services they needed. People had individual health action plans as well as a hospital passport. This meant that if the person had to be admitted to hospital the hospital staff would have access to important information about the person. Staff told us that they had, "A

very good relationship," with people's GP's and that people were supported to have annual health checks. Records showed that appropriate support was sought from relevant health and care professionals. For example, one care plan action sheet recorded visits to the GP for a flu jab, the dentist for an extraction and another GP visit to review the person's medicines. Other people had support from a chiropodist, optician and SALT. Staff had supported one person to attend appointments with a specialist at the hospital and advice was recorded within their care plan.

Staff told us that they supported and encouraged people to remain healthy. One staff member said, "Working on the farm involves a lot of exercise and fresh air." Another staff member told us, "People remain active, working in the garden and around the farm. We encourage them to be as active as possible and to eat healthily."

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. One person said, "All the staff are nice, my boss is nice, I love him." Another person said, "They are all kind to me," and a third person said, "Yes, I am happy here, everyone is kind. I love living here in the country."

Most people had lived at Duckyls Farm Centre for many years and had developed close relationships with staff and other people living in the home. Throughout the inspection we observed positive, warm interactions between people and staff. The atmosphere was friendly and there was lots of laughter and jollity. Staff knew the people they were caring for well and described a family atmosphere. One staff member said, "It's their home, we respect that." Another staff member said, "It's a lovely, homely place to work."

People were supported to be as independent as possible and staff treated them with dignity and respect. One person told us, "I am strong and I like work on the farm, it's my choice and I like it." Another person said, "I can be independent here." One staff member said, "We encourage people to work on their own to build their confidence." Another staff member told us how they supported people to be independent, saying, "It's often about prompting them and just reminding them about what they are doing so they stay on task." A third staff member told us, "I will support them to do anything they can, even if it takes longer, with a lot of encouragement. You can see the pride when someone had achieved something."

We observed that staff respected people's dignity and offered support in a discreet way when needed. Staff knocked on people's doors before entering their rooms and one person told us, "They always knock first." People's personal information was stored securely and staff were mindful of maintaining their confidentiality. People were able to spend time in their rooms and said that staff respected their privacy. One staff member told us, "I always make sure people are comfortable with me coming into their room." Staff spoke to people appropriately, they were encouraging and used positive language. For example, staff were heard saying, "That's it, well done," and "Excellent, you are good at that," and "Thank you for your help." People responded well to the praise they received and we noted many examples of good rapport between people and staff.

People were involved in making decisions about their care and support and staff encouraged people to express their views. One person said, "They (Staff) do listen to us. I told (staff member) that I needed a new game and they said we will get one." Some people used Makaton and staff used signs and symbols to assist in communicating with them. Makaton is a language programme using signs, symbols and speech to help people to communicate. We noted that there was information available about an organisation that provided advocacy for people, should they need support with decision making about their care. People were involved in their care planning and this was recorded in the care plans.

Records confirmed that residents meetings were held regularly and that people were encouraged to participate. People told us that they were in the process of deciding upon a destination for their annual holiday. One person said, "I think we are going to a holiday camp. Last year we went on a boating holiday. I

like boats." Other meetings happened on a daily basis to enable people to express their choice regarding what they wanted to do that day. One person said, "We can choose what we do every day. If I don't feel like doing something I say so." We noted that people had been included in meetings to review their care and support needs and that the record included photographs to assist their understanding and communication. One staff member said, "We use photos to help them remember things that they have achieved over the last year. It's a good way of reminding them and prompting a conversation so they are included in the review process."

People's rooms were well personalised and they had made choices regarding decoration. For example, one person was a football fan and had chosen a rug in his favourite team's colours. Another person had recently moved rooms and had chosen the colour for their new room and carpet. Staff told us they helped people to make choices for example, about what clothes they wanted to wear. One staff member said, "We might prompt people and make suggestions, or offer more help if they need it but they decide what to wear, it's their choice."

Staff told us that relatives were welcome to visit people at any time. One person said, "My sister is coming on Monday, we are having a meeting and I will be there too." Records confirmed that relatives visited regularly. One staff member said, "People often visit and stay for lunch, resident's friends come round, we encourage a healthy social life and welcome visitors." We noted that the musician who had been supporting a music session with people on the morning of the inspection was invited to stay for lunch. They told us that this was not unusual and they very much enjoyed their visits to the home.

Good

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. People's needs had been assessed and their care and support plans were personalised and detailed their individual daily routines. Staff understood people well and were aware of their individual needs and preferences. They were able to describe how they provided person centred care and support to people. One staff member said, "It's about care that's centred around the person, for instance, one person likes to see a quick result so he enjoys hosing the yard. Another person prefers shaking the straw out, it's important to find out what people enjoy." Another staff member said, "We try and find out what people like to do, one person likes to work on her own vegetable beds, another likes to use the wheel barrow." A third staff member told us how care was focussed on people's individual needs as well as their preferences. They said, "One person can get upset by too much noise, we support them and use gentle reassurance. Another person likes her own space, we support her to have time to herself when she needs it." Care plans were detailed and gave staff clear guidance in how to support people. For example, one care plan indicated that a person needed prompting and guidance to change their clothes. Another provided more detailed information about the support that a person needed with their personal care. A third example clearly documented how best to support a person, explaining what the person could do themselves but also guiding staff in where they needed support, such as with tying their shoe laces.

