

Creative Care (East Midlands) Limited

Bridle Lodge

Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 12/11/2015

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of the service on 30 September 2015. Bridle Lodge is registered to accommodate up to 5 people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were five people using the service.

On the day of our inspection there was a registered manager in place, however they were not present during the inspection. 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.

People's safety was placed at risk because there were not appropriate processes in place to always manage people's medicines in a safe way.

Staff had attended safeguarding adults training, could identify the different types of abuse, and knew the

Summary of findings

procedure for reporting concerns. People's freedom was maintained and regular assessments of their safety were carried out. Accidents and incidents were investigated, reviewed and then measures put in place to reduce the risk of them occurring again. Regular assessments of the environment people lived in and the equipment used to support them was carried out and people had personal emergency evacuation plans (PEEPs) in place.

People were supported by an appropriate number of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Regular reviews of the quality of staff members' work were conducted.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The deputy manager was aware of the principles of DoLS and appropriate applications had been made.

People were supported to make decisions for themselves and staff respected their decisions. People were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

There was a lack of recorded evidence in people's support records which showed people had contributed to decisions about their care and support. However people told us staff spoke with them and respected their views.

Due to the involvement of people's relatives with decisions about the care people were not provided with information about how they could access independent advocates if they wanted to access one. Staff understood how to maintain people's privacy and dignity and treated people with respect. People's friends and relatives were able to visit whenever they wanted to.

People's support records were not always appropriately reviewed to ensure they reflected people's current support needs. Other records such as health action plans which were no longer in use had not been removed which could lead to inconsistent care and support being provided. Some relatives felt involved when decisions were made about their family member's care whilst others did not.

People's support records were written in a person-centred way and staff knew people's likes and dislikes and what interested them. People were encouraged to do the things that were important to them and they were supported to take part in activities individually and collectively with the people they lived with. People were provided with the information they needed if they wished to make a complaint.

People's relatives gave mixed feedback about their views on how the home was managed. Some relatives expressed concerns that on occasions staff spent time talking with each other rather than supporting their family members. However no formal complaints had been raised so the provider was unable to investigate these concerns. The opportunity to provide anonymous and formal feedback had not been requested from people or relatives since 2012; however 'Core Team Meetings' were in the process of being set up to gain people's views.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided although they were not always effective. The management team ensured their requirements under their CQC registration were met.

You can see what action we have told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not managed in a consistently safe way.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

People were given the freedom to make their own decisions

Accidents and incidents were investigated and used to reduce the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe

Requires improvement



Is the service effective?

The service was effective.

Staff had received the training they needed to do their job effectively.

Staff requested people's consent before supporting them and followed the appropriate legal guidance when making decisions for them.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals and referrals to relevant health services were made where needed.

Good



Is the service caring?

The service was caring.

Staff supported people in a kind and caring way.

Staff understood people's needs and listened to and acted upon their views.

People's privacy was respected and their dignity was maintained by the staff.

Friends and relatives were able to visit whenever they wanted to.

Good



Is the service responsive?

The service was not consistently responsive.

People's support records and other relevant records were not always reviewed or fully completed.

Some relatives felt involved when decisions were made about their family member's care and support, others did not.

People's support plan records were written in a person-centred way and staff knew people's like and dislikes and what interested them.

Requires improvement



Summary of findings

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

The service was not consistently well-led.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out. However these did not identify the concerns raised in this report.

Relatives provided mixed feedback on how the home was managed.

People and their relatives had not been given the opportunity to provide anonymous, formal feedback on the quality of the service provided since 2012; although meetings were being set up to address this.

The management team ensured all requirements of their CQC registration were met.

Requires improvement



Bridle 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.

This inspection took place on 30 September 2015 and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed information received from external stakeholders. We also contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views.

During the inspection we spoke with three people who used the service. Some people had communication needs that meant their feedback about all aspects of the service was limited in parts. We also spoke with one relative, four members of the support staff, the deputy manager and a representative of the provider. We also carried out observations of staff interacting with the people they supported. After the inspection we spoke to three more relatives.

We looked at parts or all of the care records for all five people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Is the service safe?

