Bradbury House Limited

Cypress Lodge

Inspection report

The Witheys
Bristol
Avon
BS14 0QB

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17 May 2017
22 May 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 and 22 May 2017 and was unannounced. It was carried out by two adult social care inspectors.

Cypress Lodge provides support for up to 10 people with learning disabilities. There are two houses that can accommodate five people in each, Cypress lodge and Willow Cottage. At the time of the inspection there were five people living at Cypress Lodge and five people living at Willow Cottage.

At the time of the inspection there was no registered manager registered to manage 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. The registered manager left the service in December 2015 and a registered manager from one of the provider's other homes was overseeing the home. The provider had appointed a service manager oversee the day to day running of the home and they reported directly to the acting registered manager.

People told us staff treated them well, however they did not always feel safe with the people they lived with. The acting manager and service manager were addressing these concerns.

Some improvements were required to ensure people always received their medicines when they needed them and that medicines were stored correctly. Risks to people were not always fully assessed or planned for.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. These processes were not fully effective in identifying the shortfalls we found during our inspection or ensuring improvements were always carried out.

The provider was not notifying us of all incidents and in line with their legal responsibility. Staff felt supported by the home's managers, although they did not always feel listened to by senior managers.

People were supported by a sufficient number of staff to keep them safe. Staff had enough training to keep people safe and meet their needs.

People were supported by staff who know how to recognise and report abuse. People received effective support to help them manage their behaviour. Staff recruitment was managed safely.

Staff knew people well and understood their care and support needs. People made choices about their own lives and their legal rights in relation to decision making and restrictions were upheld.

People's diverse needs were well supported; they chose a range of activities and trips out. People were part

of their community and were encouraged to be as independent as they could be. People received support from a range of health and social care professionals.

People were aware of the complaints procedure and felt able to raise any concerns. There were systems in place to share information and seek people's views about their care and the running of the home.

There was a management structure in the home, which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were defined and adopted by the staff team.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

People's medicines were not always stored correctly and they did not always receive their medicines when they needed them.

People did not always feel safe because of who they lived with. People were treated well by staff. Risks to people were not always fully assessed.

There were sufficient numbers of staff to keep people safe. Staff recruitment was managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and support to carry out their role.

Where people lacked capacity to make specific decisions, the correct processes were followed to ensure their rights were protected.

People were involved in planning their menus.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care.

People received support that was personalised and responsive to their needs.

People had access to a wide range of activities to meet their interests and preferences.

People felt able to raise concerns with the managers and staff.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The systems in place to monitor and improve the quality of the service for people were not fully effective at ensuring shortfalls in the service were rectified.

People were supported by staff who felt able to approach their direct managers, although they didn't always feel listened to by senior managers.

People were supported by staff who were aware of the aims of the service.

Cypress Lodge

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.

The inspection took place on 17 and 22 May 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Before the inspection we looked at information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with seven people about their views on the quality of the care and support being provided. We spoke with the acting manager, the service manager and five staff members. We also spoke with a visiting professional. We looked at documentation relating to four people who used the service, three staff personnel files, staff rotas, ten people's medicine records, medicine storage and quality audits.

Requires Improvement

Is the service safe?

Our findings

There were medicine administration systems in place. These needed to be improved to ensure people always received their medicines when they needed them and that medicines were stored correctly. Staff administered medicines to people; no one self-medicated. Staff received medicines administration training. One person said, "The staff give me my tablets." Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them.

People said they received their medicines when they needed them. Records confirmed people generally received them on time. However, we found one person had not taken their medicines on one day. They were staying with their parents and staff had not sent their medicines with them. Staff were unaware of this until we raised this during the inspection. This meant systems to ensure people always received their medicines on time were not effective.

We looked at medicines storage and administration in both Willow Cottage and Cypress Lodge. Medicines were stored securely in one room in each building. The provider asked staff to check the temperature of each room every day to ensure medicines were kept at a safe temperature. We found that these checks were not completed each day. In Willow Cottage, 31 checks had been missed and in between 1 March 2017 and to 22 May 2017. In Cypress Lodge, 19 checks had been missed in the same period. This meant staff did not know if medicines were always stored at a safe temperature and were therefore safe and effective to use.

People's medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. The pharmacy provided printed medicine records for staff to use. When medicines were received outside of the monthly cycle, such as when people needed a short course of medicines, staff entered the details on the medicine records. These were not being checked and countersigned by another staff member. This is recognised good practice to ensure people received the correct medicines and reduced the risk of errors occurring. This was discussed with the service manager who told us they would ensure this was done.

