HICA

The Birches - Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Birches is a purpose built facility owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 31 adults with a learning disability. Accommodation is provided in two fully equipped self-contained flats and four bungalows. All rooms are for single occupancy with access to sitting areas, dining areas and domestic style kitchens.

We undertook this unannounced inspection on the 22 April 2016. At the time of the inspection there were 27 people using the service.

The service had 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.

Improvements were needed to ensure the environment was well-maintained. This was a breach of Regulation 15(1) (e) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse. Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Staff kept a log of when people had contact with health professionals in the community. People who used the service received care in a person -centred way, the care plans described their preferences for care and staff followed this guidance.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

Medicines were, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to engage in a number of activities both within the service and the

local community. They were encouraged to pursue hobbies, social interests and to go on outings. Staff also supported people to maintain relationships with their families and friends.

Menus were varied and staff confirmed choices and alternatives were available for each meal; we observed drinks and snacks were served between meals. People's weight was monitored and referrals to dieticians made when required.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

People had assessments of their needs and plans of care were produced; these showed us people and their relatives had been involved in the process. We observed people received care that was person-centred. They were able to bring in items from home to make their bedrooms feel homely.

People knew how to make complaints and told us they had no concerns about raising issues with the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Recruitment of staff included employment checks prior to starting work at the service.

There were sufficient staff with the competencies, skills and experience available at all times to meet people's needs.

The registered provider had systems in place to manage risks.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Is the service effective?

Requires Improvement

The service was not always effective. Repairs and refurbishment that had been identified by the registered manager were not always completed by the provider in a timely way.

Staff were supervised by their line manager but for some staff this was found to be less frequent than for other staff members.

People had their health and nutritional needs met and received treatment from a range of healthcare professionals in the community when required. Staff followed dietetic advice and guidance to ensure people received their meals safely.

People were supported to make choices about day to day living. The registered provider worked within mental capacity legislation when people were assessed as lacking capacity to make major decisions.

Is the service caring?

Good

The service was caring.

People were supported by staff that had a good understanding

of their individual needs and preferences for how their care and support was delivered.

We observed positive interaction between staff and people who used the service on each day of our inspection. Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in a range of activities.

People and their relatives were involved and had the opportunity to participate in their care and make changes where required.

The provider had a complaints procedure in place and documentation on how to make a complaint was available. People could raise concerns and these would be investigated and resolved to their satisfaction

People's care was provided to them in a person-centred way, with guidance in care plans to help staff deliver care and support in their preferred way.

Staff supported people to maintain relationships with those people who were important to them.

Is the service well-led?

Good

The service was well-led.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way.

There were systems in place to enable people who used the service, staff and other stakeholders to express their views.

Staff told us the registered manager was approachable and always made time for them.

The Birches - Care Home

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 registered 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 the 22 April 2016 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of one adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Following the inspection, we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

During the inspection, we observed how staff interacted with people who used the service. We spoke with the regional manager, two team leaders, a visiting professional, three support workers, a domestic and four people who used the service.

We looked at the care records for four people who used the service and other important documentation relating to them such as, medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These

included four staff recruitment files, training records, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at The Birches and the staff were kind and helpful towards them. Comments included; "Yes, I am safe here, the staff are nice and they are kind. Another person told us, "I really like living here and having my own flat, I like all of the staff; they are all very good and kind."

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had never witnessed anything of concern in the service. One member of staff told us, "We know everyone really well and their usual behaviours. We pick up on any unusual behaviour very quickly. I would speak to the registered manager or team leader if I ever had any cause for concern."

Staff and people who used the service told us they felt confident the management would respond to, and investigate, any concerns or allegations they raised. Staff had clear lines of accountability and told us they would contact the registered manager out of hours if necessary or the local authority safeguarding team.

We found there were sufficient staff employed to support people who used the service. Eleven people had identified additional support staff which was reflected within the rota in addition to the agreed staffing levels required. Ancillary staff were also available which included catering staff, an administrator, a handyman, domestic staff and an activity coordinator. The registered manager and deputy manager were supernumerary to the care staff rota and were available within the service. Four staff were provided throughout the night. When we spoke with staff, they told us they felt there was enough staff available to support people effectively at all times. We observed staff were available to support people whenever they needed assistance or wanted company.

The recruitment files for four members of staff were checked and we found the recruitment process consisted of; shortlisting from application forms, checking gaps in employment, selection by interview process, obtaining references and completing checks with the disclosure and barring service (DBS). Staff spoken with confirmed they were unable to start work until all employment checks had been carried out. This helped to ensure only suitable staff were employed to work with people who could be potentially vulnerable to exploitation.

