

# Abbotsound Limited

# The Hamlet

## Inspection report

21 Cromwell Road  
Eccles  
Greater Manchester  
M30 0QT

Tel: 07808716379






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## Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Requires Improvement</b>  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Good</b>                  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

The Hamlet is a respite service in Eccles, Salford that provides 24 hour support to people with a learning and physical disability. At the time of the inspection there were two people living at the service on a long term basis and one person staying on a respite basis. The manager also told us that some people used the service at weekends on respite.

We carried out our unannounced inspection of The Hamlet on 27 February 2017. Our last inspection of The Hamlet was in October 2015 where the service was rated as 'Requires Improvement' overall and for the key questions of Safe, Effective, and Well-led. The key questions for Caring and Responsive were rated as Good.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance (two parts of the regulation), staffing and safeguarding people from abuse.

There was a registered manager in day to day charge of the service. 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.

We looked at how medication was handled and reviewed two MAR (Medication Administration Records) for people living at The Hamlet. One person had been prescribed double base gel for their skin condition, however there was no PRN (when required) protocol in place to advise staff as to when this needed to be applied. There was also no cream chart to guide staff as to which part of the body this needed to be applied to. This meant a new member of staff may be unsure of how to apply this safely due to not having appropriate documentation to refer to.

We looked at how risks were managed within the service and reviewed two people's care files. We saw one person had risk assessments in their file with regards to road safety when out with staff, support with personal care and challenging behaviour. These detailed any actions staff needed to take to mitigate any risks. The second care file we reviewed did not contain any risk assessments. A member of staff told us this person approached different staff members and asked them for additional money which they used to purchase alcohol and had resulted in them previously exhibiting abusive and challenging behaviour. Risk assessments had not been put in place to identify this risk or show how the risk was managed. This meant staff did not have up to date information about people's care and support.

The relative of a person we spoke with said their family member was safe living at The Hamlet. Staff had a good understanding of safeguarding, whistleblowing and how they would report concerns.

Staff recruitment processes were safe with appropriate checks had been undertaken such as holding job

interviews, applying for references and carrying out DBS (Disclosure Barring Service Checks).

We checked to see if the home worked within the requirement of DoLS (Deprivation of Liberty Safeguards) and MCA (Mental Capacity Act). One person living at The Hamlet had had a DoLS in place but we found this had expired in December 2016. The registered manager was unaware of this and had not re-applied to the local authority in the required timeframe which meant the person was unlawfully detained.

We saw there were gaps in the training and there was no identified timeframe for completion of this training. The gaps included; MCA and DoLS, positive behaviour management, autism awareness and learning disabilities. The service is designed to support people with a learning disability so this training is fundamental in ensuring staff have the required knowledge and skills to meet people's needs. This gap had been identified at our previous inspection and remained an area still outstanding. This meant the registered manager had not provided staff with the required training to enable them to fulfil the requirements of their role.

People had enough to eat and drink. There was a large kitchen area where both staff and people living at the home could prepare meals. People also went shopping with staff to help choose food and ingredients.

We were told by one relative that staff were kind, caring and that their family member received a good level of support at The Hamlet. A relative also told us their family member was treated with dignity, respect and was encouraged to retain as much independence as possible.

Each person living at The Hamlet had their own support plan and we reviewed two during the inspection. We found one person's support plan had not been reviewed since February 2016. A member of staff said these would be reviewed when people's care and support needs changed. One support plan referred to a person being incontinent every day and indicated they often left the Hamlet to go in to town during the night and early hours of the morning. A member of staff said all of this information was no longer relevant; however the support plan had not been updated to reflect these changes.

There were systems in place to monitor the quality of the service provided, however they were not fully effective given the areas of concern we had identified in relation to medication, risk assessments, DoLS and support plans.

The service had policies and procedures in place which covered all aspects of the service, although at the time of the inspection the manager said these were in the process of being updated.

