

# Community Housing and Therapy Highams Lodge

## Inspection report

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Date of inspection visit: 9 and 15 December 2015  
Date of publication: 08/02/2016

### 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



### Overall summary

This inspection took place over two days on the 9 and 15 December 2015 and was unannounced. At our last inspection of this service in December 2014 we found there were five breaches of regulations. These related to staffing levels, cleanliness in the home, promoting people's independence, assessing risk and food and nutrition. At this inspection we found the provider had successfully addressed these issues.

The service was registered to provide accommodation and support with personal care to a maximum of 15 adults. The service provided support to people with

complex mental health needs and substance misuse issues within a therapeutic environment. Typically people used the service for a period of 18 to 24 months before moving on to a more independent setting. 12 people were using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Medicines were not always managed in a safe manner. The provider had not always notified the Care Quality Commission of safeguarding allegations. Support plans did not adequately address people's physical health care needs and people did not have routine access to dental care. Support plans did not adequately set out how to develop and promote people's independence. Accurate records were not always kept of how the service responded to complaints made by people that used the service. The systems for monitoring the quality of care and support provided were not always effective.

The service was found to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the end of the full version of this report.

People told us they felt safe using the service. We found there were enough staff working at the service and

checks were carried out on staff before they commenced working. The premises were found to be clean and secure. Risk assessments were in place which provided guidance on how to support people in a safe manner.

The service was operating within the spirit of the Mental Capacity Act 2005 and people were able to make choices about their daily lives. No one was subject to a Deprivation of Liberty Safeguards authorisation. People were provided with sufficient amounts to eat and drink and were able to make choices about what they ate. Staff undertook training appropriate to their role and received support from management through regular supervision.

People told us that staff were caring and we observed staff interacting with people in a friendly and respectful manner. The service took steps to promote people's privacy and independence.

People told us the service was responsive to their needs. People had access to both group and individual therapy sessions to help meet their needs around mental health issues. People were aware of how to make a complaint.

Staff and people that used the service spoke well of the registered manager and management team. There was a clear management structure in place at the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Medicines were not always managed in a safe manner. The service had not always notified the Care Quality Commission about safeguarding allegations.

Detailed risk assessments were in place which provided guidance to staff about how to support people in a safe manner. The service did not use physical restraint when working with people.

There were enough staff working at the service to support people in a safe manner and robust staff recruitment checks were carried out.

The premises were clean and secure.

**Requires improvement**



### Is the service effective?

The service was not always effective. Care plans did not include adequate detail about how to support people with their physical health care needs and people did not have regular access to dental care.

The service was working within the spirit of the Mental Capacity Act 2005 and people were able to make choices over their daily lives. This included choices about what they ate and we found people were provided with adequate amounts of food and drink

Staff received an induction training programme on commencing work at the service. They then received regular training and supervision to support them in their role.

**Requires improvement**



### Is the service caring?

The service was caring. People told us staff treated them with respect and we observed staff interacting with people in a kind and friendly manner.

The service sought to promote people's privacy and independence.

**Good**



### Is the service responsive?

The service was not always responsive. Although support plans were in place these were developed without the involvement of people. Further, they did not adequately address how the service supported people to develop their independence.

The service had a complaints procedure in place and people were aware of how to make a complaint. However, accurate records were not always kept of how the service responded to complaints made by people that used the service.

People were provided with therapeutic support to help them meet their needs.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not always well-led. Although quality assurance and monitoring systems were in place these were not always effective. Feedback from people that used the service was not always acted upon.

The service had a registered manager in place and people that used the service and staff said they found them to be helpful, supportive and approachable.

**Requires improvement**



# Highams 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.

This inspection took place over two days on the 9 and 15 December 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor with a background in managing mental health services and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports, notifications the provider had sent us and information received from the public. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with six people that used the service. We spoke with six members of staff. This included the registered manager, clinical director, two deputy managers, an assistant therapist and a support worker. We also spoke with a social care professional who was visiting the service during our inspection.

We examined various documentation. This included six sets of care records relating to people that used the service, staff recruitment, and training and supervision records. Minutes of staff and service user meeting, medicine records, audits and various policies and procedures including the complaints and adult safeguarding procedures.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person replied when asked if they felt safe, “Yes, obviously we're protected by staff.” Another person said, “I feel safe living here.”

