

Bradbury House Limited

# Silver Tree Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 31 May and 1 June 2017 and was unannounced. It was carried out by one adult social care inspector.

Silver Tree Lodge provides support for up to eight people with learning disabilities. There are two self-contained flats within the home and six bedrooms with their own lounge areas. There is also a communal kitchen, a 'training kitchen', a dining room and lounge. At the time of the inspection there were seven people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some improvements were required to ensure people's medicines were stored safely and recorded correctly.

Risk assessments had been carried out and they contained guidance for staff on protecting people. Current risks to people were not always clear in care plans. People were not fully protected from the risk of being exposed to hot surfaces.

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

People told us they felt safe. Staff also felt the home was a safe place for people. People were protected from abuse and avoidable harm. People received effective support to help them manage their anxieties.

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

There was a stable staff team at the home. They had a good knowledge of people's needs. People received support from health and social care professionals.

People were involved in planning and reviewing their care and support. People interacted well with staff. Staff had built trusting relationships with people over time.

People's diverse needs were well supported; they chose a range of activities and trips out. People were part of their community and were encouraged to be as independent as they could be.

People were aware of the complaints procedure and felt able to raise any concerns. There were systems in

place to share information and seek people's views about their care and the running of the home.

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

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.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

People's medicines were not always stored safely or recorded correctly.

Risks to people were not always clearly identified in care plans.

People were protected from abuse and avoidable harm.

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

**Requires Improvement** ●

### Is the service effective?

The service was effective.

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

People's legal rights in relation to decision making and restrictions were promoted.

People were involved in planning their menus and chose what they ate and drank. .

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

**Good** ●

### Is the service caring?

The service was caring.

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

People were supported by staff who knew them well.

People were involved in decisions about the running of the home as well as their own care.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People were involved in planning and reviewing their care.

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

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

People and their relatives felt able to raise concerns with the registered manager and staff.

### **Is the service well-led?**

Some aspects of the service were not well led.

The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon.

People were supported by staff who had clear lines of accountability and responsibility within the team.

People were supported by staff who were clear about the aims of the service.

People were supported by staff who felt able to approach their managers.

**Requires Improvement** 

# Silver Tree Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 May and 1 June 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with four people about their views on the quality of the care and support being provided. We spoke with the registered manager and five staff members including the senior team leader and team leader. We looked at documentation relating to four people who used the service, four staff personnel files, staff rotas, staff training records, people's medicine records, medicine storage and quality audits.

# Is the service safe?

## Our findings

Some aspects of the service were not safe. There were medicine administration systems in place. These needed to be improved to ensure these systems were safe.

Each person had a detailed care plan which described the medicines they took and what they were for. We looked at medicines storage and administration. Medicines were stored securely in one room in the building. The provider asked staff to check the temperature of this room every day to ensure medicines were kept at a safe temperature. We found that these checks were completed each day. However, some medicines were being stored in a fridge. There was no thermometer in the fridge; temperature checks were not being taken. This meant staff did not know if medicines were always stored at a safe temperature and were therefore safe and effective to use.

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

Some people were prescribed creams and ointments to be applied to their skin. There were detailed records which showed where the creams should be applied and at what time. We found creams were not always dated when they had been opened to enable staff to determine if they were still effective to use. We discussed this with the registered manager who showed us new labels they had introduced for staff to label creams when they were opened. They also told us they would ensure staff labelled the creams once they were opened.

One person had epilepsy and was prescribed medicines for when they had seizure activity. There were guidelines in place for staff detailing when they should administer the medicines. Not all the staff we spoke with were clear about when the medicines should be administered. This meant the person was at risk of not receiving their medicines at the right time during seizure activity. We discussed this with one of the senior staff who told us they would ensure all staff would be requested to read with the guidance.

Staff administered medicines to people; no one self-medicated. Self-administration had been discussed with people and at the time of the inspection no one wished to do this. People were happy with staff administering their medicines. One person said, "They help me with my medication, they asked me if I wanted it in my room and I said not at the moment." Another commented, "I get my tablets each day."

