

# Aspire Community Benefit Society Limited

## Cross Heath Drive

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

A comprehensive inspection of Cross Heath Drive, took place on 22 October 2018. This was announced as we needed to make sure the manager was available and people were home.

Cross Heath Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. We spoke with the manager regarding the name of the service and they told us the service was actually called Cross Heath Grove.

At the time of registration, the care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The service was working in line with these principles, which included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Cross Heath Drive is a short break residential care service which aims to provide a holiday style atmosphere for up to five people who have a learning disability. Accommodation is in a purpose-built house with five bedrooms, each with en-suite facilities. Communal lounges, kitchen and dining areas are provided.

There was a registered manager in post at the time of our inspection, but they were moving to a new post within the company. A new manager was in the process of registering with Care Quality Commission (CQC). It was the new manager who I spoke with during this inspection. A registered manager is a person who has registered with the CQC 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.

Areas of people's medicines were not well managed. Although, the evidence suggested this did not negatively impact on people's well-being and the manager made immediate changes to rectify this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not support this practice, as decision specific mental capacity assessments were not in place.

Quality management systems were in place but these were not always effective. The audits did not identify the concerns found during this inspection, which included, making sure areas of people's support plans were up to date and accurate recording of people's medications administration.

Accidents and incidents were analysed in a way which enabled trends to be identified. People and staff had opportunity to comment on the quality of service and influence service delivery. Complaints were welcomed and there was a system in place for handling complaints.

People received appropriate support for their nutrition and hydration needs. People had access to local healthcare professional, when needed, to make sure their health needs were met. Although, records regarding any unplanned admissions to hospital had not been updated for some time. Advocacy services were available if people, so wished.

Relatives told us their family member was safe when during their stay. There were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe.

The building was well maintained and regular safety checks took place. Plans were in place to safely evacuate people in the case of emergencies, although, these had not been reviewed for some time. We found the home was clean, tidy and well maintained. People had brought items from home to personalise their bedroom. Communal areas were comfortably furnished. The home was small with ramp access and wide door areas. People were familiar with the layout of the building.

We found people were supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who stayed at the service. Staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

People had access to a range of activities, both within the home and in the local community such as, going to day centres, events and nights out. Activities and daily pastimes were planned in a way to match people's interests and preferences. People were encouraged and enabled to maintain contact with those important to them.

Prior to each stay, changes to people's health and support needs were obtained. Support plans were person-centred and identified how care and support should be delivered. Throughout our inspection people were treated with kindness and staff had a good rapport with people. Staff clearly knew people well and worked together as a team to provide appropriate support. Support plans recorded if people had specific communication needs.

People's dignity and privacy were respected and they were encouraged to maintain their independence and relationships with people who were important to them. We saw relevant information was shared between the staff team which, helped to ensure people received continuity of care. The home did not support anyone who was approaching the end of their life.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. This is the first time the service has been rated Requires Improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Concerns were noted with the safe management of medicines.

Risks to people were identified, assessed and managed safely.  
People were protected from abuse. There were no concerns with infection prevention and control.

There were effective recruitment procedures in place and sufficient staff to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective in meeting people's needs.

Although, people were given choice, the principles of the Mental Capacity Act 2005 were not followed.

Staff training equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision.

People's nutritional needs were met and they had access to healthcare professionals when needed.

### Is the service caring?

**Good** ●

The service was caring.

We observed positive interactions between staff and people who were staying at the home.

People's privacy and dignity was respected and they were supported to be independent.

Staff involved people and/or family members in the support planning process.

### Is the service responsive?

**Good** ●

The service was responsive to people's needs.

People's needs were re-assessed each time they stayed at the home. Support plans were person centred.

A programme of community and service led activity was available to people.

There was a system in place for handling complaints.

**Is the service well-led?**

The service was not always well-led.

Quality monitoring systems were in place, although, these were not always effective.

There were systems in place which allowed people and staff to provide feedback on the service provision.

Staff and relatives spoke positively about the management team.

**Requires Improvement** 

# Cross Heath Drive

## 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.

A comprehensive inspection of Cross Heath Drive, took place on 22 October 2018 and was announced, as we needed to make sure the manager was available and people would be home. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch, local authority safeguarding and commissioning teams. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of our inspection, there were five people staying at Cross Heath Drive. We spoke with the manager, a support leader, three staff members, one person who used the service and three relatives.

We looked at three people's support plans. We inspected three staff members recruitment records, and/or supervision, appraisal and training documents. We sampled two people's medication administration records. We reviewed documents and records that related to the management of the service, which included audits, risk assessments and policies and procedures.

