

Care Uk Community Partnerships Ltd

Paddock House

Inspection report

Wellington Road
Eye
Suffolk
IP23 7BE
Tel: 01206 517430
Website: www.careuk.com

Date of inspection visit: 29 and 30 January 2015
Date of publication: 08/05/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 29 and 30 January 2015. This was an unannounced inspection. Paddock House is a care home providing residential care for up to 30 older people, and also provides a rehabilitation service. There were 30 people using the service when we inspected. Our last inspection of this service was carried out on 21 May 2013. There were no breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 identified at the inspection.

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.

Systems were in place which guided staff on how to manage risks, medicines and safeguard the people who used the service. Staff could recognise signs of harm or potential abuse and knew who to report concerns to. Procedures were in place which guided staff on how to ensure people's safety. These included checks on the

Summary of findings

environment and assessments which identified how the risks to people were minimised. Specific care plans had been developed where people displayed behaviour that was challenging to others. These plans guided staff so that they provided support in a consistent and positive way, which protected people's dignity and rights.

People were supported by sufficient numbers of staff. A thorough recruitment process was in place. People living at Paddock House were involved in making decisions about who was employed in the service. The recruitment process ensured staff recruited had the right skills and experience and were safe to work with people who used the service. Staff understood their roles and responsibilities and received training which gave them the skills, knowledge and confidence to carry out their duties. Staff demonstrated that they were competent in delivering safe and effective care which met people's needs.

The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff treated people kindly and were emotionally supportive where people showed signs of distress. People were supported to maintain links with the community and participate in meaningful activities that interested them and met their individual needs.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation, and whether these needed to be considered for people who lived at the service. Documentation in people's care plans showed that when decisions had

been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Changes to the law regarding the DoLS were understood and appropriate referrals had been made to the local authority to make sure people's legal rights were protected.

People and their relatives were involved in the assessment and planning of their care. This ensured staff provided care and where required treatment in a way that people wanted to be supported, and cared for. People were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. People were protected from the risks associated with eating and drinking. People spoke positively about the choice and quality of food available.

The registered manager demonstrated clear management and leadership. They were knowledgeable and inspired confidence in the staff team, and led by example. The registered manager had a proactive approach to developing a positive culture in the service. Staff understood and consistently applied the vision and values of the service. The registered manager had signed up to the 'Going the Extra Mile' (Gem) Awards which aimed to recognise and celebrate good practice.

The provider had systems in place which were used to continuously assess and monitor the quality of the service, including recording and managing complaints and safeguarding concerns. Incidents and accidents were monitored and management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had systems in place to manage risk, including safeguarding matters. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medicines when needed and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had their privacy and dignity respected.

People were supported to express their views and were involved in making decisions about their care, treatment and support, and these were respected.

People were supported to maintain important relationships. Relatives could visit at any time and were always made to feel welcome.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People were provided with personalised care that was responsive to their needs.

There was a complaints system in place which showed how complaints were investigated and responded to.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were asked for their views about the service and their comments were listened to and acted upon.

The registered manager demonstrated clear management and leadership. There was a strong emphasis on promoting and developing a positive culture in the service.

The provider had a range of systems in place that assessed and monitored the quality of the service provided, including any shortfalls and the action taken to address them.

Paddock House

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 29 and 30 January 2015 and was unannounced.

The inspection team consisted of two Inspectors and an Expert by Experience. The expert by experience had experience of older people and people living with dementia.

We reviewed previous inspection reports to help us plan what areas we were going to focus on during our inspection. We also reviewed other information we held

about the service including notifications the registered manager had made to us about important events. We also reviewed information provided by other stakeholders, for example the local authority.

We spoke with 11 people who were able to verbally express their views about the service, three relatives and one person's friend. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the interaction between staff and people who used the service.

We spoke with the area manager, registered manager and their deputy. We also spoke with eight members of care staff and five professionals, including an Occupational Therapist (OT), GP and the local authority's adult safeguarding manager. We looked at records in relation to four people's care, the management of the service, three staff recruitment and training records and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person told us, “I am happy here, no complaints, everybody is nice; it’s a nice atmosphere, and all the staff are nice, they look after us and I feel safe.”

Suffolk Safeguarding Adults posters were displayed in communal areas of the service and in the staff office. These provided the contact details of who to report concerns to. The deputy manager told us that people were also provided with the opportunity to discuss feeling safe at ‘resident meetings’ and with their key worker. A key worker is a named member of staff who works with a person and acts as a link with their family. Staff told us part of their role as a key worker was to make time to sit and talk with people. This gave them the opportunity to tell staff if they felt safe, or if they were worried about something.