Staff received medicines administration training and a competency assessment before they were able to administer medicines.

People were not fully protected from the risk of being exposed to hot surfaces. For example, we observed some of the radiators did not have radiator covers on them. Two people living at the home had mobility needs and were at risk of falls. We discussed this with the registered manager who confirmed they had not had any incidents of people burning themselves on uncovered radiators. The registered manager confirmed they would arrange for covers to be fitted to all radiators in the home and they also put immediate measures in place to eliminate the potential risk of someone accidentally burning themselves. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at Silver Tree Lodge. One person told us, "Yes I feel safe and I can lock my room." Staff also felt people were safe. One staff member said, "Yes they are definitely safe here."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All staff spoken with were aware of indicators of abuse and knew how to report any concerns within the organisation. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "I would tell [name of registered manager] and I am confident it would get dealt with. I would take it higher if I needed to." Another commented, "I would look out for any marks or bruises and check the body charts to see if they have been recorded. I would report it to [name of registered manager] and I'm aware of our protocol to phone Care Quality Commission (CQC) or the local authority."

One staff member needed a bit of prompting to tell us the outside agencies they would report any concerns to such as the local authority and the CQC. However they knew there were contact details and a protocol they could find. We discussed having information about safeguarding and whistleblowing visibly available for people, staff and visitors. The registered manager told us they would put this information on the notice board on the hallway.

People were supported by a sufficient number of staff to keep them safe and to meet their needs. People told us they thought there were enough staff available for them. One person commented, "Yes there are enough staff here, they are there for you." Another said, "There are enough staff around."

Rotas were planned in advance to ensure enough staff were on duty. Staff told us they thought there were enough staff available to keep people safe. One staff member said, "There are usually enough staff around, we manage ok." Another commented, "The shifts are always covered."

Staffing levels were determined based on people's individual needs. These were kept under review by the registered manager to ensure they remained safe and effective. We looked at the staffing rota and noted staffing levels varied, depending on people's plans for the day. Staffing was occasionally reduced, such as when staff were sick, but this was rare.

Risks relating to people's individual care was assessed and planned for. Risks to people had been considered such as people's behaviours, making allegations, their health needs, accessing the community, using a vehicle, risk of being exposed to hot water, accessing the kitchen and using electrical items. Staff were aware of the identified risks and the measures in place to reduce them.

We found where some risks were identified in care plans there were no specific risk assessments in place. For example, one person's care plan stated they were at risk of choking and there was no specific risk assessment in place. We discussed this with the registered manager who told us this was not a current risk to the person. We also found some of the identified control measures in the risk assessments were not up to

date. For example, one person's risk assessment stated the kitchen should be locked at all times. However, during our inspection we noted the kitchen was not locked and it was not required to be locked for the person's safety. This meant these risk assessments were not up to date.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. We found the evacuation plans had not been signed and dated to demonstrate they were up to date. The registered manager told us they would complete this.

People had detailed behaviour support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Some people could be restrained "as a last resort." All staff spoken with said restraint was rarely used and only ever used as a last resort. One staff member said, "We are taught how to restrain but it's very rare we use it. We know people well and the signs they are becoming anxious, we know how to defuse and distract people."

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

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

## Is the service effective?

### Our findings

People were supported by staff who had the right skills and knowledge to carry out their roles. One person told us, "The staff here know what they are doing."

Staff told us they received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff, familiarising themselves with the home and reading people's care records. One staff member said, "I did lots of shadowing, they asked if I was comfortable, it was really helpful." The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received a range of training to meet people's needs and keep them safe. Staff commented positively about the training they received, they felt they had enough training. One staff member said, "The training is good, helpful and informative." Another commented, "We have regular training and it's definitely enough." All staff received basic training such as first aid, safeguarding, equality and diversity, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed and training around people's specific health needs. We looked at the provider's training records which identified where staff required refresher training in some subjects, dates had been booked for this. This meant people were supported by staff who received the right training to carry out their roles.