People who used the service were observed to be confident, relaxed and happy in the company of staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space.

People's risks were well-managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce these. Risk assessments included plans for supporting people when they became distressed or anxious. Plans described the circumstances that may trigger these behaviours and ways to avoid or reduce them. If people became agitated, staff used distraction or calming techniques and avoided the use of physical interventions.

Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager.

Records showed that accidents and incidents were recorded and appropriate action taken. Staff told us de briefing was completed following incidents to reduce the risk of further re occurrences and to learn from incidents.

Systems were in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

We found people received their medicines as prescribed. Medicines were correctly, obtained, stored, administered, recorded and disposed of. Protocols were in place for all medicines that had been prescribed to be taken 'as and when required' (PRN). These described in which situations the medicine was to be administered. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance.

People who used the service were unable to manage or administer their own medicines, without the support from staff. Staff with responsibility for the administering of medicines had received training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us they felt staff supported them well. Comments included, "Yes, the staff help me to do the things I want to do" and "They help me to do the things I don't always like to do, like cleaning my flat and explain this is part of being more independent."

During a tour of the building, we found areas were in need of repair and update. We saw audits completed by the registered manager had identified and reported these, but further action had not been completed by the registered provider in a timely way. For example, the stair carpet was reported to be damaged in 2012. This had been raised further by the registered manager in 2015 in a health and safety meeting, but had still not been repaired at the time of our inspection. Similarly a shower room in bungalow C had been out of service from July 2015 and had not been repaired. This had been commented on by people who used the service who told us, "The shower is not working in our bungalow and hasn't for a long time so I have to have a bath, because I don't want to go to someone else's bungalow to have a shower."

We spoke to the regional manager about this who told us one quote had been obtained and further quotes had been requested for the work to be done, but no definite timescales had been agreed for the work to be completed. This meant the registered provider was not meeting the regulations relating to properly maintaining the environment and equipment in the service. This was a breach of Regulation 15(1) (e) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, all premises and equipment used by the service provider must be properly maintained.

Throughout the building, damage to paintwork was in need of repair and the shower room in Bungalow A had an uneven floor, which could be a potential trip hazard. The shower in Bungalow B was found to be leaking onto the carpet surrounding the shower room and laundry rooms. We brought these issues to the attention of the regional manager who told us action would be taken to address these issues promptly.

People told us they enjoyed the food and were involved in developing menus. We saw pictorial surveys were given to people, from which they could choose their favourite food. Following their feedback, we saw their preferences were included in the next season's menu.

Two of the people we spoke with told us everyone had the opportunity to eat out regularly or just go out for a drink and cake if they preferred. One person told us, "I have just been out to Cleethorpes for the day. We went for fish and chips and had an ice-cream later, I have really enjoyed it. We do it quite often."

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies in the service. We observed how people were supported at lunchtime and found it to be a relaxed and sociable experience. People were able to choose their meal from a pictorial menu displayed in each of the units. Choices on the day included, baked potatoes with assorted fillings, a selection of sandwiches and salads and hot savouries on toast. Fresh fruit, yoghurts, ice cream and chocolate mousse was also available. Hot and cold drinks were provided during and after the meal.

Staff we spoke with had a good understanding of people's preferences for food and their individual dietary requirements and were able to clearly describe how these were catered for. They gave an example of one person who could take up to an hour to eat a meal and needed to be afforded the time to do this. They told us, "For staff who don't know them it would be easy to assume they perhaps didn't like the meal. This is why their care plan is so detailed and clearly describes how they demonstrate their preferences and what our role is in supporting these, so they are supported to get a well-balanced diet." The information provided by staff corresponded to the information detailed within people's care plans.

Records seen showed staff maintained a record of people's food and fluid intake where a need for this had been identified. We saw people had their weight monitored and appropriate action was taken when there were concerns.

We saw the health care needs of people who used the service were met. Appropriate timely referrals were made to health professionals for assessment, treatment and advice when required. These included GP's, dieticians, speech and language therapists, specialist epilepsy nurses, podiatrists, dentists and opticians. Records indicated people saw consultants via outpatient appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed health care needs and who would be involved in meeting them. This helped provide staff with guidance, information about timings for appointments and instructions from professionals.

In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care. Comments included, "We know people well and are able to pick up quickly any signs they may becoming unwell. We always inform relatives of any changes."