Our findings

People had been assessed to establish whether they were able to manage their own medicines in a safe way. Each person had agreements in place that staff would manage their medicines to ensure they received them at the appropriate time. A person who used the service said, "They [staff] look after my medicines and I'm happy with that." A relative we spoke with said, "[Name] gets their medicines when they need them. I have no worries about that."

Staff had received regular on-line assessment of their ability to administer medicines safely. However practical assessments had not been conducted often enough to ensure medicines were administered safely to people. This could increase the risk of people receiving their medicines in an unsafe way. We did not observe staff administer people's medicines during the inspection as the people present were not due to receive them.

We looked at the medicine administration records (MAR) for all five people who used the service. The majority of these records were appropriately completed; however there were a small number of examples where there were omissions on these records. This meant we were unable to assess whether the person received their medicines. The deputy manager assured us that people received their medicines when they needed them, but acknowledged that this had not always been recorded on people's records.

We found some inconsistencies with the stock of medicines for one person. They had a tablet that was unaccounted for with no explanation as to why it had not been administered on the person's records. The deputy manager told us the person had received an alternative tablet from the ones prescribed by their GP. These tablets were to manage the person's hay fever. The deputy manager acknowledged that the person should only have been administered the prescribed tablets and any additional tablets should have been recorded on the person's medicine administration records with the agreement of their GP.

There were not always appropriate arrangements in place for the safe administration of 'as needed' medicines. 'As needed' medicines are not administered as part of a regular daily dose or at specific times. There were protocols in place for the administration of some but not all of these

types of medicines. The lack of individualised protocols in place to indicate when these medicines should be administered could increase the risk of staff administering them inconsistently which could have an impact on people's health. The deputy manager told us they would ensure each person's records were reviewed immediately to ensure these protocols were in place, where needed, for all people.

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

People's medicines were stored safely, within a locked cabinet. This meant people were protected from the risk of obtaining medicines that could cause them harm.

People and their relatives told us they or their family members were safe at the home. One person said, "It is a safe place to live." A relative we spoke with said, "I am confident that [name] is safe." Another relative said, "I feel that [name] is safe and they get what they need."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. The staff also knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe.

People were provided with information throughout the home, in a variety of formats, which explained to them how they could keep themselves safe. Pictures, signs and symbols were used to assist people if they were unable to understand the information in a word format. Information was also provided for people which explained what they should do if they thought they or someone else was the victim of abuse or bullying.

People who used the service and, where appropriate, their relatives and external healthcare professionals were involved in discussions about the risks people may wish to take. For example, where people wished to take part in activities that could pose a risk to their safety, risk assessments had been conducted and plans were put in place to support them.

Is the service safe?

Assessments of the risks to people's safety were conducted and the majority of these had been reviewed regularly to ensure they met each person's current level of need. There were a small number of assessments that required more regular reviews to ensure they reflected people's current needs. Assessments were in place for risks such as, people's ability to carry out tasks around the home, manage their own medicines or to understand how to keep themselves safe when out in the community.

People were supported by staff who were provided with sufficient guidance to maintain people's safety when supporting people who present behaviours that may challenge. Each of the relatives that we spoke with were confident that their family members were supported in a safe way. During the inspection we observed staff provide people with the support they required in line with the guidance as recorded within their support records.

Each person's support records contained a support plan and assessment for their ability to carry out tasks safely and independently of staff. People told us they did not feel restricted and were able to do what they wanted, when they wanted to. One person said, "I can do what I want to, they [staff] never tell me what to do."

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety. Weekly reviews were conducted to establish if there were common themes identified which staff could support people with to reduce the likelihood of further accidents or incidents. The reviews, included input from the staff to analyse 'what worked well' and 'what could be done differently'.

Regular assessments of the environment people lived in and the equipment used to support them were carried out

to ensure people were supported in as safe a way as possible. Each person had a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure in an emergency they were able to evacuate people in a safe and timely manner. The plans assessed people's ability to understand the need to evacuate quickly and safely as well as any physical support they may need from staff.