We found some concerns relating to the recording of medicines. We found that one person had been prescribed paracetamol 500mg tablets as a regular medicine but the service was administering it on an ‘as required’ (PRN) basis. We checked the amounts of medicines held in stock against what the records showed should have been in stock. Records showed one person should have had 74 hydroxychloroquine sulphate 200mg tablets but there were only 73 in stock. This meant that one tablet could not be accounted for. One person was tested for their blood glucose levels daily due to diabetes and results were recorded on Medicine Administration Record (MAR) charts. The MAR charts included information about what action staff needed to take if levels were too low but not if they were too high.

Poor recording of medicines increases the risk of errors occurring with the administration of people’s medicines, which potentially puts people at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were stored securely in designated locked medicines cabinets which were located in the office. The office was kept locked when not in use. Controlled drugs were stored in a controlled drugs cabinet. The controlled drugs register was up to date. During the first day of our inspection we found that only one member of staff signed when administering controlled drugs. We discussed this with the registered manager and noted that by the time of the second day of our inspection the service had introduced a system where two staff signed when administering controlled drugs. We saw guidelines were in place to advise staff on when ‘as required’ medicines should be administered. Staff told us they undertook training before they were able to administer medicines and this included an assessment of their competence. Medicines that were no longer required were returned to the supplying pharmacist. However, on the first day of our

inspection we found that the pharmacist did not sign when they received returned medicines. We discussed this with the registered manager and found this issue had been addressed by the second day of our inspection.

The provider had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegations of abuse to the host local authority and the Care Quality Commission (CQC). Records showed that safeguarding allegations had been reported to the local authority but not to the Care Quality Commission. The registered manager said they were not aware that they had a legal responsibility to do so.

The provider has a legal responsibility to notify the Care Quality Commission of any allegations of abuse. Not doing so is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff were knowledgeable about the different types of abuse and were aware of their responsibility to report any allegations of abuse to their manager. Staff were also knowledgeable about whistleblowing and understood they had the right to whistle blow to outside agencies if appropriate. However, although the provider had a whistleblowing procedure in place, this did not make clear that staff had the right to whistle blow to outside agencies. We discussed this with the clinical director who said they would take steps to amend the procedure accordingly.

At our last inspection of this service in December 2014 people told us they felt unsafe at the service. This was because the doors at the rear of the property were not secure. During this inspection we found that all the rear doors had been replaced and were now secure. One person told us, “Previously the doors didn't lock, now it's made a massive improvement, it feels more comfortable, like home.” We also found at the last inspection that the service did not have an effective system in place for monitoring and ensuring that maintenance issues were addressed in a timely manner. We found the service had addressed this issue and that maintenance issues were now dealt with appropriately.

At our previous inspection we found that the service did not always have comprehensive and up to date risk assessments in place for people. We found this matter had been addressed during this inspection.

## Is the service safe?

Issues covered by risk assessments included aggression and violence, substance misuse and suicide and self-harm. The risk assessments were individual to each person containing information about how to meet their risks in a personalised manner. For example, one risk assessment stated, “If staff confront [person that used the service] whilst they are under the influence [of drugs or alcohol] the risk of aggression escalates.”

Risks people faced were assessed as either high, low or medium risks. Risk assessments included a section on signs and triggers to look for which might indicate a person was becoming increasingly at risk. Staff had a good understanding of what these signs were for people. There was a section on interventions for staff to take when people were exhibiting behaviours that challenged the service and posed a risk to themselves and others. The information about interventions stated that staff were not to use any form of physical restraint and staff we spoke with confirmed this was the case. One staff member said, “We are not allowed to physically intervene.”

Staff had undertaken training about supporting people with behaviours that challenged and the use of de-escalation techniques. One staff member described how they had intervened between two people using the service without the use of any restraint by using de-escalation techniques and ensuring the two people were separated and both provided support by staff.

During the first day of our inspection we found that risk assessments were reviewed and updated after a significant incident had occurred but the assessments did not include any details of what the incident was. We discussed this with the registered manager and we found that risk assessments were subsequently updated by the second day of our inspection to include this information. This helped staff to understand risks people faced by providing some context to those risks.

