

# Enhanced Home Care Services Limited

# Sunningdale

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 15 and 29 February 2016. The first day of this inspection was unannounced; the registered provider knew we would be returning on the second day of our inspection.

Sunningdale is a supported living service for people aged between 17 and 24 who have left residential care. The service aims to equip people with the knowledge and skills needed to live independently. At the time of our inspection there were two people using the service.

Sunningdale is a new service which had been running for less than one year. There was an experienced and stable staff team in place. The registered manager had been in place since the service opened. 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.

There were risks to the safe care and treatment of people because accidents and incidents had not always been recorded. Some risk assessments which were needed had not been put in place and regular fire drills had not been carried out.

There was no evidence to suggest that staff had completed a thorough induction programme. Staff supervision had not been carried out in line with the service's own policy.

There were gaps in care records and records relating to recruitment and the day to day running of the service. Records did not show if people were routinely involved in decision making.

Records did not show if complaints had been dealt with appropriately. Responses to complaints did not always address all of the key points and some responses to complaints were misleading.

On the first day of inspection, areas of the building potentially hazardous to people were accessible. On the second day of inspection, action had been taken and we were not able to enter areas where building work was being carried out.

Safeguarding alerts had been made and staff demonstrated competency in their knowledge of different types of abuse and the action they needed to take. All staff spoken with told us they wouldn't hesitate to whistle blow [tell someone].

CQC had not been notified of all safeguarding alerts and incidents which had occurred at the service between 06 September 2015 and 29 February 2016. This will be dealt with outside of this inspection process.

Records did not show if people were always involved in decision making. However people told us they had

choice about their care.

Care plans were in place however some gaps were identified.

Staff meetings had taken place. There was no evidence in place to show that people's views had been sought prior to our inspection.

Each person had a personal emergency evacuation plan in place. This meant appropriate action could be taken by emergency teams.

Procedures were in place to recruitment new staff. There were enough staff on duty to provide care and support to people. Staffing levels and shift patterns were changed to meet the needs of people.

Staff supported people to order, collect and take their prescribed medicines. Staff encouraged people to seek regular support from their GP. People had regular support and involvement from a range of health and social care professionals. This contact was documented in people's care records.

Certificates relating the health and safety of the service were up to date.

Staff had been supported to undertake a range of mandatory training and training specific to the needs of the people they provided care and support to.

Staff supported people with their nutrition and hydration which included menu planning, shopping and the preparation of food. Staff demonstrated the action they needed to take if people were at risk of malnutrition or dehydration.

People spoke positively about staff and the support which they received. We could see that staff were genuinely concerned about people's well-being.

Staff supported people to maintain their own privacy and dignity.

Staff told us the service aimed to develop people's confidence and independence by providing support with life skills with the aim of people moving into the local community.

The staff team in place told us they enjoyed working at the service and were committed to their role. They told us they felt supported by the registered manager.

We found three breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to record keeping, notifications, supervision and appraisals, complaints, risk assessment, fire drills and accidents and incidents. 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 always safe

Accidents and incidents had not always been recorded. Planned fire drills were not up to date.

Recruitment procedures were in place, however they were gaps in the records.

Safeguarding alerts had been made when needed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There was no evidence available during inspection to show that staff had completed an induction programme when they started working at the service.

Staff supervision was not up to date and did not fall within the guidance of the registered providers policy.

People were supported to access healthcare appointments.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew the people they were caring for and understood how to provide appropriate care and support which reflected their individual needs.

People told us they felt supported by staff and knew they were always available to them when needed.

People's dignity and respect was maintained. People were supported to develop confidence and build relationships with people important to them.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

There were gaps in some of the care records and records relating to the day to day running of the service. There were no processes in place to highlight these gaps.

Complaints had been made, however had not been dealt with or recorded appropriately.

Care records reflected people needs, wishes and preferences.

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

The service was not always well-led.

CQC had not always been notified about incidents which had occurred at the service.

Quality assurance processes were not in place.

Staff told us they enjoyed working at the service and we could see that there was a dedicated team in place.