Staff had the opportunity to voice their opinion and raise concerns through team meetings.

## 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** ●

Not all aspects of the service were safe.

Appropriate documentation with regards to medication and risk assessments were not in place meaning staff did not have relevant documentation available to refer to.

We found staff were recruited safely.

People who used the service told us they felt safe and staff had a good understanding of safeguarding procedures.

### Is the service effective?

**Requires Improvement** ●

Not all aspects of the service were effective.

We informed the registered manager that the deprivation of liberty safeguard (DoLS) had expired. We found the registered manager had not made the re-referral to the local authority for further assessment in the required timeframe.

Staff told us they received enough training but we found gaps in the training staff had received and there was no identified timeframe for completion.

People received enough to eat and drink and were supported by staff where necessary.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind, pleasant and friendly and were respectful of people's choices and opinions.

Relatives told us they were happy with the care and support provided and were welcomed to visit their relative at any time.

Staff had a good understanding of how to treat people with dignity and respect and promote people's independence.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff were knowledgeable about people's choices and preferences were taken into account by the staff that were providing their care and support.

An assessment of people needs was undertaken when they first began using the service.

There was a complaints procedure available and complaints received had been responded to appropriately.

### Is the service well-led?

Not all aspects of the service were well-led.

The registered manager was visible and involved in providing people's care and support. Staff had opportunities to voice their opinion and raise concerns informally and more formally through supervision and team meetings.

Although audits and quality assurance systems were in place, they were not wide enough in scope to be fully effective in identifying the concerns we found during the inspection.

The service had relevant policies and procedures in place which the registered manager was in the process of reviewing and updating at the time of inspection.

**Requires Improvement** ●

# The Hamlet

## 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.

This inspection took place on 27 February 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any whistleblowing information we had received or any particular complaints about the service. We liaised with external providers including safeguarding, infection control, environmental health and social work team at Salford council. We also reviewed the PIR. This is a document where the provider can state any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led.

At the time of our inspection there were three people using the service. The people living at the service were all asked whether they would speak with us as part of the inspection but they all declined. We did observe interactions between people and staff and a visiting relative did speak with us.

During the inspection we spoke with the registered manager, the deputy manager, one member of staff and one relative. We were able to look around the building and look at various records. This included two support plans, five staff personnel files, two MAR (Medication Administration Records), training/supervision records and quality assurance documentation.

# Is the service safe?

## Our findings

During the inspection we asked a person's relative whether they had ever been given cause for concern regarding their relative's safety whilst accessing the service. The relative said; "[Person] is safe here. [Staff member] has been so good with [person]. They know [person] well. [Person] had lost confidence but they trust the staff and they are doing things again."

We looked at the systems in place to safeguard people from abuse and improper treatment. There was a safeguarding policy in place and staff understood the procedure to follow to report concerns if they felt that people might be at risk of avoidable harm. There was also a whistle-blowing policy in place to enable staff or visitors to report concerns anonymously without fear of the consequences of doing so. Statutory notifications were also sent to CQC when instances or allegations of abuse had occurred.

The staff member we spoke with described what action they would take if they had concerns about people's safety. The staff member could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. One member of staff said; "We've had safeguarding training, it involves the protection of vulnerable people. Abuse could be relatives, staff or other residents. Types of abuse are mental, physical, neglect, and verbal. I would write down what I'd observed and report it to my manager. If I had concerns it wasn't being dealt with, I would inform my NVQ assessor for support, report to safeguarding at the local authority or CQC".

We looked at how medicines were handled to ensure they were managed safely. We saw people's medicines were stored in a locked cabinet in a locked office and only staff responsible for administering medicines had access to the keys. We observed the medicines cupboard to be tidy and well organised. There was a separate cupboard to store controlled drugs and a book that two staff signed to verify when the controlled drugs had been administered.

