Community Housing and Therapy

Mount 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 the 25 and 29 October 2018 and the first day was unannounced.

Mount Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home was registered to provide personal care and accommodation for up to 15 young adults with mental health and emotional needs. At the time of the inspection there were 13 people living there.

At the time of this inspection the registered manager had applied to de-register. The trainee service manager told us they would be applying to register with CQC as the registered manager and was in the process of completing their application. They were at the home for the inspection and were responsible for the day to day management of the home. A registered manager is a person who has registered with 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.

During the inspection there was considerable discussion about how the staff saw their role in supporting people to be independent and work towards moving from a care environment to living with support or independently in the community. Since the last inspection there has been more involvement of mental health professionals within the organisation. A psychotherapist was employed in the last year and the provider plans to employ a psychiatrist to work as part of the staff team, to offer people additional support. As part of the changes there have been ongoing discussions with CQC about the regulated activities that Mount Lodge is registered to provide. Staff spoke about moving away from support with personal care and some staff explained as recovery practitioners they were not trained to provide this. We found the focus was moving towards a supported living service rather than a residential care home and staff agreed they were moving away from 'care' towards independence. However, Mount Lodge is currently registered to provide the regulated activity 'accommodation for person who require nursing or personal care'. The expectation was they would offer this to people living in the home and the service has been inspected as a residential care home.

Consequently the rating of Good from the last inspection has changed to an overall rating of Requires Improvement as improvements were needed in some areas with regard to the services current registration.

The quality assurance and monitoring system was not effective. Although audits looked at all areas of the services provided they had not identified the concerns we found during this inspection. For example, the home was not well maintained, staff had not followed the fire risk assessment and there were not enough staff consistently working at the home, with the skills to offer support when people needed it. For example, agency staff.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff said people could communicate their needs and were aware that people's changing behaviour was a form of communication.

We recommend appropriate training is provided to enable staff to have a clear understanding of AIS.

Staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been requested when needed to ensure people were safe. People were protected from the risk of abuse as staff had completed safeguarding training and knew what action to take if they had any concerns.

Robust recruitment procedures ensured only suitable staff were employed and staff completed relevant training, including medicines, health and safety and equality and diversity. Additional training, such as, conflict management, enabled staff to understand how best to support people to calm down, or distract them if their behaviour was inappropriate. Supervision and staff meetings kept staff up to date with current best practice and they had a clear understanding of their roles and responsibilities as recovery practitioners.

Support plans were written with and agreed by the person concerned and people made decisions about all aspects of the support provided; which was planned around their individual needs and preferences.

People said the food was good. They decided what meals would be on the menu and they shopped for essentials with staff. People were supported to cook meals if they wanted to and one person said they liked to cook meals.

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 this 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?

Requires Improvement

The service was not consistently safe.

The premises were not well maintained and the provider had not ensured equipment was safe to use.

There were not enough staff working in the home that understood people's needs enough to provide appropriate support when needed.

Medicines were administered safely and administration records were up to date. Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

Recruitment practices were robust and only suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty and were aware of current guidelines and their responsibilities.

Relevant training was provided to ensure staff had a good understanding of people's needs and the support they wanted.

People decided with staff what shopping was needed and they were assisted to cook healthy meals.

People were supported to see health and social care professionals when they needed to.

Is the service caring?

Good

The service was caring.

Staff provided the support people wanted and treated people with respect.

People made decisions about all aspects of their day to day lives and chose where and how to spend their time.

People maintained relationships with relatives and friends and, with people's permission, they were involved in discussions about the services provided.

Is the service responsive?

Good

The service was responsive.

People received support that was based on their wishes and preferences.

People made decisions about all aspects of the support they received.

A complaints procedure was in place and people knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance and monitoring system was not effective.

Feedback was sought from people and staff through regular meetings.

The provider informed CQC of incidents that affected people in line with current legislation.