**Requires Improvement** 

# Sunningdale

## **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.

One adult social care inspector and one specialist advisor carried out this inspection on 15 and 29 February 2016. The first day was unannounced which meant the registered provider and staff did not know we would be visiting the service. They knew we would be returning on our second day of inspection. The specialist advisor in this inspection had significant experience of working with young people in mental health.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also spoke with the local authority who informed us there was no contract in place with the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the commissioning officer from the local authority commissioning team about the service.

The registered provider was asked to complete a provider information return (PIR) which they completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we spoke with one person who used the service and we spoke with a social worker and a youth offending team officer. We also spoke with the nominated individual, registered manager, deputy manager and four members of care staff.

We reviewed three care records, two of which were people using the service and one of which from a person who had recently stopped using the service. We also reviewed staff records and records which related to the day to day running of the service.

# Is the service safe?

## Our findings

An incident and accident dated 04 January 2016 had been recorded in the person's daily notes but not in accident and incident records. This meant information relating to this incident records was not easily accessible. We could see the service had raised a safeguarding alert with the local authority however no review of the person's risk assessment given the circumstances of the incident and past history. We also found some gaps in the accident and incident records looked at during inspection. This meant staff had not followed appropriate procedures to accurately record accidents and incidents.

People did not always have the risk assessments in place which they needed. Some risk assessments did not provide the information needed to reduce the risk of potential harm to people. When we spoke with the registered manager about this they addressed this immediately.

Staff training in fire safety was up to date, however no planned fire drills had been carried out prior to inspection. This meant we could not be sure if staff remained competent to deal with an emergency situation. The registered manager contacted us after inspection to inform us that a planned fire drill had been carried out on 01 March 2016.

There was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "I feel safe living here." Staff told us they had no concerns about people's safety. Prior to inspection we had not received any concerns relating to the safety of people who used the service.

Safeguarding alerts had been made when needed. Records detailed the reason for the alert being made, the action taken and the outcome of the alert. All staff spoken with during inspection displayed a good understanding of the types of abuse people could experience. Staff were aware of the procedure they needed to follow to raise a safeguarding alert, however the service had not always notified CQC about safeguarding incidents. Safeguarding training was up to date for all staff.

The registered manager told us that all staff had received training in the 'management of aggression and potential aggression (MAPA) which assisted staff to identify triggers which may escalate people's behaviours and triggers. They told us restraint had not been used to date and would only be used as a last resort. Staff were trained in breakaway techniques.

Each person had a personal emergency evacuation procedure in place. These were specific to each person and detailed important information about each person and what support each person needed and the action staff needed to take in the event of an emergency. All staff spoken to during inspection told us they felt confident to deal with any emergency. All staff were first aid trained.

A recruitment policy was in place. Staff had been recruited appropriately. We looked at the recruitment records of four staff members and identified gaps within these records. Each of them had completed an

application form and any gaps in employment had been checked. There was evidence that an interview had taken place and references had been sought and a Disclosure and Barring Service (DBS) check made prior to the offer of employment. The DSB carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Some of the staff employed at the service had worked at a local residential care home for children where people using the service had transferred from. This meant people were familiar with some of the staff employed at the service. Staffing levels changed to meet people's individual needs. Prior to our inspection, staff supported one person with two-to-one care in their own accommodation. At the time of inspection, there were two people using the service who did not require one to one care. We could see that staffing levels had been changed to accommodate this and shift patterns varied to accommodate each person's activities. At inspection, there were two staff on duty during the day and one member of waking night staff. The registered manager and deputy manager were also on duty throughout the day. No concerns were raised during inspection about staffing levels. One staff member told us, "Yes there's enough staff on duty. There's a crossover of staff on an afternoon." One person told us staff were always available whenever they needed them, they told us, "Staff are in the office at night. I can just ring them if I need anything." One staff member told us, "We can ring [registered manager or deputy manager] at any time." We heard mixed reviews about whether there was an on-call rota. Some staff told us there was an on-call rota in place and other staff told us there was no on-call rota in place. We spoke with the deputy manager about this and they told us they would take action to address this.