# Is the service safe?

## Our findings

People and relatives told us medicines were well organised and people received them as prescribed. One person said, "Staff help me with my medications and I get these on time." A relative told us, "Staff are very thorough with medication. They [staff] check with me or the chemist if there are any problems."

There were appropriate arrangements in place for receiving medicines and checking these into the home. People's medicines were securely stored in a locked cupboard in the manager's office, however, the room temperature was not recorded.

Staff who administered medicines had received training, although, competency assessments had not been completed. The providers medication policy and procedures stated, 'competency assessments to be completed and reviewed'. The manager told us staff competency assessments had not been completed. We could not be sure staff had been assessed as competent to administer medicines. Following the inspection, the provider told us they had introduced a proactive competency assessment process.

We saw one person's support plan annual review dated 1 June 2018 stated, 'Psychiatrist and she advised to give [name of person] an extra 5ml if needed to make 15ml'. This did not state which medication this related to. During the person's stay at the end of July and beginning of August 2018, the medication administration record for Aripiprazole had been signed to say 15mls was administered on 1, 2 and 3 August 2018. However, the prescription was not amended from 10mls to 15mls until the 13 August 2018. Following our inspection, the provider told us the correct dose was administered but the records around this medicine were not clear and therefore, posed a risk that the person may not get the correct dose of this medicine.

MARs were used to record when medicines had been administered. MARs had been hand written, recording information from the prescription label, but we noted some of this information had not been fully transcribed. This meant staff may not always have all the correct information when administering medicines. A staff member told us, "The MARs could be clearer."

The evidence suggested this did not negatively impact on people's well-being and the manager started to make changes and address the issues before we left the inspection. For example, the manager implemented a new audit sheet. Following our inspection, the manager sent us an action plan outlining how they were addressing the concerns found. We have referred to some of the issues identified under the well-led section of this report.

Relatives told us their family member was safe at the home. One relative said, "It is definitely safe and [name of person] is happy." We saw from the October 2018 'customer meetings' feedback stated, 'We feel safe during the night because we are checked on and doors are locked and there is enough staff on duty'.

Staff could confidently identify different types of abuse, the different signs they would look for in people's behaviour and knew what to do if they witnessed any incidents. Staff told us they had received safeguarding training. The staff training records confirmed this. The service had policies and procedures for safeguarding

vulnerable adults and these were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Support plans showed people had risks assessed appropriately and these were updated regularly. There was guidance about what action staff needed to take to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency egress plans (PEEP), which identified individual moving and handling needs should the home need to be evacuated in an emergency. Although, these had not been updated for some time. The manager sent us an action plan following the inspection which identified at the beginning of each person's stay the PEEP would be reviewed.

The home's records showed fire safety equipment was tested and fire evacuation procedures were practiced each week as new people came to stay. We saw from the October 2018 'customer meetings' feedback stated, 'We have fire drills here'. Fire extinguishers were present and in date and there were clutter free and clear directions for fire exits. We saw there were several health and safety checks carried out, which included emergency procedures.

People's finances were managed with checks in place to make sure monies were accurate. Although, it was difficult to reconcile receipts with items purchased on the finance sheet as these were not numbered. The manager sent us an action plan following the inspection which identified a financial audit was going to be carried out in line with the providers financial procedures.

Staff told us there were generally enough staff on each shift. The manager said staff rotas were completed three weeks in advance, allowing people's needs to be incorporated. If needed, all staff could work across the providers four other services to make sure staffing levels were sufficient.

Recruitment procedures were robust and appropriate checks had been made to establish the suitability of each candidate. This included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. The manager said the staff retention was good and the last new staff member started in 2016. Potential new staff members were first interviewed by people who used the service. Depending on the outcome of this interview, they would then go on to be interviewed by the manager. This helped to ensure people were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked around the home and found the premises were clean and tidy. Staff told us they had appropriate personal protective equipment when supporting people. We saw a monthly infection control check looked at all the areas of the home. Actions were taken if issues were identified.

Lessons were learnt and improvements made when things went wrong. The manager told us they had learnt lessons through identified minor concerns. For example, following people's clothing going missing, a new laundry system had been introduced. They said improvements with the pre-admission documentation and a record of people's personal care had been implemented.



## Is the service effective?

### Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us there was no-one who used the service who was subject to a DoLS.