Mount 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on the 25 and 29 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we checked the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We observed the interaction between people, visitors and staff and the care and support provided in communal areas of the home. We spoke with six people and a relative. We spoke with five staff including the trainee service manager, who has day to day responsibility for the service.

We looked at the care plans and associated records for three people. We reviewed other records, including medicine records, accidents and incidents and staff files.

We asked the trainee service manager to send us copies of records after the inspection including statement of purpose, staff rota and service users guide. These were sent to us as requested.

Requires Improvement

Is the service safe?

Our findings

Staff at Mount Lodge offered people, with mental health and emotional needs, support to develop the skills needed for them to move out of the care home environment and live in the community. Part of this process was that people and staff worked together to keep the home clean and reduce risk. However, we found that people, staff and visitors may be at risk because staff had not followed the guidance in a fire risk assessment and the home was not clean and well maintained.

The washing and drying machine were kept in a small room at the side of the home; which was accessible by going out the rear door of the building. Staff supported people to use these and as much as possible be responsible for their own clothes. One member of staff told us they checked the fluff compartment of the dryer each time they used it, as they knew there was a risk of it catching fire if this was not done. However, there was no evidence that other staff did this. There was no form for them to sign to show they had checked the machine was safe to use, as required in the fire risk assessment carried out in 2017. A member of staff said they did not know a form to evidence the checks was required as they had only looked at the assessment for 2018.

One of the stairways had not been cleaned for some time. There was dirt and dust around the stair rods and the carpet was stained and marked. The gas boiler had been inspected and a gas certificate requested; but the radiators had not been tested and there was no way of knowing that they were effective or safe to use. The radiators were dirty, with considerable dust behind the radiator covers and a plastic lid from a biscuit tin had fallen between one radiator cover and the radiator. Due to the build-up of debris on and around the radiators there may be risk of fumes as it melted or risk of fire. Staff had started to put the radiators on in the evening as it was getting colder. Staff said as far as they knew radiators in people's rooms had not been checked and they may be unable to do this; as in some rooms the furniture and people's property meant they were not easily accessible. We were told the night staff were required to clean the communal areas and stairs each night and sign to show they had done this on the night cleaning schedule. This form had not been signed since July 2018. Staff started to clean the radiators during the inspection, we noticed they were old, rusty and poorly maintained. People told us when staff removed the cover from the radiator in the lounge a mouse ran out and across the floor. Staff said they would be contacting an appropriate service to address this.

The rear lounge had been redecorated by people and staff and there had been ongoing discussions about new curtains for the large bay window. People spoke about how cold it was to sit in that lounge; some wore their coats, and with the door to the garden often left open, as people walked to and from the laundry or smoking area, the room and corridor were cold and uncomfortable to sit in for long. One person told us it would be better if the curtains were up, "Keep it a bit warmer." One member of staff said people had not yet decided what colour the curtains should be, although another member of staff told us they had the money to purchase the curtains so was not sure what the delay was. In addition, the attachment of a door closing mechanism to the external door, so it closed automatically when left open, to keep the heat in had not been considered.

The kitchen floor was uneven and needed repair or replacement. We asked staff if any person living in the home was at risk of falling if floors were uneven. They said there were people at Mount Lodge who may be at risk and staff said they would look at this.

Staff said the provider had maintenance staff who carried out repairs, but they had been busy at head office. They also said a deep cleaning service had been used in the past to ensure the home was clean, but they did not know why this had stopped. The provider had not made sure that staff followed relevant infection control procedures, to ensure people were protected as much as possible.

At the last inspection we discussed the use of agency staff working nights and to cover for permanent staff absence. The registered manager at the time said the agency staff would be required to do an induction programme; so that people received the support they needed, which would make sure there was no negative impact on the support people received. At this inspection discussions with people and staff raised concerns about the suitability of agency staff to provide appropriate support and, how agency staff assisted people if they were concerned or distressed about another person's behaviour. During this inspection an incident occurred and the agency staff working were not familiar with the person or their specific support needs. The person was not confident talking to them and was at risk of harm. They had to wait until the following day to talk to staff about their feelings and agree what staff could put into place or arranged to support them.