People were not fully protected from the risk of being exposed to hot surfaces. For example, we observed some of the radiators in Cypress Lodge and Willow Cottage did not have radiator covers on them. Two people had recently had falls in Willow Cottage. We noted one of these people had a radiator cover in their bedroom to protect them, however they were still exposed to uncovered radiators in other areas of the home.

We discussed this with the acting manager who confirmed they had never had any incidents of people burning themselves on uncovered radiators. The acting manager confirmed they would arrange for covers to be fitted to all radiators in the home and they also put immediate measures in place to eliminate the potential risk of someone accidentally burning themselves.

We also found the food fridge temperatures in Cypress Lodge and Willow Cottage were not being kept within a safe range. Temperatures of the fridges were taken daily by staff, the provider's fridge temperature

recording form stated the temperature should be between 2c and 5c. However, we found the temperatures were regularly being recorded over the recommended maximum temperature of 5c. The staff taking the temperature had not taken any action in response to report of rectify this. This meant people were at risk of being exposed to food that was being stored at the incorrect temperature. We discussed this with the acting manager who told us they had recently identified this and noted the thermometer was being placed near to the fridge door, which could have impacted on the reading accuracy. They told us they had raised this with the staff team and would be monitoring this closely.

Risks relating to people's individual care were not always assessed and planned for. Some risks to people had been considered such as people's behaviours, accessing the community, smoking, risk of being exposed to hot water and using electrical items.

However, one person's care plan identified they made allegations towards staff members and other people using the service. There was no risk assessment in place to protect staff, other people and the person in the event of them making an allegation. The person's care plan stated they also kept out of date food in their bedroom which they would then eat. There was no risk assessment to protect the person from the risk of eating out of date foods.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person spoken with told us staff treated them well. One person said, "Staff are good to me. I like living here." Another told us, "Staff never tell me off. I like all the staff. I'm happy here." However, people said they did not always feel safe; this was due to other people's behaviours. One person said, "I get on with people, but not [name]. She bullies me. She goes on and on at me. I don't like it. I tell the staff when she bullies me. They try to help me, but she still goes on at me. I stay in my room, out of her way." We observed another person raising concerns about this person to a staff member during our inspection. We read both people had also used the formal complaints procedure to raise this issue with the provider.

Staff spoken with confirmed this was an issue. One staff member said, "I think [name] is in the wrong place. She can make other people's lives a misery at times. [Two people named] don't really come out of their rooms as they want to avoid her. People's wellbeing is being impacted. That's not fair; it's their home." We discussed this with the acting manager who provided evidence of the action they had taken to attempt to resolve the issues. This involved contacting external and internal professionals for support and holding discussions with the people living at the home. They acknowledged this was an on-going concern and they were confident, with the level of support being arranged for the people and the team, this would be resolved.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission.

People had detailed behaviour support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Some people could be restrained "as a last resort." All staff spoken with said restraint was rarely used and only ever used as a last resort. One staff member said, "In four years I have only had to use it once, it is only ever used as a last resort."

Staff completed an accident or incident form for each event which occurred; these were entered onto the

provider's computer system. Incidents were analysed by the provider's behavioural specialist who responded by offering suggestions and comments for staff to help improve their practice. The service manager also told us they looked at each accident and incident form to enable them to identify any potential risks and implement measures to prevent further incidents. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

We found the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission (CQC). One staff member told us concerns about one staff member placing people at risk had been reported to the service manager. These had been acted upon immediately to ensure people remained safe.

The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I would talk to the [service] manager, I am confident they would deal with it. I have never seen anything like that here. I know if I had concerns I could take things further up the line, I am aware of the whistleblowing policy." Another commented, "I've never witnessed anything like that here, if I did I would report it to the [service] manager and I know I can contact CQC." This meant people were supported by staff who knew how recognise and respond to abuse.
People told us there were enough staff working each day to ensure their safety. Rotas were planned in advance to ensure enough staff were on duty. Staff told us they thought there were enough staff available to keep people safe. One staff member said, "There are always enough staff around, usually two in each house and the manager is always around."

The acting manager confirmed the minimum staffing levels with us. We looked at the staffing rota and noted staffing levels varied, depending on people's plans for the day. Staffing was occasionally reduced, such as when staff were sick, but this was rare. People told us they could go out when they wanted to, but sometimes there were not enough staff. One person said, "On the weekend we sometimes go out or stay at home. Depends how many staff we've got."