The provider’s safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm. Staff told us they had received training in safeguarding adults from abuse and had a good understanding of the procedures to follow if a person raised issues of concern or if they witnessed or had an allegation of abuse reported to them. This included raising safeguarding alerts to the local authority who had responsibility for investigating safeguarding concerns. The registered manager had notified us and the local authority of incidents of suspected or potential abuse. Where the local authority safeguarding team had instructed the registered manager to investigate concerns about people’s safety, they were able to show us the actions they had taken to address these issues and to reduce the risks of incidents happening again.

Staff interacted with people in a calm and reassuring manner. They understood the support people needed when they experienced distress and during incidents of behaviour challenging to others. Care plans had been written in a way that guided staff on how to support people in a consistent and positive way, which protected their dignity and rights, and protected them and others from potential risks of harm.

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments that evaluated the risks to people in their

home, accessing places of interest in the community and managing their healthcare needs. These assessments guided staff on how they ensured people’s safety, including the support needed to manage their mobility needs. Environmental risk assessments and fire safety records for the premises were in place to support people’s safety. The fire alarm log book showed that regular testing of alarm and emergency lighting systems were in place, and certificates confirmed that routine servicing and inspection of equipment was being carried out by external contractors. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people. For example, emergency plans were in place relating to how people were supported to evacuate the service in an event, such as a fire.

People who used the service told us there were enough staff to meet their needs and requests for assistance were responded to promptly. One person told us, “If I want anything I just press the red button, they [staff] are quite quick.” Another person said, “I have a button to call staff if I need them, when I do call them they come quickly, especially at night.” We saw there were enough staff to meet people’s needs and keep them safe. Staff were attentive to people’s needs and requests for assistance were responded to promptly. Call bells were answered in a timely manner. The registered manager told us they were currently recruiting additional staff, and were continuing to work over and above assessed staffing levels. This was to ensure there would be enough trained staff that knew people’s needs when they transitioned to the new service being purpose built in Hartismere. Staff confirmed staffing levels had improved recently and there was sufficient staff available to meet people’s needs.

Examination of three staff files confirmed a thorough recruitment and selection process was in place to check that staff had the right skills and experience. These showed that people who used the service made up part of the interview panel for prospective employees. This enabled people to have a say on the choice of staff being recruited. Staff confirmed they had attended an interview and that all relevant checks, including a criminal records check and appropriate references, had been obtained to ensure they were suitable to work with people who used the service, before they were allowed to start work.

Staff confirmed they had received up to date medication training, which gave them the knowledge and skills to

Is the service safe?

ensure they administered people's medicines safely. People told us they were happy with the arrangements for their medication and that they received their medicines when they needed them. We found that systems were in place that ensured staff consistently managed medicines in a safe way. We observed a member of staff administering the lunchtime medicines. They engaged with people well asking their consent before administering medicines, enquiring if they required pain relief and provided the

support the person needed to take their medicines. We checked the medicines being administered against people's records which confirmed that they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines for occasional administration to manage pain or anxiety, guidance was in place for staff to make decisions when these medicines should be administered.

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person commented, "They [staff] look after me very well."

The provider had a proactive approach to the learning and development of their staff. Staff were encouraged to undertake recognised National Vocational Qualifications (NVQ). They confirmed they were provided with training and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities effectively. Staff told us they received regular supervision where they were able to discuss their strengths and areas for development to improve their practice. People told us staff were competent in their roles and this enabled them to have a good quality of life. One person told us, "I get good care in here; I wouldn't be like I am without their [staff] help."

Staff told us training included, but was not limited to, manual handling, food hygiene and safeguarding. More specific training, for example, dementia and understanding diabetes had been provided so that staff were able to meet people's specific needs. Our observations showed that the training provided ensured staff were able to deliver care and support that met people's needs. For example, staff were seen to communicate with people effectively and provided support that enabled them to mobilise using equipment, including hoists and wheelchairs and this was done safely. One person said, "The staff help me to walk with my frame, I feel safe with this."

New employees worked with an experienced member of staff, on each of the three units for a minimum of 12 shifts so that they met all of the people who used the service. A new member of staff told us that this had helped them to get to know people's likes and dislikes, and meet the needs of the people they supported and cared for.

The requirements of the Mental Capacity Act 2005 (MCA) were understood by staff. Information in people's care plans showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. People told us that the staff asked for their consent before they provided any care or treatment. We saw people were asked for their consent and the staff acted in accordance with their wishes. For

example, one person did not want to have their medication but when the staff member returned to the person at a later time they agreed. This showed that people's consent was sought and assistance was not provided until the person had agreed to it.