Staff told us they had formal supervision (meetings with their line manager to discuss their work) to support them in their professional development. Records demonstrated staff were receiving regular supervision. Staff told us they found supervision supportive. One staff member told us, "They are fine and quite regular, we talk about how you are getting on and I am able to discuss things." This meant people were supported by staff who were supported in their role.

People said they made decisions about their day to day lives. One person told us how staff were supporting them to manage their money. We read that the person had been given options about how they would like to receive their money each week to support them to budget effectively. They had been given the opportunity to consider the options and agreed for staff to give them an agreed amount each day, the person confirmed they were happy with this. We also saw records of people agreeing for their photographs to be used for the provider's publicity purposes.

Another person had a monitor in their bedroom that was used at night to detect if they had a fall. This had been advised by a visiting professional. The person indicated to us they knew staff would be alerted if they had a fall at night. Staff told us this had been discussed with the person and they were happy for it to be in their bedroom. However, the person's care records did not include details of the person consenting to this. We discussed this with the registered manager who told us they would ensure the person's agreement would be recorded in their care plan. They told us they had plans to go through each section of people's care plans with them to demonstrate their consent and agreement to the support they received.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (the MCA). They knew how to make sure if people did not have the mental capacity to make decisions for themselves, their legal rights would be protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any restrictions placed on people should be regularly reviewed. People were able to make their own decisions at Silver Tree Lodge and there were no restrictions placed on them. We noted where one person had restrictions placed on them in the past, staff had worked with them successfully to remove these. This ensured people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had made three applications to the local authority for people living at Silver Tree Lodge to have a DoLS authorisation. They said they were waiting for the outcome of these. This showed people's legal rights in relations to their liberty were being promoted.

People said they liked the meals and they helped choose the weekly menu. One person said, "I like what's on the menu, I'm not fussy though." People were involved with cooking the main meals with staff support. People also had their own cooking programmes. One person said, "I make my own quiche." People told us they had free access to the kitchen and made their own drinks and snacks. People were encouraged to have a healthy and nutritious diet.

People's health care was well supported by staff and health professionals. One person told us, "I usually make my own doctor's appointments but today they helped me a bit." Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Records confirmed people attended appointments when these had been arranged. People also had specialist support, such as from a learning disability nurse and speech and language therapist to ensure their health care needs were met. Staff recorded the outcome of people's contact with health care professionals in their plan of care. This meant people were supported to receive on-going healthcare support.

## Is the service caring?

### Our findings

People told us they liked staff and had a good relationship with them. One person said, "The staff are alright, they are all nice." Another person told us, "I get on with all the staff." The relationships between staff and people demonstrated dignity and respect. We observed many positive and warm interactions and there was a good rapport between people and staff. People told us staff listened to them. One person said, "You can talk to the staff, sometimes I ask for a personal talk in my room."

People received care and support from staff who had got to know them well. One person told us, "The staff know me and they are sound." Another commented, "Staff know me well, even the newer ones." Staff had built trusting relationships with people and they recognised the importance of getting to know people well. Staff knew about people's likes and dislikes and were able to explain what was important to them such as having one to one time, going out, family members, chatting and their appearance. We saw a comment form a visiting professional commenting that they thought staff knew people well.

People told us their independence was encouraged and supported. One person told us, "The staff and management are always trying to encourage me to do things. They are trying to help me and see me do the best I can." Most people were independent in aspects of their care, such as with their personal care or looking after their own money. People were involved in making decisions about their care and support and told us they were happy with the support staff provided. Some people went out on their own. One person said, "I make my own decisions."

Staff recognised the importance of people making their own decisions. One staff member told us, "People make their own decisions; we want them to feel they are living their own lives and we are there in the background if needed."

Records demonstrated one person chose when they had support from staff, the support they needed on a specific day and who supported them with this. People's preference of the gender of staff supporting them was also recorded and we saw this was respected by the staff. This meant people were involved in making decisions about their support.