People told us that they had enough to do at Duckyls Farm Centre. One person said, "I don't get bored, it's busy every day here." Another person said, "I like working on the farm." People were able to choose what activities they wanted to undertake each day. They had opportunities to be involved in different aspects of farm life, including care of the animals, growing fruit and vegetables and maintenance and domestic tasks around the farm and in the house. People took pride in their work and told us about their achievements on the farm, for example, one person said, "I held a lamb and helped to feed it," another person said, "I like collecting the eggs." In addition to the many occupations available as part of farm life people also had a range of other activities that they took part in both in the home and out in the local community. There was a varied activity programme and people had their daily activities listed within their care plans. Some people went horse riding, others played football in a local team, they were keen to show us the trophies they had won which were displayed in the lounge. One person told us that they enjoyed going to a local social club saying, "I have got lots of nice friends there." Two people were involved in volunteering work, one person at a local home for older people and the other person worked in a local charity shop. People told us they had busy lives and this was evident from their care records.

People's social and religious needs were considered and where people expressed an interest they were supported to attend the local church regularly. Staff described how they were active members of the congregation, including being involved in readings during the service and one person regularly invited friends from the church back for Sunday tea. One person was supported to attend a church of a different denomination. Staff described how people were active in the local community and took part in local events whenever possible. People told us they enjoyed going out to clubs, pubs and shopping locally and one person said, "They know me at the pub, I have a drink and crisps there." One the day of the inspection a visiting musician was supporting people with a music session in the lounge, most people were joining in

either by singing, tapping or playing a musical instrument such as a drum, recorder or guitar. A number of people made suggestions for tunes and songs that they could play and this was accommodated. People were clearly enjoying themselves and were engaged with the activity. The visiting musician told us, "Music is very therapeutic and I think this is an incredible environment for people. I love coming here."

People told us that they would speak to a staff member if they had any concerns or complaints. One person told us, "If I am worried about anything, I speak to the staff." People also told us that they would raise issues in their residents meetings. The provider had a system for recording complaints and actions taken to resolve the issue. A flow chart was in place to assist people to understand how to make a complaint if they needed to.

Requires Improvement

Is the service well-led?

Our findings

People and staff spoke highly of the management of the home. One person said, "They are very good, I give them 10 out of 10." A staff member said, "The managers care about the residents, that's what matters, people have a good quality of life and are listened to." Despite these positive comments were found some areas of practice that needed to improve.

The provider had oversight of the management of the home with the deputy manager providing day to day operational management. There were some quality assurance systems in place but they were not fully embedded and this meant that review processes had not been consistently effective. For example, there were systems in place to ensure that care plans were regularly reviewed so that the current needs of people were assessed and managed effectively. However one care plan contained guidance for staff in the use of a physical restraint even though this procedure had not been used for a number of years. This meant that the care plan did not provide an accurate record of the care needs for that person. We have not judged this to be a significant risk for the individual. This is because the care plan did contain clear guidance for staff in how to support the person with behaviour that could be challenging and staff were aware that physical restraint was no longer used with this person. However, having information in a care plan that does not reflect their current needs means that there is a risk that inappropriate care could be provided. The provider agreed that they would review this person's care plan to ensure that it is an accurate reflection of their current needs.

The provider did not have an auditing system in place to assure themselves that standards were being consistently maintained. For example, there was a system in place to record when environmental checks such as emergency lighting and portable appliance tests (PAT) were undertaken. However we noticed that there were some gaps in these records. There was no process in place to audit records which meant that the provider could not be assured that the checks were happening in line with their policy. Quality monitoring is an area of practice that needs improvement.

The provider had reviewed and updated policies and procedures and had recently completed and staff booklet providing staff with information about the service. Staff told us that changes were discussed as part of staff meetings and we noted that the new staff booklet was explained and discussed in a staff meeting on the day of the inspection. The provider had a clear vision for the service and staff confirmed their understanding of this. One staff member said, "It's to give people a good life, to be as independent as they can be and for people to enjoy living here." Another staff member said, "It's about resident's becoming more confident, more independent and catering for their individual needs as much as possible." Staff told us they enjoyed working at the home and on the farm with people. They were clearly motivated and understood what was expected of them.

The provider told us that they had developed strong links with the local community and that people living at Duckyls Farm Centre were known and accepted within the local area. One example given was of the local pub where people were welcomed and pub staff knew them and what they liked to eat and drink. People from the neighbouring area were invited to events arranged at the farm including the harvest festival celebration which was hosted on behalf of the local church. The provider told us this had been well

attended and was enjoyed by the people at Duckyls Farm Centre.

Staff described an open culture where they were able to discuss and challenge practice. One staff member said, "If I was worried I would talk to the manager they are very responsive." Another staff member said, "I feel that I am heard, if I need to raise anything I do." One staff member gave an example of having raised concerns about an incident. They told us that this had been dealt with effectively saying, "It was addressed straight away. They listened and acted." Another staff member told us that they had suggested that the farm dogs should be kept outside when resident's had their meetings as they were noisy and this could be distressing for one person. They said, "This was agreed and action was taken to make it calmer atmosphere."

People's views were sought in a number of ways and their suggestions were considered as a way of driving improvements. For example, a questionnaire was sent to the residents with pictorial prompts to assist their understanding. Another survey was sent to relatives and visitors to gain their feedback. Responses were positive and when people had questions these were answered and addressed. For example, one person was unsure of the complaints process, staff explained the process to them and introduce a flow chart to make it clearer.

The provider was aware of their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users had not always been provided with lawful consent of the relevant person because the provider had not always acted in accordance with the 2005 Act. Regulation 11 (1) (2) (3).