The provider had not ensured the premises and equipment were safe to use for their intended purpose and that there were not enough staff with the skills and knowledge to meet people's needs. This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff provided support when they needed it and enabled them to be independent. A health professional told us their, "Client had previously stated they felt 'safe' at Mount Lodge." There was an effective system to manage medicines and one person said, "Yes, I have them when I need them."

Medicines were checked in weekly by two staff to ensure they had all the prescribed medicines needed. If medicines were missing staff contacted the person's GP or community mental health team (CMHT) to check there had been no changes and arranged for them to be deliveries. Medicines were stored securely in a locked trolley, cupboard and fridge in the office. The temperature of the room and fridge were checked regularly to make sure medicines were safe to take. Medicines were checked using the medicines administration record (MAR); they were given to people as prescribed and staff signed the MAR after people had taken them. People also signed a form to show they had taken their medicines. Staff asked people if they wanted as required (PRN) medicines. For example, for pain relief or anxiety and there was clear guidance for staff to follow. Risk assessments had been completed to ensure people were supported to take responsibility for their medicines if appropriate. Staff told us people were usually assisted with medicines. For example, one person forgot to take their medicines so staff agreed with them and their GP that staff would be responsible for them.

Risks had been assessed and support plans included guidance for staff to follow to reduce risk as much as possible. These included the risks associated with mental health needs, substance misuse and behaviour. There were specific details about how to recognise if a person was becoming unwell as well as risks regarding domestic routines such as using kitchen utensils and cleaning chemicals.

People were protected from the risk of abuse because staff had attended training in safeguarding people. They knew what steps to take if they thought someone was at risk of harm or abuse and referrals had been made to the local authority when needed. Staff said they had read the whistleblowing policy and were clear

about what action they would take if they had any concerns. One member of staff told us, "We inform safeguarding about any concerns we have about people's safety, and we copy you (CQC) in."

Robust recruitment procedures ensured that only suitable staff worked at Mount Lodge. Relevant checks on prospective staff's suitability had been completed; including references, interview records, evidence of their right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS check identifies if prospective staff are safe to work in the care sector.

Accidents and incidents were recorded and audited to look for trends or areas for improvement to reduce the risk. Staff said people may be at risk of injury at times due to their mental health needs or changes in behaviour. If an incident occurred they discussed what had happened, with the person concerned and their colleagues, and how they could prevent it happening again. This meant staff learnt from accidents or incidents and acted to reduce future risk.

Checks were made by suitably qualified persons for equipment in the home. Such as portable appliance testing for people's electrical goods. Personal emergency evacuation plans (PEEP) were in place for each person living in the home; with guidance for staff to follow based on a person's specific needs. For example, if the fire alarms went off people may need assistance to leave the building as it may make them anxious.

Good

Is the service effective?

Our findings

People were supported to cook meals and staff offered assistance if required. One person told us, "I like cooking and the food is good." Staff had completed relevant training and people said the staff listened to them and were, "Trained to look after us."

People's needs were assessed and support was provided in line with current guidance. Staff had completed Mental Capacity Act 2005 (MCA) training and talked knowledgeably about supporting people to make decisions about the care they received. 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 people 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 to receive care and treatment when this is in their best interests and legally authorised. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Staff had a clear understanding of MCA and DoLS and knew what action to take if a person's assessment identified a concern. Staff said people's capacity had been assessed and each person had capacity to make decisions about all aspects of their day to day lives. Support plans showed that people had been consulted about the support provided, people knew what had been recorded and had signed them to acknowledge their agreement.