Good

Is the service effective?

Our findings

People were supported by staff who had the right skills and knowledge to carry out their roles. We saw a comment from a visiting professional giving feedback on the service that stated, "The staff are very knowledgeable."

Staff received a range of training to meet people's needs and keep them safe. Staff told us they received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "The induction was fine, they went through everything." The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff commented positively about the training they received, they felt they had enough training to keep people safe and meet their needs. One staff member said, "The training is brilliant here, you can talk to the training coordinator. They would definitely arrange any more training you requested." Another commented, "There is absolutely enough training to do the job."

All staff received basic training such as first aid, safeguarding, equality and diversity, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed. They had also received personalised moving and handling training relating specifically to how they supported one person living at the home. We looked at the provider's training records which identified where staff required refresher training in some subjects, dates had been booked for this. This meant people were supported by staff who received the right training to carry out their roles.

Staff told us they had formal supervision and an annual appraisal (meetings with their line manager to discuss their work) to support them in their professional development. Records demonstrated staff were receiving regular supervision. Staff told us they found supervision supportive. One staff member told us, "Supervision is fine, I feel able to say what I think and they listen. Any suggestions are always taken, looked at and taken forward." This meant people were supported by staff who were supported in their role.

People said they made decisions about their day to day lives. One person told us they chose to smoke cigarettes. They said, "I've agreed to have 10 in the morning and 10 in the afternoon. I'm happy with it. That's better for me. If I had them all at once I would just smoke them all." We read that one member of staff had just completed an agreement with this person in relation to smoking and to restricting the number of cigarettes they had. This agreement had included alternatives to the current regime and information such as the health risks and the cost so the person had all the information they needed to make an informed decision.
People were able to make most of their own decisions as long as they were given the right information, in the right way and time to decide. However, there were some decisions people were not able to make for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. 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.

Staff had received training and had an understanding of the principles of the MCA. They knew about the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Records showed people's ability to consent to specific things had been assessed. Where it was felt they lacked the mental capacity to make a decision, a best interest decision was made in consultation with others where relevant. For example, best interest decisions had been made regarding people managing their finances, having a movement monitor in their room and consenting to relationships. This ensured people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager told us one person living at the home had a DoLS authorisation. They said they had made applications to the local authority for other people to have a DoLS and the local authority had decided these people were not having their liberty restricted. This showed people's legal rights in relations to their liberty were being promoted.

People said they liked the meals and they helped choose the weekly menu. Staff cooked main meals, but people also had their own cooking programmes. One person said, "We have a menu. It's in the kitchen. On Sundays, we usually have a roast dinner. We have takeaways sometimes, like fish and chips." People had free access to the kitchen. We saw people made their own drinks and snacks when they wanted them.

People's health care was well supported by staff and health professionals. Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Staff recorded the outcome of people's contact with health care professionals in their plan of care. Staff were responsive to people's changing health needs. One person had recently been admitted to hospital. Staff had recognised the person was unwell and responded promptly by calling for medical assistance. Staff supported another person to attend hospital for treatment for a specific health condition on a regular basis. This meant people's health care needs were being met.

Good

Is the service caring?

Our findings

People told us they liked staff and had a good relationship with them. One person said, "I get on well with all the staff." Another person told us, "I like all the staff. They are all ok." We observed many positive and warm interactions and there was a good rapport between people and staff.

Staff had built trusting relationships with people and they knew them well. Staff talked positively about people and were able to explain what was important to them such as controlling their finances, family, shopping, having self-esteem and their own personal space. One staff member said, "We build trust with people and have professional boundaries with them, it's a balance and it works well here." Another staff member commented, "We have good relationships with people. Staff try hard in getting to know them." A professional commented they thought staff knew people well.

People's independence was encouraged and supported. Most people were independent in some aspects of their care, such as with their personal care or looking after their own money. People were involved in making decisions about their care and support and told us they were happy with the support staff provided. Some people went out on their own. One person said, "I go out on my own. I walk to the garage and go into the charity shops. I just tell the staff I'm going out." People were also encouraged to look after their home. One person said, "I like helping with the shopping. I don't mind doing some hovering and some washing. I did some hovering today." We saw people helped to keep the home clean and staff encouraged people to help with the laundry.