People said staff respected their privacy. One person showed us they had a key to their own room. People said staff knocked when they were in their room and waited to be invited in. We saw staff did this during our inspection.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. We saw one bathroom had a curtain. Staff explained how this was used to enable the person to get dressed and undressed in private; staff were behind the curtain so they were available to support when needed.

Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others. People's individual care records were stored securely to make sure they were only accessible

to staff.

Staff were aware of and supported people's diverse needs. People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. One person said, "The staff take me to see my mum every two weeks, they drop me off and pick me up."

We looked through a file containing feedback from visiting professionals on the service. Their comments included, "Very helpful and caring", "No difficulty visiting or communicating" and "I am always made to feel welcome." This showed the service was welcoming to external professionals and working with them to support the people living at Silver Tree Lodge.

## Is the service responsive?

### Our findings

People were supported to follow their interests and take part in a range of social activities, education and work opportunities. People told us they were happy with the activities they participated in. Comments included; "I can go out on my own and I also have one to one time with staff", "Sometimes I go out for a drink" and "I go out on the bus to the charity shops."

People were busy coming and going during our inspection. Some people went to work at the farm run by the provider. Another person went to an activity placement in a local town. A third person went shopping with staff. One person told us how they were involved in a project of renovating the garden. This was their chosen activity and they told us they had been fully involved in the planning and the work involved so far. A staff member told us how this had been good for the person, setting them achievable goals and supporting them to engage in their chosen activity.

Staff supported one person to write letters to the Queen on her birthday; the person demonstrated their pleasure with this as they showed us the responses they had received from the Queen. There was a social and busy atmosphere in the home; people appeared happy going about their day to day lives. The home had two vehicles to take people out in; some people also used public transport if they wished. This meant people had access to a range of activities to meet their needs and preferences.

People received care and support that was responsive to their needs. People participated in planning their care as much as they were able to. One person said, "I'm involved in my care plan." We saw some people signed their care plans to demonstrate their agreement.

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

Some of the care plans needed reviewing to ensure they contained up to date and clear information about aspects of people's support. For example, one section of a person's care plan stated they should not go out in the community alone; however another section stated they were able to. Where people had individual protocols in place these were not always signed and dated to demonstrate they had been reviewed and were in date. We discussed this with the registered manager who told us they were in the process of reviewing and updating all of the care plans.

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

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had a monthly review with their keyworker. (A keyworker is an allocated staff member responsible for overseeing aspects of a person's support.) One person said, "I have a monthly meeting with my keyworker." Another commented, "[Name] is my keyworker." This enabled them to talk about what was working, what wasn't and any aspect of their care they would like to change.

The registered manager told us they invited each person and their keyworker to attend care review meetings, usually held once a year. This helped to ensure people's care and support met their current or changing needs. The registered manager told us they would be inviting people's care managers and family members to these reviews in future if people wanted them to attend.

People said they would feel comfortable raising a concern if they needed to. One person told us, "I've not made a complaint, but I would speak to [name of registered manager] and [name of senior team leader] if I wasn't happy." Another commented, "I would have no problem making a complaint." During our inspection we observed there was information in a folder in the lounge explaining how to complain and who to complain to. This was written in an easy read format to help people understand it. Records demonstrated there had been no formal complaints received in the past year.

People told us they had the opportunity to attend 'service user meetings' to raise any concerns or ideas about the home. One person said, "We have resident's meeting, we talk about holidays, we talk about everything and you can bring anything up." Another commented, "I know there are house meetings but choose not to go." We saw records of house meetings held and they covered items such as holidays, menus, shopping, respecting each other, personal safety, the fire procedure and activities. This meant people had the opportunity to express their views and be involved in the running of the home.

Quality assurance questionnaires were also used to gain feedback from people using the service, their relatives and visiting professionals. This year's questionnaires had recently been given out so not all had yet been returned. We read the feedback from the previous questionnaire carried out in May 2015. Most of the feedback was positive; some negative responses included the choices around people's weekly activities. During this inspection we observed this area had improved. This meant people's views were listened to and acted on.