The provider information return (PIR) stated a range of training was provided and with regular supervision staff felt supported, informed and confident to manage situations and provide the support people needed. Staff said the training was very good they were aware of their roles and responsibilities in supporting people. Staff discussed the role of a recovery practitioner and how people were supported to be independent and make decisions. Training records showed staff completed fundamental training, such as fire training, food hygiene, health and safety awareness and equality and diversity. Staff were aware of people's right to services and good care irrespective of their age, sex or disability.

Additional training included conflict management, assault avoidance and disengagement. Staff said the conflict management training enabled them to understand how best to support people to calm down, or distract them if their behaviour was inappropriate. One member of staff said, "We use non-physical responses, like talking and distraction, and if they don't respond, or someone is at risk then we may have to call the police. It is a last resort but residents all know we will do this if we have to." Staff had also completed professional qualifications or were working towards them; including Psychology degrees, psychotherapy and counselling. Staff said the training was good and, "There is really good support to do additional qualifications and keep up to date."

New staff worked through an induction training book over a period of three months, or longer if necessary and worked with more experienced staff. Agency staff were also required to complete induction training;

although not to the same level as permanent staff, and they had been assessed as competent in their role. One agency staff said, "Yes I know how to support people and have completed the training. The management are very good." Staff told us, "The induction training was very good, there was plenty of time for residents to get to know me and for me to work with more experienced staff as I got to know residents" and "There was time to understand the residents, who are all different and they need different support or assistance. I think the training is very good and there is regular supervision." Staff told us they had regular group and one to one supervision. One member of staff said, "We meet regularly to discuss resident's needs, if there have been any changes, how best we can support them and we have one to one meetings, to talk about my work and anything else that I need to." Staff discussed people's changing needs throughout the inspection and arranged for appropriate support as needed. Records showed that staff had been regularly assessed through a programme of supervision and appraisals. Areas where improvements were needed had been identified and discussed with the staff concerned.

People discussed the meals during community meetings and agreed on the menu, although this was flexible. During the inspection one person went into town and had lunch out, another person went out with relatives. One person cooked a pasta dish and were supported by staff to prepare ingredients. They said they liked to cook and enjoyed the food. Snacks were available if people wanted them and people stored fresh produce in the fridge. People and staff agreed what shopping was needed weekly and they went into town together to buy it during the inspection. People chose where to have their meal, some used the dining room, while others sat in their bedroom or communal rooms.

Staff supported people to be as healthy as possible. People told us they could see health and social care professionals if they needed to. Records showed that people had regular checks with their GP and appointments were arranged with the community mental health team as required. One person said, "Yes I see them if I need to, usually tell the staff and they sort it." People were weighed regularly so that staff could assess if people had enough to eat and if there were any concerns these were discussed with the GP.

The home is large older building, with individual bedrooms on three floors and communal rooms on the ground floor. People had their own belongings in their bedrooms and were prompted to keep them tidy, as advised in the service users guide they were given when they moved in to the home. Some used the lounges while others preferred to spend their time in their room watching TV or listening to music. One person told us, "I like my room, I have enough space and things I need. I like it here."

Good

Is the service caring?

Our findings

People were treated with respect and were encouraged to be independent and decide how and where they spent their time. One person said, "Yes I go out when I want to, going shopping later." Another person told us, "I'm ok, sitting here for a bit and then going out. I like the park." People sat in the lounges chatting with each other and staff about what they planned to do and how they were feeling. The atmosphere in the home was comfortable; conversations between people, visitors and staff were relaxed and staff spoke to people in a respectful manner.

People said, "We can do what we want" and "I like living here, we can decide what we eat and what we do." Staff told us, "They come and go as they wish", "We promote their independence" and "We respect their choices, they have their own keys and we can make suggestions, but they make their own decisions." People said they could lock their doors and other people and staff respected their privacy. One person told us, "I can invite others in if I want to, but it is a bit of a mess. Can meet up in the lounge."