People said staff respected their privacy. Two people showed us they had a key to their own room. One person said, "This is my key. I lock my room when I'm not in it." People said staff knocked when they were in their room and waited to be invited in. We saw staff did this during our inspection.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, asking permission before supporting them, ensuring people received personal care in private and explaining what they were doing. One staff member said, "I always ask permission before I support someone and talk them through the process. It is their right to refuse if they don't want the support." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others. People's individual care records were stored securely to make sure they were only accessible to staff.

Staff were aware of and supported people's diverse needs. The provider stated in their PIR they "Supported service users around their beliefs, by accessing local churches" and "Facilitating and supporting personal relationships and sexuality." We found evidence of this during our inspection.

Staff knew how to support people as these aspects of care were well planned. One person chose to go to church. People were supported by staff and external professionals to maintain and develop their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. One person said, "I have two sisters. They come to see me and they take me out sometimes."
We looked through a file containing a number of positive comments from visiting professionals giving feedback on the service. These included, "A kind and caring environment", "A good person centred approach" and "Helpful and approachable staff with good evidence of endeavouring to create a caring and safe environment."

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in various activities, trips out, work placements and holidays. One person said, "I go to art group. I like painting. I'm going to the pub today. [Staff member name] is my keyworker. He takes me shopping to buy my clothes. We have lunch out sometimes." Two people went to work at the farm run by the provider on the first day of our inspection. Another person went out to the cinema with a member of staff. We observed one person sat with staff engaging in an art activity which they appeared to enjoy. This meant people had access to a range of activities to meet their needs and preferences.

People received care and support that was responsive to their needs. People participated in planning their care as much as they were able to. One person said they had been involved in their care plan. They told us, "I go through things with my keyworker. We talk about things each month as well." Others close to them, such as their relatives, were also consulted if people wished them to be. We saw people signed their care plans to demonstrate their agreement.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, what they could do for themselves and the support required from staff. Care plans included detailed life histories, health condition information, personal care needs, likes and dislikes. The staff we spoke with had a good knowledge about people's individual needs.

Information was recorded about people every day. People completed this themselves if they were able to. Staff completed this information for people who needed help. Daily records included information about people's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had a monthly review with their keyworker. A keyworker is an allocated staff member responsible for overseeing aspects of a person's support. This enabled them to talk about what was working, what wasn't and any aspect of their care they would like to change. The person, their relatives, a social worker and staff also attended formal care review meetings, usually held once a year. This helped to ensure people's care and support met their current or changing needs.

People said they would feel comfortable raising a concern if they needed to. One person told us, "I talk to staff if I'm not happy about anything. They do try to help you." The provider stated in their PIR there was a "Complaints procedure in place, displayed in easy read format." During our inspection we observed there was information displayed for people in the home explaining how to complain and who to complain to. This was written in an easy read format to help people understand it.

People were asked if they had any concerns or complaints at their 'service user' meetings. People also were supported by staff to have weekly 'self advocacy' sessions where they could raise any concerns. We observed one person talking to a staff member about something they were concerned about. The staff member responded by asking the person if they would like to have a self-advocacy session to record the concerns. The person stated they wanted this and the staff member responded by listening to them and making a record. We saw records where previous self-advocacy meetings had led to staff supporting people to make formal complaints.

People had made complaints. One person said, "I complained about [name] and how she goes on at me because I've had enough of it." We looked at the records of the complaints made. Records showed there had been two formal complaints from people in the past year. These complaints related to on-going issues with people not getting on in the home. We discussed this with the acting manager who told us they had sought involvement from external professionals to help people understand how to live together. Records confirmed this. A visiting professional confirmed they were attending a future staff meeting to support the staff to work with people when there were disagreements between them.

We saw records of house meetings held for people living at Cypress Lodge and they covered items such as the environment, menus, upcoming events, house rules, activities and any health and safety issues. Where action points were set we found evidence these were being achieved. For example, in the meeting in May 2017 one person discussed how they would like to celebrate their birthday. During our inspection we were told these celebrations had been arranged for them..

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. Quality assurance systems were in place which were designed to monitor the quality of service being delivered and the running of the home. These were not fully effective in ensuring people received consistently high quality care, the service complied with the law or that necessary improvements were carried out.

One of the provider's senior managers visited the home to carry out quality audits. We looked at the audits carried out in 2016 and 2017. These audits identified various areas for improvement but these improvements were not always carried out. Some action had been taken where audits had identified shortfalls, such as ensuring staff recruitment documentation was complete and staff supervision frequencies were improved. Other areas had not been improved. For example, risk assessments were noted as planned improvements in September 2016. These had not been completed at the time of our inspection, eight months later.