Support plans did not contain information to help staff understand how to support people with decision making. They did not contain decision specific mental capacity assessments or best interest decisions. We noted people were supported to take their medicines and with the management of their finances. However, there was no mental capacity assessments or best interest decisions in place. The manager told us, "We do not do mental capacity assessments for respite, but we should have them in place for people's finances and medicines." One staff member told us, "Most people cannot recognise money."

Both the manager and support leader told us one person did have capacity, although, we saw their contract for the respite had been signed by a family member. Another person's support plan stated, they did not have capacity regarding sharing their information, but the manager told us they didn't think this was the case, as a best interest decision had not been completed.

The provider's mental capacity policy dated July 2015 stated, 'If there are doubts about a person's capacity, the two-stage test must be used and records must show it has been used'. The manager's service review report dated July 2018 stated, 'No one in this service currently, with relevant capacity assessments and best interest documentation'. This meant, where needed, mental capacity assessments and best interest decisions should have been completed.

Staff told us they had received training in the MCA 2005 and people were supported to make day to day decisions. We saw people making these decisions during our inspection and records confirmed staff had received training. One person we spoke with told us, "I can choose what I want to eat and it is nice." Relatives said their family members were offered choice. Comments included, "[Name of person] is offered choice and they can tell staff what they like." We saw from the October 2018 'customer meetings' feedback stated, 'Get a choice of where we go and when we go out'.

Although, people were offered choice, support plans did not contain decision specific mental capacity assessments or best interest decisions. This is a breach of Regulation 11; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Need for consent'.

People had 'hospital passports' which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital. Although, we noted these had not been updated for some time. The manager sent us an action plan following the inspection which identified hospital passports were going to be reviewed and they would ensure the review date was recorded accurately.

Within the support plan there were separate areas, which showed specialists, had been consulted about people's health and welfare, when needed.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of a person. One staff member said, "If the person is not well, I will call the GP or 111. I would also call 999 if needed."

Staff training records showed staff had completed a range of training sessions. Although, this was limited and not clear if staff had received training such as health and safety. The manager told us there was a system in place to monitor all staff training and they would make sure the records reflected this. Staff completed specific training which helped support people staying at the home. For example, the use of an epi-pen (automatic injection devices). A relative told us, "Staff understand [name of person] and know how to support them." One staff member told us, "We have intervals of training and practice some skills with other staff members." This ensured people continued to be cared for by staff who had maintained their skills.

The service did not have many new starters, but we saw one staff member had started in the last two years or so, had completed an induction programme. This included how staff should provide support. They had completed the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. The files we looked confirmed this. One staff member said, "I am happy with how supervisions are conducted." The support leader told us interim supervisions were held if performance concerns were identified." Annual appraisals had been completed in May 2018.

We saw examples where people's care and support was delivered in line with legislation and evidence based guidance. The manager told us they tried to work in line with the National Institute for Health and Care Excellence for the management of medicine. Along with, the Mental Capacity Act, Deprivation of Liberties Safeguards and Human Rights Act when providing personal care.

The manager said, when necessary, they would include the GP, consultants, language interpreter services and family members to obtain good outcomes for people they supported.

Staff attended handover at the start of each shift so information could be shared about people's care needs. The manager said staff worked across all the providers locations, thereby staff got to know each other and people who used the service. This helped with continuity of care for people. Staff meetings were held 'city wide' every two months to share good practice and information. This helped to make sure people received the care and support they required.

People were supported to maintain a nutritious balanced diet; dietary needs were documented. For example, one person's 'Nutrition hydration and food safety' section of their support plan stated, 'I eat a well-balanced diet and I sometimes will try and choose the healthy option'. A relative told us, "When [name of person] first arrives for the week, they have a meeting with the other guests and staff and decide what food people would like."

The manager said people were asked individually or a 'house' meeting was held to decide what meals and food people would like during their stay. People, where appropriate, were assisted to maintain their nutritional intake and support was provided, when needed, at mealtimes. Members of staff told us some people were supported to prepare meals. One staff member said, "We support people at mealtimes, have meetings about what food people would like and then go shopping. We have picture cards which offer healthy options, there is nothing fried here."

We saw people's bedrooms were personalised with items they had brought from home. One person said, "I have my own room, I bring my own clothes." We noted each bedroom door had a number and the person's name. Entrance to the building had ramp access, communal areas were decorated in a homely style, which created a relaxed and informal atmosphere. People had access to outdoor areas with patio space for table and chairs.

There was signage around the home and contrasting decoration allowing people to distinguish the different areas. The support leader told us the home was due for refurbishment towards the end of the year. They said, if needed, people had access to a double bed, reducing the risk of falling out.