The registered manager told us that people were responsible for taking their own prescribed medicines; however staff would prompt people to if needed. We could see that people were responsible for ordering and collecting their own prescribed medicines. The registered manager told us "It is people's choice as to whether they take their prescribed medicines," however they told us they had a duty of care to support people with their health and well-being and would support people to see their GP for any concerns relating to their health and well-being. The deputy manager told us, "People have to self-medicate to stay here. Our service users normally receive a text message to say their medicines are ready. Staff told us they take people to get their medicines and with the people's permission would check quantities." They told us people's ability to self-medicate was risk assessed prior to them moving into the service. Staff told us people's medicines were kept in their individual flats in a locked cabinet. We were not able to carry out a check of people's prescribed medicines because we did not have consent from the people who used the service. We spoke to staff and one person about prescribed medicines and looked at the records available to us. The care records demonstrated that staff contacted people via What's App to see if they required any support to take their prescribed medicines and to check they had taken them. One person told us, "I take my own medicines. Staff check them every two weeks to make sure I've not taken too many."

One person had a support plan in place for taking their prescribed medicines. The support plan outlined what people wanted to achieved and what staff needed to do if something went wrong, such as not taking their prescribed medicines. People had information leaflets to support their prescribed medicines and risk assessments for self-administering prescribed medicines were in place. Systems were in place to monitor people's prescribed medicines.

There were close circuit television cameras (CCTV) in the communal and outside areas of the building. This meant staff could monitor the safety of people using the service; the registered manager told us people had consented to this. Gas and electrical safety certificates were up to date and all electrical equipment at the service had been newly installed when the service opened. Maintenance records were available for inspection however there were gaps within them which meant we did not always know if tasks had been



completed.

On the first day of inspection we saw that key to the electrical cupboard was in the lock. The boiler cupboard was accessible because it was not locked. We were able to enter part of the building where construction work was being carried out. This area contained building rubble and tools needed to carry out the work. This meant that people and staff had access to areas which were unsafe and had the potential to cause harm. We asked the registered manager to take immediate action to address this because these areas posed a risk of potential harm to people. They told us these areas would no longer be accessible to people. At the end of the first day of inspection, we saw that the key from the electrical cupboard had been removed and a sign had been put up on the door to the construction area. Both the boiler cupboard and building area remained accessible. When we returned for our second day of inspection, these areas were no longer accessible.

The service was clean and had a pleasant odour. Hand washing facilities and guidance were available in communal areas. The communal kitchen area accessible to people and staff required cleaning which the service acted upon straight away. Not all bins were foot operated; following inspection the registered manager told us they had addressed this.

## Is the service effective?

### Our findings

Supervision is a formal process of guidance and support which helps staff to develop within their roles. A supervision policy was in place which stated that staff should have supervision every four weeks. We looked at the supervision records of seven staff and found that the service was not adhering to this policy. This meant that staff had not been supported appropriately. There were no completed induction records for any staff member.

Training in the Mental Capacity Act (MCA) and Deprivation of Liberties (DOLs) remained outstanding and had not been booked in at the time of our inspection. We found that some staff displayed limited knowledge and understanding of MCA and DOLs. This meant that staff were not trained to determine whether people had the capacity to make a decision

This meant that there was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had worked at the service for less than one year which meant that appraisals were not needed. Staff told us they participated in an induction programme when they started working at the service which included training, group activities and shadowing experienced members of staff. A blank induction checklist was available which showed the activities new members of staff participated in during this period. However there were no completed induction records available on both days of our inspection for any staff member. The registered manager told us all new staff were subject to a six month probationary period which included a one week induction period.

All staff had participated in a range of mandatory training which included first aid, health and safety, safeguarding, MAPPA and medicines for example. The registered manager told us staff did not need to undertake moving and handling training because no-one who used the service at the time of inspection required support with this. Staff had also undertaken training specific to the needs of people who used the service; this included Attention Deficit Hyperactivity Disorder (ADHD), sexual exploitation of young people and sexual health. This meant that staff had the training they needed to support people with their individual needs. One staff member told us they felt supported to carry out their role. They told us, "'Yes I feel supported; [deputy manager] is a great support'. The registered manager told us that they had an experienced and skilled staff team in place who were able to support people using the service.