During the inspection we reviewed the MAR of two people living at The Hamlet. We found there were no omissions in staff signature and medicine stocks tallied which demonstrated that people were receiving their medicines as prescribed. However, we found a person that was prescribed PRN (when required) double base gel had no PRN protocols in place to guide staff when the cream was to be applied. There was no cream chart or body map in place detailing which part of the body the cream needed to be applied. We spoke to the staff member and ascertained the frequency and area in which the cream was applied and this was consistent with the prescription which meant the person had received their cream as required. However, the absence of the PRN record meant staff did not have the required record and documentation in place to support administration.

We looked at how risks were managed within the service and reviewed two people's care files. We saw one person had risk assessments on their file with regards to road safety when out with staff, support with personal care and challenging behaviour. These detailed any actions staff needed to take to mitigate any risks that presented and meant that staff had procedures in place to maintain the person's safety.

The second care file we looked at did not contain any risk assessments. We spoke to the staff member to ascertain the person's needs and established that the person had a budget plan in place to deter them from spending their money on alcohol. The person was deemed to be vulnerable when consuming alcohol and had a history of being abusive and defecating in their bedroom when alcohol had been consumed. There was no risk assessment in place identifying this area of need and there was no management plan in place to mitigate the risks of this occurring. There were only currently a small number of staff that worked at the Hamlet and a small number of people accessing the service at the time of the inspection. The staff member demonstrated they had a comprehensive understanding of the people accessing the service; their risks and how to manage these in order to ensure their care needs were met. We ascertained people's needs were being met at the time of the inspection but the records required strengthening in regards to risk assessments and support plans to ensure staff had the necessary information to refer to.

These issues meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the home did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.

At the time of our inspection, we saw there was sufficient staff available to meet the needs of the people using the service. We observed there was one member of staff for three people on the Hamlet. All the people living at the service were independently mobile and able to communicate their needs. Two of the people required meal preparation, support with domestic tasks and intermittent support but were self-caring and able to come and go as they pleased. A third person required consistent prompts to achieve activities of daily living but we observed these were provided timely and sensitively. The interactions were not rushed and the person approached the staff member when they required additional support which we saw was given timely. The third person required support in the community which was accommodated when they requested this and the Hamlet was staffed by the deputy manager.

Staff and the relative we spoke with confirmed there was enough staff to meet people's needs safely. Staffing levels were based around the needs of people using the service. One member of staff told us; "If we had a person that required 1:1 then this would be provided in addition to the staff that were here to support the other people living here. If people had greater needs, we'd have more staff. At the moment, I am practically here just for [person]. If they want to go out, a staff member from another unit comes down or the deputy manager for that time." The relative said; "I have no worries. I am here daily and the staff member assists straight away. They are always there ready to help. [Person] doesn't have to wait."

We checked to see that staff working at the service were recruited safely and looked at five staff personnel files and saw robust recruitment procedures in place. The files included written application forms, contracts of employment, proof of identity and two references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This showed us staff were recruited safely.

We found checks of the building were undertaken to ensure the premises were safe for people using the service. We saw checks had been undertaken of electrical portable appliances, electrical installation of the building, fire alarm system, gas safety, legionella and the lift. Certificates of work undertaken were available and we reviewed these during the inspection.

The registered manager maintained a record of any accidents and incidents which took place within the service, with a monthly trends analysis also undertaken. This provided details about the description of the incident and actions to be taken or recommendations to prevent re-occurrence.



## Is the service effective?

### Our findings

A visiting relative told us they felt the staff were well trained and had the required skills to do their jobs effectively. The relative said; "The staff are very good. [Person] can be angry and their moods change but they know what to do and how to handle [person]. [Person] has significantly improved since being here."

There was a staff induction programme in place, which the staff member confirmed they had completed when they first began working for the service. The member of staff we spoke with had worked for the service for over 10 years and they told us their induction had included; reading policies and procedures, training and shadowing existing staff before they were able to provide support. The staff member had also been supported to obtain their National Vocational Qualification (NVQ) to support them in their role.