Some of the issues we found during the inspection had not been identified by the provider's quality assurance processes. For example, the quality audit concluded on 11 May 2017 had not identified any issues with medicine administration or storage but we found several failings. Also, in this audit risks to people have been reviewed but the risks posed by uncovered radiators had not been identified. This meant the provider's quality assurance systems were not fully effective.
This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not always notified us of significant events which had occurred in line with their legal responsibilities. We had been notified of some events. However, during our inspection we looked at the safeguarding records and found one incident where alleged abuse had occurred between people who used the service. Whilst these incidents had been investigated internally by the provider and reported to the local safeguarding authority, we found the incident had not been reported to us. This meant we had not been able to review the incident and ensure the correct action was taken to ensure people were safe. We also found we had not been notified of a Deprivation of Liberty Safeguards (DoLS) outcome for one of the people living at the service. Providers are required to notify us of the outcome of a DoLS where they have been authorised by the local authority.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed this with the acting manager and service manager who told us they would complete retrospective notifications and ensure we were notified of all events in line with their legal responsibility.

Staff views on morale and communication in the team varied. Some staff said they had not always felt listened to or supported by the provider and this had an impact on morale. They gave examples of senior managers not visiting the service to offer support and felt people who moved to the home were not always suitable as they impacted negatively on others. One staff member said, "We bring up issues but nothing

really happens. You often feel you don't get any support. It feels a bit like if the company want it to happen it will, if we suggest something it doesn't really." We saw some staff had raised issues in their supervisions meetings. Although the issues had been discussed and recorded there was no outcome or any action noted. This meant that staff views were not always acted upon or followed up and this would contribute to staff not feeling well supported.

Other staff members commented they felt able to voice their opinions in staff meetings which were used to address any issues and communicate messages to staff. One staff member told us, "You can communicate openly and get you point across, we are definitely listened to." Another commented, "There are regular meetings and there is good communication." Meeting minutes demonstrated areas covered in the meetings included; staffing, people's current and changing needs, safeguarding, training and completing paperwork.

The acting manager was registered to manage one of the provider's other homes. The previous registered manager had left the service in December 2016 and in their absence the provider had arranged for the current acting manager to cover the home. This was whilst the provider was making arrangements for there to be a registered manager in post. The home had a service manager who was responsible for the day to day management of the home. The acting manager told us they visited the service every week and divided their time between the two homes as needed.

People commented positively about the service manager. Two people told us they liked the service manager and said they spoke with them. One person said, "I like the manager. [Name] is the manager. [Name] was here before but she's left. I like them both."

Staff also commented positively about the acting manager and service manager. They told us they were both available if they needed to speak to them and they felt able to approach them with any concerns. Comments included, "I wouldn't have any issues approaching the managers" and "They are approachable and assessable. [Name of service manager] works alongside us and never asks us to do something they wouldn't do themselves. [Name of acting manager] is here daily, we are definitely supported." A visiting professional told us they thought managers were knowledgeable, open and receptive to their involvement.

The service manager and acting manager maintained a regular presence in the home. We saw they spent time in the communal areas talking to people and staff. This gave them insight into how people's care needs were being met and the on-going support staff needed.

Staff commented positively about the team culture at Cypress Lodge. Comments included; "We all get on well here, the team support each other and we work well together" and "The team are great, really supportive. We are a solid team and are consistent in how we support people."

The key aims of the service were described in the home's statement of purpose. One of the service's key aims was to "To encourage and promote greater levels of choice and independence." One staff member told us the vision for the service was, "To enable people to be as independent as possible, to keep them safe and give them choice. They have the right to do what they want." This meant staff were aware of and shared the vision for the service.

People were part of their community. They used community facilities such as local shops, supermarkets, cafes, clubs and pubs. People went out into the community alone and with staff support during our inspection.

Staff worked in partnership with external health and social care professionals. People required this support

due to their complex needs. The visiting professional we spoke with told us the staff welcomed their support and were keen to engage with them. A consultant psychiatrist, speech and language therapist and behaviour specialist had supported people.

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 18 Registration Regulations 2009 Notifications of other incidents The provider was not notifying us of events in line with their legal responsibility. Regulation 18 (2) (e) (4B)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to people's individual care and their safety in the premises were not always assessed and planned for. Medicines were not always managed safely. Regulation 12 (2) (a) (d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon. Regulation 17(2)