At our last inspection of the service in December 2014 we found staffing levels were not always adequate to meet people’s needs. This was because people told us there was only one staff available at night and they felt this was not enough to provide emotional support to people if they were anxious or concerned about something. During this

inspection we found the service now had two staff working at night. One was a waking night staff and the other was a sleeping night staff that was available to provide extra support should it be needed.

All of the staff we spoke with said there were enough staff at any time of the day to respond promptly in a safe manner to incidents of behaviours that challenged the service. One member of staff said, “I don’t think the clients are unsafe due to staffing levels.” They told us they were able to prioritise their workload and felt comfortable asking other staff to help them out if they had a particularly heavy workload, describing the staff team as, “Really helpful.” Another member of staff said, “Staffing levels at the moment are quite good. There is quite a lot of flexibility in the staff team if needed with managing the workload.” One of the deputy managers told us that if a member of staff could not make their designated shift it was always possible to find a replacement staff member so the service was not short staffed.

Some people we spoke with told us they would like more staff so that they had more time to talk with staff. The registered manager told us that the nature of the service meant that some people were initially over dependent on staff and would happily spend all their time with staff given the opportunity, but that one of the aims of the service was to support people to become more independent and less reliant on staff over time.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out before new staff were able to commence working with people. These checks included employment references, proof of identification and criminal records checks. This meant the service had taken steps to help ensure that only suitable staff worked at the service.

At our last inspection we found the premises were not always kept adequately cleaned. We found this issue had been addressed. The service had a cleaning group which encouraged people to take responsibility for keeping the premises clean and helped them to develop independent living skills. In addition, staff on duty carried out daily cleaning of the service. There was also a deep cleaning service that visited the premises every two weeks. We found the premises to be visibly clean during our inspection.



# Is the service effective?

## Our findings

Support plans did not have clear information about how to promote people's physical health needs. The registered manager said, "We know that's true (that support plans did not cover people's physical health needs to the same standard as their mental health needs)." They told us they believed the service was meeting people's physical health care needs but that this was not being properly recorded. We found that the service did not keep clear records of appointments with health care professionals or of any follow up action that was necessary. In addition, support plans did not have clear and measureable goals and objectives in place about how to support and promote people's physical wellbeing. We found by the second day of our inspection that the service had designed forms for recording and monitoring people's health care appointments but support plans had not been updated.

We found that although people had access to dental care this was when requested by people. There were no arrangements in place for people to have routine six monthly dental check-ups. We discussed this with the registered manager who said they would implement a system whereby people were supported to have regular dental check-ups.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records contained detailed information about their past psychiatric history. However, on the first day of our visit we found they did not always include a clinical diagnosis of people's mental health. We discussed this with the registered manager and found that diagnosis had been recorded in care files by the time of the second day of the inspection.

Support plans included contact details of health care professionals and family members which meant they could be contacted easily if necessary. The registered manager told us that people routinely saw their GP twice a year for a check-up. We noted one person went to the GP during our inspection for a review of their medication. People were supported to take some responsibility for managing their

health. One person told us, "They (staff) encouraged me for ages to do this on my own (go to the optician). I got my eyes checked and I'm picking up my new glasses next week."

At the last inspection of the service in December 2014 we found there was not always enough food for people to eat. At this inspection we found this issue had been addressed. We saw there were well stocked food cupboards and people told us there was enough to eat. One person said, "There is plenty of food. If you are hungry you just help yourself." People told us they liked the food. One person said, "It's excellent and cooked to a high standard." Another person said, "The food is quite nice."

People were expected to be involved in meal preparation to help develop their independent living skills. One person told us, "You can have support if you want it (with cooking) but if you're capable on your own, they'll let you get on with it." The deputy manager said, "Everyone is expected to cook. There is a cooking rota that is decided at the residents meetings." Records showed that people took it in turns to cook the evening meal with support from staff if required. The person who cooked chose the meal with input from other people. People told us if they did not like the communal food choice they were able to choose something else.

All permanent staff had completed an induction programme when they started in their role. Staff told us their induction included shadowing colleagues and looking through care plans to familiarise themselves with the support needs of people using the service.