There were an appropriate number of staff in place to support people in a safe way that met their individual needs. One person who used the service said, "There are lots of staff here [to help me]." A relative we spoke with said, "There are plenty of staff around." We checked the staff rota and the number of staff working at the home matched the number of staff recorded on the rota. The deputy manager told us that if people wanted to go out or to do a certain activity that required more staff then they would always ensure there were sufficient staff available for them.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. One member of staff said, "There are plenty of staff here to help us do the job and keep people safe."

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on a staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A person who used the service said, “The staff know how to help me.” A relative we spoke with said, “There has been a high turnover of staff recently so I don’t know about the new ones, but the old staff I have total confidence in.”

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. A representative of the provider told us that all staff who were new to the service would complete the newly formed ‘Care Certificate’ training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff training records showed that staff had received training in key areas that enabled them to support people in an effective way. Moving and handling, safeguarding of adults and managing behaviours that may challenge were some of the training that had been completed.

People were supported by staff who received regular assessments of the quality of their work to ensure that the support they provided for people was consistent and effective. Records showed that these assessments were carried out approximately every two months although for some members of staff the length of time was longer. Processes were also in place to carry out an annual review of each staff member’s work for the year.

We checked to see, where appropriate, an assessment of people’s capacity to make and understand decisions relating to their care had been undertaken, as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

We saw examples of the appropriate MCA documentation being used to determine people’s ability to make and understand decisions relating to their care and support. Examples of these decisions included people’s ability to

choose clothing appropriate to the weather, choice of foods and managing their finances. Where people were able to make their own decisions we observed staff support them in doing so. One person who used the service told us, “They [staff] ask me before doing anything.” This meant that the appropriate legal process was followed when decisions were made for people.

The deputy manager could explain the processes they followed when applications for authorisation for Deprivation of Liberty Safeguards (DoLS) were needed to be implemented to protect the people within the service. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Records showed that appropriate applications to the authorising body had been made which meant people’s liberty was not being unlawfully restricted.

Records showed that staff had received MCA and DoLS training and new staff, during their induction period, were also learning about these two areas. However staff knowledge of the MCA and DoLS was varied with some able to explain how they would incorporate them into their role whilst others were unable to.

There were clear processes in place to ensure people were not unlawfully restrained. Each person’s support records contained detailed assessments and guidance for staff to follow to ensure they used restraint procedures as a last resort. Bridle Lodge is a member of the ‘Restraint Reduction Network’ (RRN). The RRN is an independent network which brings together committed organisations providing education, health and social care services for people who present behaviours that may challenge. The network aims to deliver restraint-free care and support to make a difference in the lives of people who use services. Records showed that staff had signed a ‘Restraint Reduction Pledge’, which showed they were aware of the provider’s policy on using restraint as a last resort.

People who used the service were provided with information, in a format they would be able to understand about how the staff would manage behaviours that may challenge. The deputy manager told us that staff had received the appropriate training to enable them to withdraw from potentially challenging situations. Records showed that staff had received ‘Managing Actual or Potential Aggression’ (MAPA) training. This training enabled staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. Where

Is the service effective?

restraint techniques were used, records showed that these decisions were regularly reviewed by the registered manager and a de-briefing session was held with the staff member to ensure they had done so in an appropriate way.

People who used the service and their relatives raised no concerns with us about the use of restraint within the home.

People spoke positively about the food and drink that was provided for them at the home. They told us they were able to choose what they wanted to eat. Staff supported people to cook their food themselves or cooked it for them if they wanted it to be. One person said, "I like sausage rolls and pork pies. The staff go shopping with me. We write a list of what I want. The staff cook me lunch when I want them to."

People were provided with information about what food and drink was available to them, although the menu displayed on the day of the inspection contained information for a previous day's food. This could be confusing for some people. The deputy manager told us they would ensure this was updated.

The kitchen was stocked with a variety of foods and snacks which were stored in a safe way. People's nutritional needs were assessed and people were supported and encouraged to make healthy food and drink choices. Support records showed the types of food and drink and the amount they consumed were recorded. This enabled staff to monitor people's food and drink intake and to enable them to support people if they were gaining or losing weight or making poor dietary choices.