Staff supported people to make healthy choices with menu planning and the preparation of food and shopping. Staff told us they provided advice about healthy foods and how to menu plan on a budget. Staff told us that the needs of people changed depending on their health and well-being and depending on who was living at the service. This meant that their involvement could increase if people needed. One staff member told us they had delivered individual support to a person who experienced a deterioration in their appetite as a result of their health. Staff told us that if people needed further support with their nutrition and hydration this would be put in place. All staff spoken with during inspection told us they would seek advice from the person's general practitioner if they had any concerns about people's nutrition or hydration.

We could see people had contact with health professionals as they needed. One person told us, "I can't talk on the phone to people. Staff will speak to the GP surgery for me. They encourage me to do it, but they don't force me." The deputy manager told us, "We supported [person using the service] to make an appointment and they decided they didn't want to go. We helped them to rearrange their appointment because we don't want people to miss out on appointments in the community. We do offer people guidance and support with their health." We could see that people had been involved with their general practitioner, dentist, consultants at the local hospital and accident and emergency.

The registered manager told us people have contact with their social workers who are based out of area. From our discussions with one person we could see that they had had recent contact with their social worker.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people 18 and over 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 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). Staff training for MCA and DoLS was not up to date. At the time of our inspection DoLS applications had not needed to be made because people had capacity.

The service also supported people under the age of 18; this meant care orders were in place to keep young people safe. A care order places a child in the trust of the local authority to keep them safe. This means people are supported to access the information, advice and support they need to make informed decisions and have choice over the support and services which they need in place.

Staff told us care and support was only given with people's permission. One person we spoke with confirmed this to be the case. People had consent forms in place for photography, medicines, sharing information and activities.

There were flats on the ground and first floor of the building. There was a communal lounge and kitchenette which people and staff could use if they wished. People had the privacy they needed when they had visitors and had a choice of different areas which they could use.

## Is the service caring?

### Our findings

One person told us, "I like it here. There's always support when you need it. The staff are OK. If I need anything they will help me. I get anxious on the bus and staff support me with this." A visiting professional from the youth offending team told us, "I have no concerns about [person using the service]. Staff are knowledgeable, warm and welcoming. I found confusion over pick up times and appointments at their previous service, but it's not the case here. It feels a very positive move for [person using the service]."

Staff told us that people's needs regularly changed. One staff member told us, "Sometimes the young person will request advice and support, other times they need more encouragement with aspects of their day to day life. One person told us, "I was upset the other day and they [staff] understood. They [staff] put their arm around me and told me it was alright. Sometimes a cuddle is what I need." We could see that staff were able to provide the appropriate support needed.

Staff told us the service aimed to develop people's confidence and independence by providing support with life skills with the aim of people moving into the local community. Any support needed would be put in place with the aim of reducing this support over time to build up people's confidence and skills to prepare them to live independently. Staff told us the care and support needed varied from person to person and could change each day. This could include assistance with personal care, support with prescribed medicines or support going out into the community. The deputy manager told us, "People are encouraged to engage. We listen and support with life skills. We want all staff to understand people have choices and to help them understand these choices."

Information about advocacy services was available on the notice board in the communal area. Staff said advocacy would be discussed in future meetings for people. This meant people were kept up to date about the support services they could access if needed.

Staff told us they supported people to maintain their dignity and independence. They all told us they knocked on people's doors and did not enter people's flats without their consent. One person told us, "Staff always knock on my door and wait for me to answer."

Staff told us about one person who had used the service who they provided one to one support to. They told us they "Didn't go into the bedroom without knocking and during bathroom time they avoided the corridor the bathroom was on." And, "We supported [person who used the service] to wash their hair, but left after this to respect boundaries."