We saw examples of information being made available to people in adapted formats, such as pictorial and/or easy read. For example, menus. People who used the service interviewed potential new staff members, to do this they used pictorial documentation.

## Is the service caring?

### Our findings

People and relatives told us it was a nice home and they received the support they needed. One person said, "I have been coming a long time, I like coming here."

Relatives said, "If I was not happy I would not let [name of person] go, they look forward to going", "They [staff] are really good and [name of person] is well looked after" and "I would be lost without them, they are so good."

Staff told us they were confident people received good care. Staff demonstrated they knew people's needs well and they had good relationships with people. Staff spoke enthusiastically about wanting to provide good support for people and they enjoyed working for the service. One staff member said, "People are well looked after, it is like a little home from home."

Our observations showed people were well supported. People were tidy, well dressed and clean in their appearance which was achieved through good standards of care and support. We saw staff chatting with people and there was friendly banter and laughter between them. There was a relaxed atmosphere in the home.

People received care which was personalised and responsive to their needs. We noted the way support plans had been written, showed people and/or their relatives had been involved in the way they wished to be supported. One staff member said, "People are involved if they want to be."

We observed staff respected people's privacy and dignity by knocking on bedroom doors and when providing personal care. We saw a staff member support one person to the bathroom so they could get changed. Relatives told us, "[Name of person] always comes home really tidy and with all their things. Their dignity is respected" and "[Name of person] always looks nice and they respect their dignity."

Support plans highlighted where staff should encourage people to be as independent as possible regarding daily living tasks. A relative said "They [staff] encourage [name of person] to get washed and dressed to help maintain their independence."

We saw from the October 2018 'customer meetings' feedback stated, 'We are involved in our support plan and it meets our needed coming here' and 'We are all treated equally'. The manager told us there was no one who wished to attend any religious events, but specific information was recorded in people's care plans. For example, one person's support plan stated, 'I don't follow any religion but I do like to celebrate Easter and Christmas'.

The manager said, in the past they had supported people where English was not their first language and people with specific cultural dietary requirements. They went on to say they were looking at how to better support people with relationships.

No-one living at the home was receiving support from an advocate at the time of our inspection, but the manager was aware of advocacy services that were available.

## Is the service responsive?

### Our findings

About a week before people were due to stay at the home, staff completed a pre-assessment by contacting the person and/or family members to check if there were changes to the person's support needs. A relative told us, "They [staff] always ring a few days before their stay to see if there are any changes to their care needs." Another relative said, "A few days before [name of person] goes to stay, they [staff] ring and ask if there are any changes." This ensured staff were able to meet the needs of people they were planning to support.

Support plans were person-centred and reflected the needs people required and contained information that was specific to the person. The support plan showed staff how people wished to be supported. For example, one person's personal care support plan stated, 'I can brush my teeth, I do not need any help, I use a manual toothbrush. I can shave myself.' One-page profiles were contained within the support plan, which included who was important to the person, what they enjoyed doing and how they should be supported.

We saw evidence of support plans were reviewed annually and the reviews included all of the relevant people. A relative said, "I attend a support plan review annually."

People were supported in promoting their independence and community involvement. At the time of our inspection, most people accessed day services. They took part in a range of arts and crafts activities and events in the wider community. One person's weekly plan showed they were doing pottery, going to the gym, shopping and ten pin bowling. Staff liaised with day services frequently to support people to maintain access community activities. The manager told us people also like to go watch horse racing, a local football team and interactive cafes.

The manager told us the provider's customer involvement officer asked people what they liked doing and, if possible, these were provided. People's support plans recorded what people liked to do. For example, 'I like long walks and riding my bike'. We saw DVD's and CD's for people to use. One staff member told us, "People like to do painting, jigsaws and watch DVD's. We also do baking, people like that."

People were able to maintain relationships with family and friends without restrictions.

A compliment had been received from a family member which stated, 'Thank you all for the terrific way that you cared for [name of person] during her last visit, she can't wait for her next stay'.

There were policies and procedures in place to manage complaints. The manager told us they had a system in place to investigate, manage and record outcomes and actions from complaints. They went on to say any complaints were discussed at manager's meetings and changes implemented where possible. They also recorded any minor concerns, such as a lost bus pass.

As part of the respite induction pack, a comment, compliment and complaint leaflet was included. The leaflet explained how to make a complaint and who to contact. We saw from the October 2018 'customer

meetings' feedback stated, 'Staff listen to us and deal with any problems'. A relative said, "I have only had one complaint and this was managed well and I was satisfied." Another relative told us, "I would feel happy raising a complaint if I needed to."