Staff had completed equality and diversity training. They said the support provided was individualised to reflect people's needs, choices, preferences and respected people's rights and beliefs. Staff told us, "Mount Lodge is their home and they make decisions about how they live", "We treat residents with respect, they decide what they want to do and although we may make suggestions it is up to them" and "We have regular meetings to talk about what residents want to do, we agree together if they need support and how we can help them." People said they were involved in writing their care plan, they agreed with what was written and talked to staff regularly about their needs. One person told us, "Yes, I can talk to them at any time and we meet up to talk about things." Another person said, "There are regular meetings and we don't have to join in if we don't want to."

One member of staff told us, "We help people to develop the skills to have control over their lives. Like managing their money, planning how to spend it so they have enough to do or buy what they want." One person asked a member of staff about benefits they had applied for and staff explained how the process worked and when they would be likely to hear if they had been successful. Another member of staff said, "We encourage residents to be independent and make decisions and we also know when they are feeling low and need to talk or when they want some space" and "It is about them leading a fulfilling life and developing skills so they can move to their own home."

People said relatives and friends could visit them when they wanted to and they had developed their own friendships within the home. We saw people supporting each other when they showed signs of being anxious and they talked frankly together about things that concerned them.

Records were stored in the office; care plans were secure on the computer and information about people was treated confidentially. Staff said there was a confidentiality policy which had clear information about protecting information about people. Staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information.

Good

Is the service responsive?

Our findings

People received personalised support that was responsive to their individual needs, preferences and choices. Records showed that people talked to staff about the support they needed and were involved in writing their support plan. Staff said some people were more involved than others and the aim was for people to write their own support plan as part of the recovery programme. Staff explained that each person's recovery would be different and was viewed as a journey with people and staff respecting each other; people being open about their difficulties and planning support with this in mind.

People's needs were assessed before they moved into Mount Lodge. Staff visited them to talk about their individual needs and also consulted mental health professionals involved in their care. People were invited to visit the home to talk to people and staff, look at the home and see how the people were supported as part of a community. One person visited the home during the inspection. They spoke to one person and the psychologist and looked at the available rooms. Staff said people were encouraged to take their time before they agreed to move in. One member of staff told us, "We have to be sure we can provide the support they need, that they can be part of the community and they understand there are some restrictions. Like no smoking or drinking on the premises."

The information from the assessment was used as the basis of the support plans. This included information about people's mental and physical health needs as well as, communication, diet, and behaviour. Areas of risk had been identified and the support plans included guidance for staff to ensure risk was reduced as much as possible. For example, one person was affected by loud noises and when the fire alarm was tested they put their headphones on and refused to leave their room. Guidance for staff included knocking on their bedroom door, entering if there was no answer, offering prompting and guidance, to find a safe route to leave the building if there were concerns.

Staff had a good understanding of people's mental health needs and were aware of how their mental health impacted on people's daily lives and abilities. People were supported to achieve daily tasks or routines which reflected their abilities and were appropriate to their mental health. Staff were kept up to date with changes in people's behaviour through the handover sessions at the beginning of each shift. Staff explained clearly what had occurred and what action had been taken to support people and prevent situations arising again, is possible.

Technology was available for people to use if they chose to and broadband enabled people to use the internet and mobile phones to keep in touch with friend and relatives.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Details about people's communication needs were included in the support plans and there was clear guidance for staff about how to communicate with people. Staff said they had not completed AIS training but, were clear that

people were able to communicate their needs and feelings and, explained how they observed behaviour, body language and people's responses to pick up changes to their support needs.

We recommend the provider arranges appropriate AIS training for staff.

People said they decided what they wanted to do and told us they did not need activities arranged for them. Although staff invited people to join them in different group sessions. For example, one member of staff sat in the lounge with a range or newspapers and people were asked if they wanted to read them and talk about any features that interested them. One person chose not to and another person chatted about what they had done that day.

People knew there was a complaints procedure. They had been asked to read and sign it when they first moved in and said they had no problems talking to staff if they had any concerns. One person told us, "We talk about issues at the meetings and we can talk to our keyworker as well." A relative said they had no complaints and felt their family member had improved since moving into the home.