The Care Quality Commission (CQC) monitors the operation Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation. The deputy manager had completed six referrals to the local authority in accordance with the latest guidance to ensure that restrictions on people were lawful.

People were supported to have sufficient to eat and drink to stay healthy and maintain a balanced diet. One person told us, "They're [staff] very good at providing the right size meal." Another person commented, "There's plenty of food." People spoke highly about the quality of the food and told us they were involved in making decisions about where and what they had to eat and drink. Comments included, "The food is very, very good. It's homely," and "Nice food and there is a good choice, what I have had has been lovely."

During lunch, we observed people were able to eat their meal where they wanted. One person said, "I choose to eat my meals separately, in my own room and this is respected by staff." The cook discussed the options on the menu with people, making sure they understood what was on offer. Staff told us that alternatives were offered if people didn't like the items on the menu. One person told us, "They [staff] always come and ask me what I want and if I don't like what's on the menu they'll provide something else." Another person said, "There are certain things I cannot eat, if I can't eat something they [staff] will give me alternatives." Another person said they discussed the food at a 'residents' meeting', and that staff had asked them about their choices. They told us, "I have told them what I can and cannot eat, and they provide me with the food I can eat."

Systems were in place which ensured staff consistently managed people's dietary needs effectively and in a safe way. One relative told us, "My [family member] has actually put on weight since they have been here, which is a good thing, they eat very well." Staff were aware of people's nutritional needs, especially those at risk, for example, choking. People's care records showed that their dietary needs were being assessed and met.

Is the service effective?

People told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, "It's wonderful here; if I feel unwell I can see the doctor."

People's care records confirmed they were supported to access healthcare services and receive ongoing healthcare support.

Staff told us two GP's from different surgery's visited the service weekly or sooner, if requested. A GP from one of these surgeries told us, communication with staff was very

good and they followed instructions very well. A member of staff visiting the service from the community rehabilitation team told us their role was to help settle people into the rehabilitation unit and assess what equipment they needed to enable them to retain their independence. They told us, "The staff provide very good care; they are attentive to people's needs. They ask questions and follow my advice." They also said, "I feel people are being looked after very well, and they seem very happy."

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. One person said, “I am happy here, all the staff are nice and they look after us.” Another person said, I am very happy here, all the staff are lovely.”

The interaction between staff and people was warm, caring and friendly. People told us that staff were polite, kind, considerate and courteous when speaking with them. One person commented, “The staff are very good and very considerate and they're all willing to help.” Another commented, “I get on very well with the staff. They are all very kind and helpful.”

Staff were observed treating people kindly and with compassion. When providing support to people staff made eye contact and listened to what they were saying, and responded accordingly. For example, where people needed support to eat their meals, this was provided in an unrushed manner, at a pace that suited them and maintained their dignity. Staff made sure people were comfortable and placed food and drinks within reach, which encouraged and promoted their independence.

People told us they had developed good relationships with the staff and said they [staff] knew their needs well. For example, one person using the rehabilitation service told us, although they had only been in the service for a short while, staff treated them as an individual, knew their needs and treated them with dignity. They commented, “I think they [staff] know me, they treat me as a person and I know I can discuss my health with them and they listen.” This showed that people’s views were being listened to, respected and acted on.

Staff had a good knowledge of the people using the service, including their preferences and personal histories. Where people were able to they had completed a ‘This is me’ document providing details about their life and the people and routines important to them. Where people were unable to provide this information, staff told us that they regularly spoke with families, and asked them to help complete their life histories. Staff told us this information supported their understanding of the persons past, which enabled them to better respond to their emotional needs.

For example, one member of staff told us, “Every resident is different, the ‘This is me’ helps me to be aware of the details about their past life, their likes, dislikes and things that worry or may upset them.”

People and their relatives were involved in making decisions and planning their own care. The registered manager told us, A ‘Resident of the day’ had been introduced. Once a month a meeting was held with the person, their relatives and key worker to review their care and discuss where changes were needed. One person’s relative told us they had been consulted and had been able to have a say about the care and support provided to their [person]. Additionally, each person had a designated key worker whose role was to get to know their individual needs and act as a link person with their family. One member of staff told us, “Being a key worker helped them to get to know the person so that they knew how to respond their needs, help and discuss their care plan, and provide that extra bit of support.”