Staff had regularly completed training which we saw from certificates in staff files. Examples of training included infection control, equality and diversity and medication. Some of the training was based around the needs of individuals, for example training on diabetes.

Staff told us they were happy with the training that was provided. One member of staff told us that they had completed a Post-graduate Diploma run by the provider in 'Psychotherapy for Practitioners in Therapeutic Environments' and that they were also in the process of completing a Master's Degree in Social Work. This member of staff told us that they felt supported by management in carrying out these courses and that they were relevant to the nature of the service, which provided a therapeutic



## Is the service effective?

community. Staff also had the opportunity for training related to continuous professional development, for example, one staff member told us they had recently undertaken a three day course about personality disorders.

Therapy staff told us they received weekly supervision from the registered manager which included a section on clinical supervision. One staff member said, “We meet weekly for supervision.” Another staff member said of their supervision, “We talk about the clients and any incidents that have arisen. I would talk about my own development, about how I feel.” Records showed staff also had an annual review and appraisal of their performance which included a section on areas for growth and development in the year ahead.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that they were.

No one was subject to any Deprivation of Liberty Safeguard authorisations at the time of our inspection. People told us and we observed during our inspection that people were free to come and go from the service any time they chose. The registered manager told us people had their own front door key and we saw people letting themselves in to the building with their own key. Staff had a good understanding of issues relating to the MCA and supported people to make choices. This also included therapy with people to help them understand why they made potentially unwise choices at times, for example in relation to over eating.

‘License to occupy’ agreements were in place for people. These set out the rights and the responsibilities of the provider and the person that used the service and we saw that both parties had signed these documents. That meant people were provided with clear information about the rights and responsibilities at the service of both themselves and the provider. We also saw that people had signed consent forms to allow confidential information about them to be shared with relevant others.

# Is the service caring?

## Our findings

People told us they thought the service was caring and gave examples of how staff acted in a caring manner towards them. For example, one person told us they informed staff they did not feel comfortable in their bedroom and staff arranged to change their room which made them feel better. Another person said they were, “Really well looked after.” Another person said, “I like it here. I’ve got my own room. Staff are very friendly.”

Some of the communal areas of the home had recently been decorated and this had been led by people that used the service. Likewise, we noted there were Christmas decorations on display at the time of our inspections which had been put up by people that used the service. This showed people had choice over the physical environment.

Two people showed us their bedrooms and said they were happy with them. We saw they were decorated to their personal tastes and contained their own possessions. People had keys to their bedrooms which promoted their privacy. All bedrooms were ensuite with a shower, toilet and hand basin which again served to promote people’s privacy. One person told us, “Everyone has their own bedroom and shower room, for which we have our own keys. We’ve got privacy.” People had their own mobile phones. In addition, the office telephone was cordless and the deputy manager told us people could use it in their bedrooms if they needed to make a private phone call.

The registered manager told us that people were expected to eat the evening meal together as a community and that this was to help people to develop social skills. It gave

people the opportunity to sit and talk with others and to build relationships which were important factors in developing people’s independence. The registered manager told us the communal meal helped people to, “Learn to sit down and share food and attention with others.” It also gave people the chance to talk with staff outside of a therapeutic setting. People were also supported to develop other independent living skills such as laundry and cleaning. Each person was responsible for keeping their room tidy and staff provided support with this as required. One person told us staff encouraged their independence, telling us, “[Staff encourage me] to go to the bank by myself.”

We found there was a relaxed atmosphere at the service and people were at ease in the company of staff. Throughout the day we saw staff speaking with people in a caring and supportive way. They seemed very aware of people’s needs and were attentive to those. For example, one person went outside to have a cigarette. We saw a staff member join them and chat, which led to the person sharing some personal concerns they had and clearly welcomed the informal, natural approach from the staff. We also observed staff remind one person that the meeting for people was about to begin and left the choice to the person if they wanted to attend. The staff member questioned the person’s reasons for delaying going which allowed them to consider what they were doing and why. There was no sense of being pushy, but rather encouraging independence and taking responsibility.

Staff told us they supported people’s spiritual needs. For example, people had been supported to attend a place of worship even if it clashed with a therapy session.