The Mental Capacity Act 2005 (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. During discussions with staff and the registered manager, we found they had a good understanding of the principles of MCA and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection, we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place or had been applied for.

The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed. Professionals confirmed they had been involved and consulted in this process.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included epilepsy, changing behaviour,

infection control, safeguarding of vulnerable adults, first aid, MCA and DoLS. Staff were also either working towards or had completed a National Vocational Qualification in Health and Social Care (NVQ).

Staff told us that after their appointment, they completed an induction followed by shadowing their colleagues in the service before working independently. New staff completed a two week induction which covered training the registered provider considered to be essential including medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. More specialised training was also made available to them during this time including, epilepsy and autism. Records seen for a newly appointed member of staff confirmed this process.

Staff we spoke with told us they had regular support and supervision with the registered manager or senior care staff and were able to discuss their personal development and work practice. However, we found from records that one member of staff's supervision was less frequent than that of the remaining staff group. We discussed this with the regional manager who gave us assurances this would be looked at further and action taken to address this. Staff spoken with told us, "I feel really privileged to work here. The staff team have welcomed me and fully supported me into my role. Everyone here is approachable and accessible."

Staff were further supported through regular team meetings which were used to discuss any number of topics including changes in practice, care plans, rota's and training.

Good

Is the service caring?

Our findings

People who used the service told us they were well- supported by staff. Comments included, "The staff look after everyone properly" and "They help us to get anything we want or need." Others told us, "They explain when things need to be changed and why and ask us what we think about this."

Professionals told us they considered the staff to be supportive and caring towards people who used the service and had a good understanding of their needs.

We spent time in the communal lounge /dining areas and we observed staff interacted positively with the people who used the service. They showed a genuine interest in what they had to say and responded to their queries and questions patiently. People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. We observed staff were kind and caring in their approach and in their interactions with people.

Staff we spoke with demonstrated a good understanding and knowledge of people's individual needs. They demonstrated a clear awareness about the needs of each individual and their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed people greet staff as they came on duty and chat to them about what they had been doing and their plans for the rest of the day.

New members of staff told us, "The staff team here are great, they are really supportive and they know people really well. Everybody wants the best for the people here and genuinely care about them, so they are more than willing to share their knowledge and experience."

Staff confirmed they read care plans and information was shared with them in a number of ways including a daily handover and team meetings. People's care files were held securely within locked cupboards within each unit. Financial records were held securely within the administrator's office. Staff were aware of the need for confidentiality with regards to people's personal records.

The registered provider had policies and procedures in place in relation to promoting respect and dignity. We observed staff supported people to maintain their privacy and dignity, for example addressing them by their preferred name, knocking on people' doors and waiting for a response before entering and respecting when people wanted to spend time alone in the privacy of their room.

During our inspection, we observed that when one person hesitated when they were asked if they wanted to go out, staff allowed the person time to reflect on the question and then asked again. The person asked staff a number of questions about the outing and staff reassured them they could go where they wanted to go. After a few moments of further consideration the person confirmed that is what they would like to do. Throughout the inspection, there was a calm and comfortable atmosphere within the service.

Staff told us about the importance of maintaining family relationships and supporting visits to them. They described how they supported and enabled this, for example visiting peers and family members or meeting them for a meal or a drink. Relatives were welcomed into the service and had recently been involved in landscaping garden areas for people who used the service.

Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision- making. Relatives were also invited to reviews and if they were unable to attend, their views were sought and shared in the meetings. Records seen confirmed this.

We saw people who used the service looked well-cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. One person, who was attending their review, had dressed formally for the occasion and as they passed staff, they all commented on how smart and well-presented they looked. We saw these compliments were well- received by the person and visibly boosted their self-esteem.

Staff and people who used the service told us people were always involved and supported to go on shopping trips to enable them to make their own purchases of clothing and personal items. One person told us, "I had my flat decorated last year and (Name) took me out shopping so I could buy all the things I needed. I chose butterflies as I like them."

People who used the service had the opportunity to choose their preferred activities, which was detailed within their care records.

Good

Is the service responsive?

Our findings

People who used the service told us they were fully involved in various aspects of their lives and support. Comments included, "It is a really nice place to live and we are listened to. If we have any problems, we are helped to get them sorted out" and "I would never want to move from here. I like it here and the staff help us and ask us what we think."