## Is the service well-led?

### Our findings

Some aspects of the service were not well led. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We found the systems were not fully effective, but were improving.

One of the provider's senior managers visited the home to carry out quality audits. We looked at the last two audits carried out in June 2016 and March 2017. We found some action had been taken where audits had identified shortfalls, such as various improvements to the environment and behaviour support plans being reviewed. However the audit in March 2017 identified risk assessments needed to cross reference to care plans and during our inspection we found similar concerns.

Some of the issues we found during the inspection had not been identified by the provider's quality assurance processes. For example, the quality audit carried out in March 2017 had not identified any issues with the medicine fridge temperature not being checked and recorded. The registered manager confirmed they had not had a thermometer in the fridge to take the temperature. Also, in this audit risks to people have been reviewed but the risks posed by uncovered radiators had not been identified. This meant the provider's quality assurance systems were not fully effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear lines of responsibility in the management team. The registered manager was supported by two senior members of the staff team; each had their own management duties. People told us they liked the registered manager and felt able to approach them with any concerns. One person told us, "I can always talk to [name of registered manager]; since they have been here it has all been good." There were regular manager's meetings arranged by the provider, which the registered manager attended. This helped managers within the organisation to discuss issues and share areas of good practice.

The registered manager maintained a regular presence in the home. We saw people who lived in the home often spoke with the registered manager and senior staff about different issues. Staff also discussed things with them informally and asked their advice. This gave the management team insight into how people's care needs were being met and the on-going support staff needed. The registered manager met each week with their senior staff to discuss any current issues and plan each week around them.

Staff told us they felt able to approach the registered manager and senior team with any concerns. Comments included, "You can approach [name of registered manager] or [name of senior staff]", "[Name of registered manager] is easy to talk to and available" and "They [registered manager] are really supportive." One staff member commented how they also felt able to approach the provider's senior managers commenting, "If [name of registered manager] is not here I can always call [name of senior managers] for advice and support. They always get back to you, you never feel like you are on your own."

Staff commented positively about the team culture at Silver Tree Lodge. Comments included; "The team has lots of strengths, they are a nice bunch and all very caring. We all work well together; we are professional and do our job. I am always happy to come into work", "It's a nice job, so rewarding and we all get on" and "The team works well, we all have something to bring."

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "We have regular staff meetings; we are able to discuss anything and are listened to." Another commented, "They are regular you can speak up and are listened to." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes demonstrated areas covered in the meetings included; discussions relating to people who use the service, medicines, recording, safeguarding and any maintenance issues.

The key aims of the service were described in a document called a 'statement of purpose'. One of the service's key aims was to "To encourage and promote greater levels of choice and independence." Another was "To provide good quality accommodation that the individual feels is 'home'." One staff member told us the vision for the service was, "To support people to be as independent as possible and make their own decisions, it's their home. I think about how I would want to be, it's our work but their life." Another commented, "We treat it as their home, it's homely here. We are here to support people and develop their independence." This meant staff were aware of and shared the vision for the service.

People were part of their community. They used community facilities such as local shops, parks, supermarkets, cafes and pubs. People went out into the community alone and with staff support during our inspection. Staff worked in partnership with a range of external health and social care professionals. People required this support due to their complex needs.

Significant incidents were recorded and where appropriate were reported to the local authority. We found the provider had not notified the Care Quality Commission of one incident in line with their legal responsibility. It is important that CQC are notified of significant incidents to ensure the correct action has been taken. We noted the incident was responded to appropriately. We discussed this with the registered manager who told us they would complete a retrospective notification and ensure we would be notified of all future incidents where required.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks relating to people's safety in the premises were not always assessed and planned for. Medicines were not always managed safely. Regulation 12 (2) (d) (g) |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The quality assurance systems were not always effective in ensuring that all areas for improvement were identified and acted upon. Regulation 17(2)                     |