People's day to day health needs were met by the staff and external professionals and where needed, referrals to relevant health services were made. Records showed that people were involved with reviewing their health and the consequences of choices they made about their health were explained to them. Staff supported people to attend external appointments. The majority of relatives we spoke with told us they were happy with this process, however one relative told us they had not been informed until a later date that their family member had attended an appointment. We raised this with the provider and they acknowledged they should have been informed and would ensure that in future they were notified.

Is the service caring?

Our findings

People told us the staff supported them in a caring and kind way. One person said, “I’m happy with the staff, they care about me.” All of the relatives we spoke with told us they thought the staff cared about their family member. One relative said, “The staff really care.” Another said, “The staff are very caring and seem genuinely interested in what [family member] has to say or wants to do.”

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. We observed staff talk to people about the things that interested them, they listened to what they had to say and responded in a positive and caring way.

We observed staff make sure that if people asked for them for support they did so in a caring way that showed they cared about the person and were conscious of the effect their response could have on them. For example when we saw a member of staff was unable to speak with someone straight away as requested they explained why and said they would be back to talk with them as soon as possible.

People’s needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed one person who had become upset. The member of staff who was supporting them clearly understood how to help this person. We saw the staff member comfort them by putting their arm around them to settle their anxiety and used a calm tone of voice to reassure them.

People’s care records showed that people’s religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. For example one person, who had an Italian background, was supported to follow their heritage by cooking specific Italian foods. People also had assessments in place that considered their age, gender, disability and sexual orientation. One person’s support plan actively encouraged them to have freedom to meet these needs and staff we spoke with put this into practice.

Information was not available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or

social care. The deputy manager told us that as people’s relatives were actively involved with decisions relating to their care and support the need for advocates wasn’t normally required. However they acknowledged that people should be given the option to use one if they wished to and would ensure this information was made available for people.

People were supported to contribute to decisions relating to their care and to make independent choices. One person said, “I can do what I want.” We observed people decide what they wanted to do in the afternoon and what food they would like to eat and staff respected their wishes.

A new process called, ‘Core Team Meetings’ was in the process of being introduced where people, their relatives, their keyworker and members of the management team meet regularly to discuss the care and support provided. If changes were to be made they would then be agreed by all.

Staff used a variety of communication techniques to give people information and explanations about their care and support. People told us they were happy with the way staff explained things to them although one person did tell us they thought some of the staff were, “too loud” on occasions. We raised this with the deputy manager who assured us they would speak to the staff who supported this person to ensure they respected this person’s wishes.

People were treated respectfully and were also provided with information, in a format they could understand as to how they should expect to be treated by staff and by others. This information used signs and symbols to explain to people how they should expect to be treated ‘safely and with dignity and respect’; and what to do if they felt they were not.

People told us staff respected their privacy and our observations supported this. A relative told us they were pleased that the provider had permitted them to place a caravan on the site to which their family member would use as a ‘den’ for some private time. We spoke with this person and they told us, “I go to the den for quiet time.”

People’s support plans contained guidance for staff on how they could support people in a way that maintained their privacy and dignity and staff described how they put this into practice. One member of staff explained how they supported people with their personal care ensuring their privacy and dignity was maintained at all times.

Is the service caring?

We observed staff encourage people to be as independent as they could be. For example one person asked a staff member if they could ask another staff member a question on their behalf. The staff member encouraged them to do it themselves and they did.

People's relatives were able to visit them whenever they wanted to. The deputy manager told us there were no restrictions on people being able to see their family or friends. During the inspection we spoke with a relative who was picking up their family member for a home visit and they confirmed this.

Is the service responsive?

Our findings

People's support plans were reviewed however there were some records that had not been reviewed regularly enough to be able to evidence that they all reflected people's current level of need. For example some of the records were reviewed monthly however others had not been reviewed since April 2015. We saw that people had Health Action Plans (HAP) which were incomplete and one had not been reviewed since 2014. The provider explained that the system for capturing health related information had changed and it was now stored within people's support plans. The provider acknowledged the need to discard the HAP system to avoid confusion and the potential for people to receive inconsistent care and support from staff.