# Is the service responsive?

## Our findings

People told us the service was meeting their needs. One person said, “I’ve been off drugs for four months now. Since I’ve been here I’ve told the truth for the first time. I was wanting to fail. Then they’d kick me out. I was expecting it. However, they said ‘we just want to help you’ and they gave me another chance. No-one’s ever done that before.” They added that staff, “Have done a brilliant job. They’ve helped me. In the past, everyone’s said I was too hard to handle and only gave me one chance.”

A visiting professional told us they believed the service was meeting people’s needs. They told us staff were knowledgeable about the person they worked with and that the person had made good progress during their time at the service.

The deputy manager told us the service had identified that the support plans for people were not of a satisfactory standard. They said, “The care plans written by staff were not detailed enough, (they needed) more detail and more specific goals for residents.” Both the deputy manager and the registered manager told us that support plans tended to concentrate too much on therapeutic issues and that they lacked clear and measurable goals for people to achieve. The registered manager said the support plans were, “Not very client focussed.” They told us that the service was in the process of developing new support plans with the involvement of people that included goals that could be measured and achieved. However, at the time of our inspection these were still in development and not in actual use.

The support plans we examined included information about how to support people to meet their therapeutic needs. However, they contained insufficient information about how to meet people’s practical support needs in particular with relation to supporting people to develop their independence. This was despite the fact that one of the major objectives of the service was to support people to move on to a more independent lifestyle and accommodation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection we found that support plans were in place for five of the six people we looked at. We found that a care plan had been put in place for the other person by the second day of our inspection.

The service held a daily therapeutic group meeting which was open to all people using the service and attended by the therapy staff on duty. In addition to this people had one to one therapy sessions with trained therapists working at the service. One therapist said these enabled, “Clients to come and speak about their difficulties” and that the sessions were “client led.”

A weekly ‘education group’ was run at the service. This had the aim of supporting people to learn skills and knowledge that were important for their wellbeing and developing their independence. For example, recent ‘education group’ topics had included sessions on oral hygiene and issues around weight gain.

The service completed quarterly progress reports about people. These provided an opportunity to monitor and discuss the progress people had made over a three month period in relation to the risks faced as outlined in risk assessments and with their therapeutic needs.

People were supported to access the community although the registered manager told us the nature of the client group sometimes made this difficult. They gave an example of a person that was supported to find and attend a place at college but after attending the class felt they were not yet ready for such a level of community participation. There were examples of people being supported to access the community, for example a trip to central London, visits to the library and to a local market.

The provider had a complaints procedure in place. The procedure included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service.

We looked at records of complaints that had been made. We had been informed by the registered manager about a person’s complaint and the nature of it prior to looking at the records. The records did not document the initial complaint, only the response so there was no trail or chronology of events, for example the length of time it took the service to respond.

## Is the service responsive?

We saw various written complaints from one person using the service. However, there was no record that these complaints were responded to. The registered manager told us that although these were not formally responded to, they were dealt with to the satisfaction of the person who complained but this was not recorded. This meant that even though the registered manager told us that complaints were handled appropriately, they were not accurately documented meaning that an effective complaints system was not in place for the people using the service.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find that some complaints had been dealt with appropriately in line with the complaints procedure. We also found that people felt comfortable raising any concerns they had. One person said, "If I want to say this isn't right or I'm not happy with something I'll say so." People also knew how to access the complaints procedure, one person said, "It's [copy of complaints procedure] on the notice board."

# Is the service well-led?

## Our findings

The service carried out an annual survey of people that used the service, and health and social care professionals. The results from the most recent survey were produced in the 'Clinical Review and Quality assurance Audit' for the period 1 April 2014 to 31 March 2015. However, there was no analysis of the results of the survey and no action plan produced in response to any issues raised. In addition, the clinical director told us there was supposed to be a six monthly satisfaction survey of people that used the service. We only saw six completed satisfaction surveys and these were not dated and there was no action plan in place about how to respond to the surveys.

The service had various systems in place for monitoring the quality of care and support provided. However, these were not always effective. For example, although there had been an audit of people's support plans this had not picked up that they did not provide adequate information about meeting people's needs in regard to their physical health and developing their independence.