Requires Improvement

Is the service well-led?

Our findings

Mount Lodge is one of three homes in the Community Housing and Therapy organisation, which is going through a number of changes. The trainee service manager and nominated individual, (NI is a person registered with CQC to represent their organisation and is usually senior to the registered manager) talked about a change in how support was planned and provided. This included a team psychologist, who had joined the staff team since the last inspection and a team psychiatrist, who has not yet been appointed. Staff said these changes would provide people with additional and specific support when it was needed.

However, there was some confusion about how support was and would be provided with these changes. Staff spoke about providing 'Treatment of disease, disorder or injury' (TDDI) at the time of the inspection, although they were not registered with CQC to provide this regulated activity. TDDI allows staff to provide a treatment service related to disease, disorder or injury, but Mount Lodge does not directly provide treatment for the people living in the home. Diagnosis and treatment is provided by mental health professionals from the community mental health team (CMHT), which are carried out by the staff employed to work in the home. If there were concerns about a person's mental health staff sought advice from the GP and CMHT and followed their instructions. We looked at the organisations statement of purpose, (a statement of purpose describes what a business does, where they do it and who for) and found the information about Mount Lodge was incorrect. It stated that the home provides TDDI when Mount Lodge is registered with CQC to provide the regulated activity 'Accommodation for persons who require nursing or personal care'. We returned the statement of purpose to the service and informed them the information recorded was incorrect.

In terms of numbers there were enough staff to provide support for people living in the home. However, since the last inspection there had been a change of focus in terms of the services provided. At previous inspections we had found that staff supported people to make decisions and become more independent whilst also assisting them with everyday tasks, including personal care if needed. At this inspection staff told us they were 'recovery practitioners' and continued to support people to be more independent although they no longer offered personal support. Three of the staff were not aware that Mount Lodge is a care home and did not know that the home is registered with CQC for the regulated activity, 'Accommodation for persons who require nursing or personal care'. Staff said they had not supported people with personal care and had not attended training that enabled them to do this. People told us the home was no longer a care home, "There is no care" and one person said their care worker had told them there was a move to a 'supported living' service.

A quality assurance and monitoring system was in place and staff said senior management visit the home and were available for advice and guidance at any time. Audits looked at all aspects of the services provided including medicines, support plans and accidents and incidents and action was taken when improvements were needed. For example, a medicine audit found areas that could be improved and staff had made these changes. However, despite the management support and audits the monitoring system had not identified the concerns we found about the health and safety of the premises and risk to people, staff and visitors. Also, the potential and actual risk of employing agency staff who did not have a clear understanding of

people's individual needs and therefore had been unable to offer appropriate support when needed.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risk to the health, safety and welfare of people and others. Records relating to the management of regulated activities were not correct and impacted on the support provided. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff clearly knew people very well and worked with GP, mental health and social care professionals to ensure people received additional support when needed. We emailed external professionals for feedback about Mount Lodge. They commented that staff were polite and welcoming and one said they were 'very responsive to my client'.

Regular community and group meetings enabled people to comment about the services provided and gave staff opportunities to discuss how to offer and provide the support people needed and wanted. For example, the community meeting involved people and staff sharing information and giving feedback to one another, about issues or concerns they may have.

Staff were aware of their roles and responsibilities as recovery practitioners and said they worked well together as a team. With regular supervision, appraisals and meetings they were confident they had a clear understanding of people's needs and how to provide the support they needed and wanted.

The trainee service manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. They said people were informed about everything and people were clearly aware of all the recent changes and the move away from a 'care home'.

Notifications had been submitted to CQC about events or incidents they are required by law to tell us about.

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 The provider had not ensured the premises and equipment were safe to use for their intended purpose and that there were enough staff with the skills and knowledge to consistently meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risk to the health, safety and welfare of people and others. Records relating to the management of regulated activities were not correct.