Eight staff had recently signed up to be dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. These staff were to take a lead on promoting dignity and ensuring people received effective and compassionate care at all times. The deputy manager informed us they were in the process of arranging a tea party for people, their relatives and staff to take part in a dignity day, with the aim of promoting dignity in the service and discussing what dignity meant to people.

Staff spoken with already had a good understanding about promoting people’s choice, dignity and respect, and why this was important. For example, staff told us by offering people choice of food, clothes to wear, and activities available helped them to maintain their self-respect and independence. One person told us, “The staff let me choose when I want to get up and go to bed and where I want to eat my meals.” Staff were respectful when talking with people calling them by their preferred names and spoke discretely about their personal care needs.

People were supported to maintain their independence. For example, we observed a member of staff encouraging a person to walk independently and at their own pace. Care plans and risk assessments were sufficiently detailed and

Is the service caring?

ensured staff had the required information to promote peoples independence. This included the details of the equipment used and how to support the person to use it. One person told us, "The staff talk to me about how I am doing with my care and what help I need to continue to be more independent."

People told us that their relatives and friends were welcomed into the home. One person told us, "My family come and visit me, they just come anytime." Another person commented, "My family visit whenever they can."

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and they were happy living in the service. One person said, "I'm very happy here, I'm very fortunate." Another person commented, "I'm quite comfortable here, it's a nice place to be. As you walk in it just feels comfortable and lovely, home from home."

People's needs were properly assessed, planned and delivered. Care plans we looked at showed people, and their relatives had contributed to the assessment and planning of their care, including their likes, dislikes and preferences about how they wanted to be supported and cared for, including decisions about end of life care. This was confirmed in conversation with a relative who told us, "I was involved in developing [family member's] care plan and signed it." The 'This is me' document had been developed with the help of relatives and personalised to reflect people's interests, what was important to them and their emotional needs. A relative told us, "I am very happy with [family member's] care, the staff are very good. When [family member] becomes anxious the staff are very good, they support them to go to their room, which helps them to settle."

Staff told us information in care plans supported them to manage people's needs and specific health conditions, for example diabetes and pressure ulcers. Where changes in people's care were identified, care plans had been updated and the information disseminated to staff. Staff told us there were a number of ways in which changes in people's needs and information was shared, including a verbal handover session at the beginning of each shift. We observed a handover session between shifts. The senior from each unit provided an overview of each person's health and wellbeing, how much they had eaten, any changes in their needs, including any feedback from health professionals visits. Daily records also provided a comprehensive description of how each person had spent their day and identified any relevant health issues. This showed that changes in people's care and treatment were communicated to those that needed to know.

Care plans and risk assessments contained sufficient information to promote people's independence. These included details of the equipment used and the level of support required from staff to provide as much control and independence as possible. One person told us, "When I

came here I could not move around without help, they [staff] have helped me to feel safe when using my walking frame. If all goes well I will be going home next week." A visitor told us, "My friend is very happy and content, since moving here their mobility has improved. With support from the physiotherapist and occupational therapist they are now walking again with the use of a walking frame."

People were supported to participate in meaningful activities that interested them and met their individual needs. People had a choice of activities they could attend on a weekly basis. This included, but was not limited to, armchair exercises, music for health, songs of praise, film night and 'daily chat', which included reading and discussing the parish magazine and daily newspapers. One person commented, "I have enjoyed everything I have done since I have been here." Another person told us, "There isn't a nicer place anywhere, I don't need to go out, and everything we need is here." People said they were regularly asked what types of activities they wanted and that they were provided with one to one time to pursue their individual interests. For example, one person told us they had taken part in the RSPB Big garden bird watch. A member of staff had sent for a pack and had supported them to add the data of the number and type of birds they had observed to feed into the nationwide results.

People had good links to the local community. We observed a group of three people laughing and engaged in banter with each other and the hairdresser who visited on a weekly basis. We also saw people going out into the community on their own, where it had been assessed that they were safe to do so. One person said they walked to shops every day to buy their own newspaper. The manager told us that at a recent residents' meetings requests for activities had led to research into people accessing a flower club and the Women's Institute.

The provider's complaints policy and procedure was available in the main entrance informing people how to make a complaint, if they needed to. This contained the contact details of relevant outside agencies for people to contact if they were not happy with the way a complaint had been handled by the provider. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints.

People and their relatives told us that they were comfortable discussing any concerns they may have had with either the management or staff and that they were

Is the service responsive?

encouraged to do this. One person said, "I can always talk to the team leader, but I've never had to complain." Another person said, "I have not had to make a complaint, but I would not hesitate to do so if necessary. A relative told us, "My [person] is looked after very well here, if I am not

happy I raise my concerns with the manager. They are very approachable, I have raised concerns with them in the past about my [person's] care, and they have taken action to put things right."