We looked at the training matrix which identified what training staff were required to undertake. We saw the following training was identified; safeguarding, MCA (mental capacity) and DoLS (deprivation of liberty safeguards), data protection, first aid, health and safety, fire, moving and handling, infection control, positive behaviour management, autism awareness, learning disabilities, medication administration, food safety, equality and diversity, sensory needs and epilepsy. We asked staff about the training they received. The staff member told us; "We get enough training. It's really good. I enjoy it. I've done NVQ's and doing autism training. It's interesting and I enjoy learning."

We saw there were gaps in the training and there was no identified timeframe for completion of this training. The gaps included; MCA and DoLS, positive behaviour management, autism awareness and learning disabilities. The service is designed to support people with a learning disability so this training is fundamental in ensuring staff have the required knowledge and skills to meet people's needs. This gap had been identified at our previous inspection and remained an area outstanding address. This meant the registered manager had not provided staff with the required training to enable them to fulfil the requirements of their role. The registered manager informed us that six members of staff were scheduled to attend training relating to positive behavioural support in March 2017.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

We saw staff received supervision as part of their on-going personal development. We looked at six staff supervision records during the inspection and saw they provided a focus on training and development, overview of the job role, staff team, health and safety, work performance, safeguarding and service user updates. One member of staff said; "I get supervision monthly with the registered manager. It's good. You can raise training and the manager gives recognition for the job that you do."

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The Care Quality Commission is required by law to monitor

Deprivation of Liberty Safeguards and to report on what we find. The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty in their own best interests.

The registered manager told us there was only one person receiving support that was subject to DoLS. The content and implications of this had also been discussed during a staff meeting in November 2016 and we saw the meeting minutes to confirm this was the case. We noted the person's DoLS had expired in December 2016. The authority states that an application should be made at least 14 days prior to the expiry of the authorisation if the person is still identified as having their liberty restricted. The registered manager had been unaware of the DoLS expiry and had not re-submitted an application to the local authority. This was done following the inspection. We found there was no central system to monitor the submission of standard authorisation and the expiry of granted applications to maintain oversight.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; safeguarding service users from abuse and improper treatment.

We asked staff about their understanding of MCA/DoLS. One member of staff demonstrated a comprehensive understanding. They told us; "[Person] can't go out on their own because they don't understand the dangers and how to maintain their own safety. I'm trying to speak with them at the moment to see if they understand their care needs. I'm gaging their mood before I have this conversation because I know it's important for the discussion to be at the right time to assist them when discussing this. The [person] has an advocate so I have discussed all this with them too."

A relative told us staff sought consent before care and treatment was provided. Staff were also able to describe how they aimed to do this when delivering care and support. One relative said; "[Person] wouldn't do anything they didn't agree too. [Person] really likes [staff member] and they've got them doing a lot more than I could. A member of staff added; "It's about knowing the [person]. I always ask people first. [Person] always used to say later but when I went later, they said later. I soon realised, if [person] said later and if I went straight back, they would nod and do whatever it was that I'd asked. Later to them meant in a moment."

At the time of the inspection, there was nobody requiring a specialist diet, thickened fluids or losing weight to require professional input. This meant we were unable to check whether people's needs were being met in line with professional recommendations. We saw people's nutritional needs were met and their weight was monitored to ensure they were maintaining a healthy weight and receiving the required nutritional intake. The staff member would prepare people's meals and as there were only three people living at the service at the time, they told us they could cater to people's individual preferences daily. We asked a visiting relative for their opinions of the food. We were told; "The food is very good. [Staff member] takes person to the halal butchers and they get a choice so they decide what they want. [Person] had put on a lot of weight so [staff member] is encouraging healthy snacks and other foods instead of breads." The member of staff said; "It's supposed to be two choices but I don't think it's enough really. I'm always making three different things but if it's what people want, I don't mind."