The deputy manager told us that people didn't always respond when staff knocked on their door to check how they were or if they needed support. They told us, "We carry out welfare checks over the telephone. We often use 'What's App' [allows the exchange of messages]." The deputy manager told us that this allowed people to maintain their privacy because staff didn't need to visit people to do this.

One person told us, "Staff support me to clean my flat. I like to cook and they take me to the supermarket

every Monday. Sometimes they come in [supermarket] with me and sometimes they wait in the car. It's up to me." This meant staff supported people in the way they wanted. Reviews were held in private and discussions took place with people about who to invite to their reviews.

Staff supported people to maintain relationships with people. One person told us staff supported them to travel to see different family members and told us family could visit them at any time. The deputy manager told us, "We encourage people to have telephone contact with their family, but give privacy to make these calls. We also encourage people to keep in contact with people important to them. Relatives and friends can visit and people are supported to visit their relatives."

## Is the service responsive?

### Our findings

There were gaps in records which related to the running of the service. Maintenance records did not always show if maintenance tasks had been completed. From the records look at, there were eight maintenance tasks between 08 October 2015 and 05 February 2016 which did not show if work had been completed.

Care plans and reviews didn't always show if people had been involved in making decisions about their own care and support. There was no evidence in these records about what people had said or agreed to in the care records. Some care plans had not been signed by the people they related to. From speaking with staff and one person, we could see people had been involved in planning their own care but these care records had not been updated to reflect this. Staff told us that people sometimes refused to sign care plans but had not update the records to show this.

One person's recommendations from their dentist had not been included into their appropriate care plan. This meant we did not know if staff were providing support in line with this health professionals recommendations because the care records had not been updated. Following inspection the registered manager told us that this person had refused to attend dental appointments.

We identified gaps in complaints records. In one complaint, there was no information about any investigation carried out to resolve the complaint or the outcome of the complaint. The records did not show a final response date, root cause of action taken as identified on the complaint record. In another complaint we found it had not been formally logged and we could not see if each of the key points in the complaint had been addressed. After speaking with the registered manager we could see that complaints had been addressed however the records had not been updated.

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

Complaints guidance was available in each person's tenancy agreement. We could see that two complaints had been made to date. Staff were knowledgeable about the action they needed to take if they received a complaint and told us they would assist people to put their complaint in writing if needed.

Admission checklists were available in each of the care records we looked at. We could see that people had been welcomed into the service and had been given an overview of the service and information relating to health and safety and visitors.

People had many care plans in place. One person had 16 care plans such as college, medicines, transport, behaviour, health and well-being and visitors. All care plans included information about what each person wanted to achieve, how and when staff would provide support and the action needed when something went wrong. Staff told us care plans were reviewed every six months. We talked to the deputy manager and asked whether care plans needed to be reviewed more frequently because of people's changing needs.

Care records detailed the support people needed from staff. Staff told us each person's needs were different

and these could change regularly. If people were experiencing deterioration in their mental health, then more intensive support could be needed. However the service was designed to support people to live independently and equip people with the skills needed to do this. One person we spoke with confirmed that staff were supporting them with their aim of living independently.

'Key worker' sessions had been regularly carried out with people. This allowed staff to see how people felt about living at the service, if any changes needed to be made or if people required additional support. We could see when sessions had been carried out and when people had declined to participate. Daily records detailed the support people had been given during each day and any concerns which had arisen.

A 'Weekly young person report' was carried out on each person using the service. This record included information about each person's week, contact with family members, health appointments, and education and any risks to the person. Risks were colour coded according to severity. Therapeutic progress was linked to 'Every child matters.' This is a government initiative designed to improve the health and well-being of children and young people.

People lived independently at the service and were free to engage in activities specific to them. Staff supported people to attend the place they wanted to go. People using the service were involved in educational courses which staff supported them to attend. The deputy manager told us, "We transport people to college. We attend meetings with people's colleges to avoid them [people using the service] from withdrawing. We have good links with people's tutors which has meant that [people using the service] has stayed at college for the longest period of time to date."