Is the service well-led?

Our findings

People told us that their views were sought and used to improve the service. They said they attended a recent 'residents' meetings where they were able to have a say on the running of the service. One person gave an example, where they had voiced their opinion about quality of the food. They told us, "My views were passed onto the kitchen staff. The quality of the food was discussed at the next meeting, and everyone agreed that the food had improved."

The registered manager had a proactive approach to developing a positive culture in the service. They had signed up to the 'Going the Extra Mile' (Gem) Awards which aimed to recognise and celebrate good practice. These awards recognised and rewarded individual contributions, where staff had made an outstanding commitment, to enhance to wellbeing of people using the service. Examples, of staff nominated had been displayed on a notice board in the foyer by the front door. For example, a person who had used the rehabilitation service had nominated a member of night staff for going the extra mile making them feel welcome and the exceptional care they had provided during their stay.

The provider's vision and values for the service were displayed in the foyer and clearly set out the level of care and support people were to expect whilst using the service. To ensure staff understood and promoted the provider's vision and set of values in their day to day work, the registered manager had established a 'Thought of the week'. This was included in staff meetings and displayed on notice boards throughout the service. The thought of the week on display during the inspection was, "Everyone makes a difference." People, their relatives and other professionals visiting the service had added comments, complimenting staff on their attitudes and professionalism. One person had commented, "I am impressed with the care staff, credit to them all, the staff are so kind and helpful." A relative, had added, "I would like to thank all the staff, I appreciate everything they did for my [family member]."

A health professional had provided feedback on how staff had managed an emergency situation, they had commented, "Staff demonstrated excellent, calm reactions and superb techniques in ensuring the situation was dealt with in an appropriate manner. The communication between the team present was excellent." Additionally, a

range of thank you cards and letters from people, their relatives and health professionals had been pinned to a notice board for people to see. These praised the kindness and support provided by staff and acknowledged the high standards of care provided.

People told us the registered manager was very approachable and was often seen around the home. Staff confirmed the registered manager demonstrated clear management and leadership of the service, and led by example. Staff said that the registered manager had an open door policy, and told us she was easy to talk too, supportive and always accessible day or night, by phone. Staff told us that they were able to raise issues with registered manager, make suggestions about the day to day running of the service and that they felt listened too. Staff meetings were held monthly and staff told us they were encouraged to raise any concerns or suggestions for improving the service. The registered manager had introduced a short meeting held for 10 minutes each day of the week at 10am. These meetings were referred to as 10 at 10 meetings, and were attended by a range of staff so that information was shared about what was taking place that day. Staff told us these meetings had been successful in increasing their awareness of changes in people's needs, and had enhanced communication amongst the management team and staff.

The registered manager and staff understood their roles and responsibilities in delivering quality care to people which was safe, effective, caring, responsive and well-led. Staff told us that the staff team worked well together and supported each other. One member of staff told us, "There is good team work and communication amongst staff and managers, especially between deputies and team leaders."

The registered manager told us they attended monthly meetings; with the managers from other services owned by the same provider, where local and regional risks were discussed. For example, risks surrounding the transition of people from Paddock House to the newly built service in October 2015 had been prioritised. To minimise the risks, a business plan had been developed and the manager was liaising with social workers and the transitional team to ensure that people transferred safely to the new service, with enough staff who knew their needs.

The provider had a range of systems in place that assessed and monitored the quality of the service provided, including any shortfalls and the action taken to address

Is the service well-led?

them. These included audits on infection control, health and safety, falls, pressure sores and medication and provider visits. The results of the quality assurance were used to improve the service and identified where action was needed to minimise risks to people's health, safety and welfare.

Systems were in place for recording and managing safeguarding concerns. Prior to the inspection we spoke with the adult safeguarding manager for the local authority safeguarding team who confirmed that the safeguarding concerns were effectively managed at the service.

Documentation showed that the registered manager had taken steps to learn from such events and put measures in place which meant they were less likely to happen again.

For example, a number of safeguarding concerns had arisen due to incorrect medicines and missing information about people's needs when being discharged from hospital to the rehabilitation service at Paddock House. The registered manager told us they had worked closely with the rehabilitation team; discussed the issues with the clinical lead for NHS community beds and provided feedback to the hospitals. As a result a more robust system had been implemented. For example, any medicines received into the service now had to be in the original packaging and arrive with the person, with a detailed list of medicines with the discharge letter. This showed us that the provider used their quality monitoring systems to help drive improvement.