People were supported by staff to attend health appointments when required. One relative said; "No concerns about person's health. They have attended appointments with staff and seen their GP when needed."

# Is the service caring?

## Our findings

We were only able to speak with one visiting relative but they were extremely complimentary about the staff and the positive impact the staff had had on their relative and the progress they had made as a result. The relative said; "The staff are all very nice. Very kind. [Person] is doing much more for themselves since being here. It's positive reward."

We saw some of the care files contained communication profiles. The communication profile contained key information that would enable staff to communicate effectively with people who had limited spoken communication. The staff member we spoke with demonstrated they knew people's individual communication skills, abilities and preferences. They gave examples of this when providing examples of ascertaining people's consent.

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner. Bonds between people and staff were evident and one person kept checking with the staff member that they were okay during the time they were speaking with us.

We saw there was only a small staff team that worked on the Hamlet which meant people were receiving their care from a small number of staff who understood their needs. The staff spoken with had a good knowledge of the people they supported.

It was clear from our discussion, observations and from looking at records that people were able to make choices and were involved in decisions about their care. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household tasks. We saw people had personalised their bedrooms with sport memorabilia and their rooms were decorated with the colours of their choice. A staff member told us; "People have a choice about everything, what they want to eat, wear, and do. We try and encourage people to engage in tasks but it's their choice."

The staff we spoke with told us the ways in which they promoted people's independence. A staff member told us; "[Person] was having difficulty shaving and staff didn't want to take away their independence so we got them an electric shaver so they could continue to do it themselves but safely. [Person] wouldn't come in to the kitchen but they are now making their own cereal and they'll Hoover their room and we do their laundry together. They are doing more and more."

The person's relative told us; "[Person's] confidence is returning and they are managing more and more."

Staff described how they protected people's privacy and dignity when engaging with people or when they were required to support people with personal care tasks. A member of staff said; "[Person] is supported in the shower and then I get them to shut the doors. They don't want the door locked so I make sure nobody goes in. They have a towel for when they come out and I remind [person] to put their underwear on so that I can put cream on their legs but their dignity is maintained."

The relative we spoke with told us they visited daily and were made welcome at the service. They expressed

feeling involved in their relatives care and that the staff had been through their relatives care file with them. They told us it was always available if they wanted to look through it.

We saw people had access to advocacy support and the service utilised links with the local advocacy service when required.

## Is the service responsive?

### Our findings

We asked a visiting relative if they felt the service was responsive to the needs of their family member. We were told; "Yes. They've got [person] doing things and going out again. [Person] is much better now than when they first came to stay here."

We saw initial assessments were undertaken before people first moved into The Hamlet. This meant staff would have an overview of people's care needs and understand their care requirements. The initial assessment focussed on maintaining a safe environment, mobilising, breathing, eating/drinking, hygiene/dressing, communication, cultural and social/recreational.

We ascertained the support plans were developed and reviewed by the registered manager which meant they were not updated timely to reflect people's changing needs. We found staff were able to demonstrate they were consulting with people and their relatives regularly to respond to people's changing needs and they tailored the support provided to respond to this. However, we found this had not translated to the support plans as the registered manager was not able to maintain this degree of oversight solely and they had not implemented systems to empower staff to support them to maintain these records.

We saw people received personalised care that was responsive to their individual needs and preferences. People had profiles which detailed their likes, dislikes, preferences and choices. The staff member we spoke with provided individual examples for the three people on the Hamlet and how they accommodated this. For example, the staff member told us that one person didn't like the staff member that was on that day so they got another staff member from another service within the setting to support them with their needs so that the person didn't miss out or feel uncomfortable.

One person's relative told us how their relative had progressed since living at the service. They told us the staff had supported the person to regain confidence to go out. They had achieved this by encouraging the person to go shopping for purchases that they desired but they had increased this gradually by introducing other activities whilst in the community. For example, obtaining shopping or attending the butchers. The person had engaged with people whilst undertaking these activities and their confidence had increased as a result. This had led to further engagement on the Hamlet and the person had started coming out of their room more, engaging with staff and was more visible in communal areas.