The Accessible Information Standard requires the provider to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if needed.

We found information regarding people's communication needs was recorded in support plans. The manager said they would know how to communicate with family members from the person's care manager, but would ensure both people's and their relative's communication needs were more clearly recorded in future.

The manager told us documents could be produced in any format or language that was required. They went on to say, in past, they have produced letter and support plans in a language other than English.

The home did not support anyone who was approaching the end of their life.

## Is the service well-led?

### Our findings

Systems were in place to monitor the quality and safety of the service. We saw health and safety audits were routinely completed. A monthly health and safety checklist was carried out, which was in pictorial format as people staying at the home could assist with this. Monthly infection control checks were completed. Although, we noted not all the audits were effective. A medication audit was completed weekly, but this only included a count of the people's medicines. The medication weekly audit and the manager's service review report dated July 2018 had not identified the concerns found during this inspection, which included checking if the prescription labels had been transcribed accurately and if 'as required' medicine protocols were in place.

Management oversight of the service required strengthening. The manager had completed a service review report in July 2018, which had failed to identify the concerns found during this inspection. For example, a comment had been recorded which stated, 'All customers have PEEPs on file – excellent'. Although, we looked at two of the four people's care plans during our inspection and found their PEEPs had not been reviewed for some time.

Another comment stated, 'Every customer in respite has a hospital passport 'Get Me Better' in their file and are reviewed each stay'. In the support plans we looked at, people's 'hospital passports' had not been updated. For example, one person's 'hospital passport' was dated 31 July 2012, the manager said this had been updated on-line in July 2018 and should be reviewed before each stay. The person's 'hospital passport' had not been reviewed for their stay at the home in September and October 2018. Following the inspection, the provider told us people's hospital passports had been reviewed but the dates on the hospital passports may not have been updated to reflect this.

The manager's service review report from July 2018 stated, 'Are customers financial record sheets audited on a regular basis'. Although, receipts for goods purchased did not always tally with the finance sheet. The review also identified, where necessary, mental capacity assessment had not been completed. This meant the review failed to highlight the issues found during this inspection, which could lead to people's finances not been managed in a safe way. Also, no action was taken regarding the completion of mental capacity assessments.

The above demonstrated breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good governance', because the registered provider did not have effective systems in place to assess and monitor risks relating to health, safety and welfare.

From May 2018, a 'Customer suggestions box' had been installed. We saw several suggestions from people who had stayed at the home. Although, some action had been taken and no feedback or response had been given to the person. For example, on more than one occasion, one person asked for 'foot stools in all bedrooms', we saw a response had been recorded on the card but nothing further was recorded as to whether the person had received a response or what action had been taken.



At the time of our inspection, there was a registered manager in post, but they were moving to a new post within the company. A new manager was in post and had oversight of five services run by the provider. At Cross Heath Drive the manager was supported by a support leader, who managed the day to day running of the home.

Following our inspection, the manager submitted an action plan with timescales to address the concerns found during this inspection.

There were systems in place to monitor accidents or incidents and we saw the service learnt from incidents to protect people from harm.

We saw staff had a relaxed and friendly relationship with management. Staff spoke positively about the management team. One staff member said, "[Name of manager] is good and they have done really well, she has always been fair. I feel [name of support leader] is approachable." Another staff member said, "We are a good team and I can talk with others [staff] if I have any problems. Communication is very good."

People and relatives were complimentary about the management team. One person, said "[Name of support leader] is brilliant I can't tell you how much I enjoy coming here. I like been with the others." Relatives comments included, "Staff and management are excellent", "Management is absolutely fantastic. [Name of support leader] is great" and "[Name of support leader] is approachable and helpful."

Regular meetings were held with people who stayed at Cross Heath Drive. We saw arranged of topics were discussed, which included food, communication and involvement. In-house staff meetings, along with 'City wide' staff meeting, which included staff from all the provider's services, had taken place on a frequent basis.

The manager had strong links with the local community. Everyone went out to day services to participate in activities. The manager said they had links with local, schools and college. Also with Mencap, Leeds Rhinos, Purple Patch (provides creative learning experiences) and safer places scheme (provides support with any incident that may take place while they are out and about).

Notifications had been sent to the Care Quality Commission (CQC) by the home as required by legislation.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Although, people were offered choice, support plans did not contain decision specific mental capacity assessments or best interest decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes did not operate effectively to ensure compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.