However staff encouraged people to participate in activities at the service to develop confidence, self-esteem and social relationships. One person told us, "We [people using the service and staff] all sat and watched a film in the communal area. I enjoyed this. We also do arts and crafts." One person told us, "There is not much to do here. It's the only downfall. Staff have offered to come to the gym with me."

## Is the service well-led?

### Our findings

A review of safeguarding alerts and incidents which occurred at the service between 06 September 2015 and 29 February 2016 highlighted that CQC had not always been notified of incidents. From speaking with the registered manager we could see that they were unclear about when a notification should be made to CQC. Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 states that notifications must be made when any person has been subject to abuse, has experienced prolonged pain or prolonged psychological harm and where treatment is required. The Commission should also be informed on any occasion where police are called. Following our discussion with the registered manager we had confidence and were assured that all required notifications would be submitted in the future. Following inspection we found the registered provider submitted notifications when needed.

The registered provider had not carried out any quality assurance checks of the service; the registered manager told us that a registered provider audit would commence in March 2016 and would be carried out twice yearly and this would look at care standards, communication, participating and decision making; health and safety, the environment, medicines, safeguarding, staffing and quality assurance. At the time of inspection, medicines audits had been carried out; however no other audits to monitor the quality of the service had been completed.

No survey had been carried out prior to inspection. This meant we did not know how people's views were captured. The registered manager told us that this would be carried out after the first year which the service had been opened.

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

Staff told us they enjoyed working at the service. One staff member told us, "We have a good team. It's a nice little team." One person told us they felt able to approach the management team if they needed to. They told us, "The [registered] manager is alright; I don't speak to them much. [Deputy manager] is alright and will do what I ask them to."

We asked staff about what was good about working at the service. The deputy manager told us, "I was in from the beginning. I loved the idea that we support people and could give more. I enjoy it and I like the challenge. It's something new and different. We have learned a lot on the way. The team have gelled really well." Staff told us they would happily recommend the service as a place to work. One staff member told us, "I feel it's well led here."

Another staff member told us that all staff followed the rules of the service and worked under the instruction of the management team. One staff member told us, "I feel supported we've got a good team, we help each other." And, "We get on as a team; we all came at the same time." Another staff member told us they enjoyed working with young people" and "We have a good team and good management, we work together to give the best possible care we can."



We also asked staff about what improvement they thought could be made to the service. One staff member told us, "We need an on-call rota and a computer for our young people to use." Some staff told us the quality of training could be improved and felt that support to complete care plans would be welcome.

Staff told us the values of the service were important to them and helped to focus the aims of the service. Staff told us the values of the service ensured they treated people as individuals who were consulted and involved in all aspects of their care. They told us it was important to respect people's decisions and choices.

The business continuity plan was detailed and included information about events which could happen at the service and how the service could be affected. There was information about the action which may need to be taken to respond to an event. This meant that the service had the information required to take action in the event of an unexpected incident.

The registered manager told us that the service was still in its infancy and there was work still to be done. They told us it had been a challenge meeting the expectations of the young people moving from residential services to supported living services. However they worked hard to make sure people and staff were kept safe. They told us that safe recruitment practices, good care planning and risk assessments and following internal policies and procedures helped them to achieve this.

Prior to our inspection, no meetings for people who used the service had been carried out. The registered manager told us this was because there had only ever been one person living at the service at any one time and feedback had been informally sought from them. On the second day of our inspection, we could see that a meeting for people had been planned for that same day. Four meetings for staff had been carried out since the service opened. We could see that these had been regularly attended by staff.

There was a notice in the communal area of the service for people which informed them of events which affected them, such as meetings for them. There was also a range of health advisory information on display.

The service was regulated for the activity of treatment of disease, disorder and injury, however the service was not providing any nursing care or treatment to people. We spoke with the deputy manager on the second day of our inspection and asked them to take action to submit an application to remove this regulated activity.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Accidents and incidents had not always been recorded. Planned fire drills were not up to date. People did not have some of the risk assessments in place which they needed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were gaps in the care records. There were no quality assurance processes in place.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were no records in place to evidence that any staff member had been through an induction programme when they started working at the service. Supervision was not up to date.