People who lived at the service were supported by staff to undertake activities of daily living, in areas which encouraged them to retain their independence and increase their skills further to increase their independence. People's activities of daily living were assessed and support was provided to develop people's skills in the following areas; personal care, laundry, maintaining a clean environment, self-medication. A kitchenette was available to prepare meals which enabled staff to provide practical support with cooking and budgeting for meals.

We looked to see how staff supported people to engage with community activities and social stimulation. People living at the service had the opportunity to attend the Links resource centre daily to promote social

inclusion. The Links was also on the same site as the Hamlet and provided opportunities to engage in music therapy, life skills and social activities. People in the community attended the Links and enabled people the opportunity to develop and extend friendship groups. At the time of the inspection, Mencap were attending the Links weekly and running life building skills workshops that everybody on the Hamlet had the opportunity to attend.

The service was flexible to meet people's individual needs and accommodate people's preferences. People had the option of developing a weekly planner to incorporate the activities and social activities of their choosing. Throughout our inspection, we saw one person accessing the onsite computer. The people living at the Hamlet at the time of the inspection were either independent in activities or where not at the stage in their recovery to engage in structured, planned activity. Staff explored with people daily opportunities for social stimulation and they were doing this tentatively with one person so they did not dis-engage whilst they increased their social engagement.

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints. The policy provided directions for making a complaint and how it would be managed, this included timescales for responses. The registered manager told us the service had not received any formal complaints but we noted a low level minor complaint which had been captured and actioned and a response provided to the person detailing the service response to resolve their complaint.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

There was a management structure in place. The registered manager of the service had worked at Helping Hands for a number of years and was also the manager of The Hamlet which was based on the same site. There was also a deputy manager and a nominated individual and between them, formed the management of the service. The remainder of staff working at the service consisted of senior support workers and support workers.

Staff told us they felt management and leadership at the service was good. One member of staff said; "I love working here. It's a great place and the management are very supportive." A visiting relative also added; "I think it well managed. I've no complaints and wouldn't hesitate to recommend this service."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. Audits undertaken included health and safety, infection control, food/nutrition and medication. The registered manager also completed an analysis of medication error sheets, with disciplinary action taken where staff who do failed to meet the required standards. The medication audit was brief and only focussed on whether all medication had been given from the blister pack and if the MAR was signed correctly. The audit did not capture if all PRN protocols and cream charts were in place and we also found support plans and risk assessments to be lacking in detail regarding a people's current care and support needs. There had also been a failure to re-apply for the DoLS application of a person using the service in the required timeframe.

These issues meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the provider and registered manager were not effectively assessing, monitoring and improving the quality and safety of the services provided.

We looked at the minutes from any recent team meetings which had taken place. Staff told us these were consistent and provided the opportunity to discuss their work. Staff also said they felt listened to by the registered manager. We looked at samples of the minutes which showed discussion topics included service user updates, policies and procedures, staff member issues, appraisals, training, medication and finances. One member of staff said; "We haven't much of team at the minute because there are only a small number of us that work on the Hamlet but we can raise things with management all the time and they do listen."

The service had policies and procedures in place which covered all aspects of the service, although at the time of the inspection the registered manager said these were in the process of being updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of

their training programme.

The service had strong links with an external organisation called Mencap. We were told that Mencap visited the service on a regular basis. Mencap is the UK's leading learning disability charity working with people with a learning disability and their families and care staff. Mencap provides help and support through supported living, supported employment, respite services, organized activities, advocacy services and outreach support. The service were also registered with the autism programme and were looking forward to becoming accredited in July 2017.



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<br/>Safeguarding service users from abuse and improper treatment</p> <p>Appropriate systems were not in place to ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority.</p>   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Appropriate systems were not in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Appropriate systems were not in place to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to</p>  |

perform.