We looked at the care files for four people who used the service and found these to be well-organised, easy to follow and person-centred. Sections of the care file had been produced in pictorial, easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. We found people were provided with care and support that was personalised to their individual needs. Staff told us they ensured care plans were followed to ensure people's needs were met.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes and preferences were also recorded on a 'one page profile'. This included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were had been carried out to identify people's support needs and care plans were developed which outlined how these needs were to be met. For example, for one person with dementia, their care plan contained detailed information about their changing behaviours and what these may mean. Staff had written, "When I am muttering please don't think I am being rude or trying to isolate myself. I need staff to engage with me as often this means I want attention." Care plans included information about intensive interaction. Intensive interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. The approach helps individuals and staff working with them to relate better to each other and enjoy each other's company more.

We saw assessments had been used to identify the person's level of risk in specific areas of daily living. These included, identified health needs, nutrition, fire, road safety and going out in the community. Where issues had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed and updated to reflect changes in people's needs. Any changes were acknowledged and signed by staff to confirm their understanding of them.

Evidence confirmed people who used the service and those acting on their behalf, were involved in their initial assessment and on–going reviews. When we spoke to the staff they were able to provide a thorough account of people's individual needs and knew about their likes and dislikes and the level of support they required whilst they were in the service and the community. They were able to give examples of how they supported individual choice. Staff described how for one person if they showed them two different sets of clothing and they avoided eye contact or turned their head away, it indicated they did not want to wear

either outfit and needed to be offered further choices. During discussion with staff, they told us there was more than adequate information in people's care plans to describe their care needs and how they wished to be supported.

People who used the service had the opportunity to choose their preferred activities and staff at the service supported people with them, including day trips, shopping, football, visiting nature reserves, participating in a 'community games' competition, bowling, shopping and attending social events. People we spoke with told us they were able to engage in a range of different things they liked to do for example, bowling, trips out, cinema trips and meeting their friends at clubs and disco's. We noted people's involvement in activities was recorded in daily notes and any comments they had made about the activity.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. No recorded complaints had been received by the service, but where suggestions had been made to improve the service, these had been acknowledged and action taken. When we asked the person who had told us about the shower being broken, if they had made a complaint, they told us, they hadn't because the registered manager had said it would be fixed and they had no reason to doubt this. Staff and people who used the service told us they felt confident any members of the senior staff team would be responsive to any concerns raised and take appropriate action to resolve these. One person who used the service commented, "If I have a problem with anything, I can go and talk to the manager and she will help me to get it sorted out."

Good

Is the service well-led?

Our findings

People who used the service and professionals told us they considered the service to be good. One person who used the service told us,, "The staff are lovely and they are willing to work with me" and "I trust them, I never want to leave here." Another told us, "I have just had a review and I am here for another two years and I am very happy about that. I don't want to leave here." People who used the service knew the registered manager and told us she made herself available to them and was more than willing to listen to them and help them in any way they could.

Professionals told us, "My experience of working with [Name] has been more than satisfactory."

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us the registered manager was approachable and supportive of them. Comments included, "It doesn't matter how busy she is, if we need to talk to her she will always make time" and "She has an open door policy and is always visible within the service making herself available to both staff and the people living here."

We found effective systems were in place to monitor the quality of the service and people who used the service were involved in the day to day running of it. A structured formal plan of quality assurance was in place, which identified audits, checks, questionnaires and surveys which needed to be completed on a monthly basis. These included audits of care plans, risk assessments, reviews, complaints, medication, training, supervisions and analysis of accidents and incidents. Where shortfalls were identified, action plans were put in place and followed up within agreed timescales. However, where costs were involved identified actions were then sent to the senior management team for further consideration. They would then make decisions for the timescales for the work to be completed.

Responses from the most recent completed questionnaires were seen to be positive. Comments from professional included, "Always clean, always welcoming, always answer the phone when I ring. Residents are well-cared for and treated as individuals", "Friendly welcoming staff who appear to enjoy their jobs and treat people well", "Positive effective communication, kept up to date with all information" and "I would have no qualms in recommending the service to anyone if the need arose. Staff are always very helpful and keen to find out what is best for their clients."

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents was completed to identify any emerging trends in order to reduce the risk of further incidents occurring. We confirmed the registered manager had sent appropriate notifications to The Care Quality Commission in accordance with registration requirements.

The registered manager completed a monthly report which included details of accidents, complaints, environment, wellbeing of people who used the service and actions required or had been taken to address these.

The registered manager was experienced, having worked for the organisation for a number of years. A deputy manager and team leaders worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, physical interventions policy and complaints. We found these reflected current good practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider was not maintaining the environment and equipment in the service.