Many of the support records contained information that was in some cases, many years old. This may prove difficult for the new staff who have recently started at the service to understand what people's current support needs were

People told us they were involved with decisions about the planning of their care and were able to contribute to the decisions made, however this was not always recorded within people's support plans. The relatives we spoke with gave mixed feedback about their involvement with the planning of their family member's care. Some felt fully involved whilst others felt decisions were on occasions made without consulting them. We raised this with the registered manager after the inspection and they told us they had set up the 'Core Team Meetings' to enable relatives to be as involved as they wanted to be with decisions relating to their family member's care.

People's support plans were written in a person-centred way that focused on how they wanted their care and support to be provided. Information which showed their likes and dislikes and personal preferences had been considered when support was planned for them.

People were supported by staff who understood their personal histories and preferences and used that information when supporting them. Staff could explain in detail the things that were important to the people they supported. We observed staff talking with people and discussing the things that were important to them and people responded positively to them.

In each person's support records we saw the things that were important to them and the hobbies and interests they liked to follow were recorded. A person who used the service told us they went to the gym three times a week and was free to do what they wanted to do. Records showed that people were encouraged to go swimming together and people from other homes within the provider's group of services were also invited. This helped people to develop friendships with others outside of the home.

People were encouraged to contribute to the domestic activities around the home. People's care records included information about each person's ability to undertake these tasks and to improve their ability to perform everyday living skills. The level of staff support people needed to be able to undertake these roles was also recorded.

People were provided with the information they needed if they wished to make a complaint. The complaints procedure was recorded within each person's 'young person's guide' as well as in the home. The process was recorded in a format that people would be able to understand. The CQC's details were provided for people if they wished to make a complaint to a person outside of the service.

The people we spoke with knew how to make a complaint and felt they could speak with staff or with a member of the management team to tell them if they were unhappy with the service. The staff members we spoke with could explain the process they followed to ensure that people's complaints were dealt with appropriately and in a timely manner.

We received mixed feedback from relatives when we asked them if they felt their concerns were listened to. Some said they thought the registered manager would act on their concerns, whilst others felt they did not do enough to address the concerns they had. However the relatives told us these complaints were not made formally so we were unable to check the provider's records to assess their response.

Is the service well-led?

Our findings

We received mixed feedback from relatives when we asked them whether they felt the service was well-led by the registered manager. One relative said, "I think the registered manager is very good. He seems like he is on the ball. He keeps me informed if things change." Another relative felt the registered manager led the home well. However other relatives raised concerns that they did feel that their concerns were always acted on.

Audits were carried out by the registered manager in a number of areas within the home. These included audits for the environment people lived in and a review of accidents and incidents that occurred. However the registered manager's audits had not identified the concerns raised within this report.

The registered manager had not ensured that people and relatives were given the opportunity to give formal and anonymous feedback. We were told by a representative of the provider that these had not been completed since 2012. The deputy manager told us that the newly formed 'Core Team Meetings' were designed to get people's feedback to enable the service to act on the points raised. However these were not in place at the time of the inspection.

Some relatives raised concerns that on occasions staff spent time talking to each other rather than providing their family members with the one to one support they should be receiving. This support is to ensure that people who may be at risk of harm are protected by having a staff member in close attendance at all times. One relative said, "They don't seem to be managed well. They are always waiting to

be told what to do by the manager." However when we checked the provider's register of formal complaints, none had been received relating to this. The provider told us they would investigate this matter.

During the inspection we noticed long periods of time when people were sat in their bedrooms or alone in the lounge for long periods of time whilst the staff sat talking with each other. We raised this with the deputy manager. They told us that when people were alone in their bedrooms or having time to themselves the staff let them do so. However the deputy manager acknowledged that they could have ensured that the staff were provided with other tasks within the home to help improve the quality of the service people received which could reduce some of the issues raised during the inspection.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people.

People were encouraged to access the local community and other local services. For example one person told us they represented a local football team.

The deputy and registered manager were aware of their responsibilities to ensure they met the requirements of their CQC registration. We reviewed the accidents and incidents that had occurred at the home. We saw that where appropriate the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered manager did not always ensure the proper and safe management of people's medicines.

Regulation 12 (2) (g)