As quality assurance systems were not always effective and because the service had not taken action to respond to issues raised in the surveys of people we found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that action had been taken as a result of past incidents to reduce future risk. For example, after one person managed to get hold of medicines the office was re-designed and the medicine cabinet moved to make it more difficult for this to happen again.

The clinical director told us senior staff carried out an annual 'Clinical Review and Quality assurance Audit'. They said the most recent one had focussed on care files to make sure documentation was in place and that reviews of people's support needs were up to date. We were told that as a result of these checks improvements had been made including replacing black and white photographs of people with colour ones and the introduction of 'grab packs'. A grab pack was a condensed version of people's risk assessments so that new staff were able to easily and quickly read about key issues relating to supporting people in a safe manner.

The service had a weekly staff meeting for all permanent staff to attend. A member of staff told us this gave the team

the opportunity to discuss issues relating to people that used the service and any incidents that had occurred. This provided the service with a learning opportunity to discuss how things could have been done differently and what could be done in the future if a similar incident occurred again. Another staff member said of the team meetings, "I find them very useful and very important. We don't always work with the same staff members and because of the large amount of clients it is good to meet up once a week to catch up on things."

During the inspection we sat in on part of a staff meeting and observed staff discussing and reflecting on how best they were able to support people to meet their changing needs. We observed that therapy staff felt comfortable in challenging points and ideas raised by the registered manager and that the team was able to openly discuss issues as a whole. This demonstrated an open and inclusive management culture within the service. We saw that weekly team meetings were four hours long and this gave the team the opportunity to have regular in-depth discussions about people and to share ideas about best practice.

The service had a suggestion box which enabled people to make suggestions anonymously if they wished. We looked at recent suggestions and several of these were a request for better internet connection within the service. The registered manager told us that they had negotiated with a new internet supplier who were due to commence in January 2016, which meant the service responded to suggestions made.

In addition to the daily therapy meetings held there was also a weekly 'community meeting' which was open to people that used the service. Records of these showed that people were able to chair these meetings and act as the minute taker. Discussions included food choices, maintenance issues and suggestions and complaints.

The service had an annual review of its therapeutic standards carried out by 'Community of communities' which is affiliated to the Royal College of Psychiatrists. The most recent review took place in August 2015 and according to the 'Community of communities', the purpose of the review was 'to share ideas, discuss community structures and practices and to identify strengths and weaknesses.'

## Is the service well-led?

People spoke positively of senior staff. One person said of the registered manager, “She is a lovely lady, she is very helpful. She encourages me to do more than I can do. She is a good listener.” Another person told us how the manager was ready to deal with issues people had. They said, “If we've got concerns, the manager calls a meeting.” They said they welcomed this approach and it helped to get things sorted out.

The service had a registered manager in place who was supported by two deputy managers in the running of the service. There was an on-call system which meant staff were able to access support from senior staff at any time. Staff were aware of where the on-call phone number was located.

Staff spoke well of the registered manager. One member of staff described the registered manager as, “Very good.” They went on to say, “[Registered manager] is very understanding and client focussed. There is an open door style of management.” Another member of staff said of the registered manager, “I feel she is one of the best people I have worked with as a manager. Even if she is not on-call she will talk to me. She provides a lot of advice and support that is helpful.”

The registered manager was positive about the staff team at the service. They said, “I feel really proud of the staff team, we have a really caring and dedicated team. We have people who will go above and beyond to meet the needs of clients.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The provider had failed to notify the Care Quality Commission of all allegations of abuse involving people that used the service. Regulation 18 (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way to service users because there were not adequate systems in place for the proper and safe management of medicines. Regulation 12 (1) (2) (g)

Care plans did not adequately assess the physical health needs of people or provide information about how to promote people's physical health and wellbeing. People did not have regular access to dental care. Regulation 12 (1) (2) (a) (b) (l)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Support plans had not been developed in collaboration with service users and they did not clearly set out achievable goals and objectives for developing people's independence. Regulation 9 (1) (3) (a)

### Regulated activity

### Regulation



This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The service did not have effective systems in place for recording and responding to complaints made by service users and others. Regulation 16 (1) (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service did not have effective systems in place for monitoring the quality of care and support provided. Effective systems were not in place for seeking the feedback of people that used the service and acting upon that feedback. Regulation 17 (1) (2) (a) (b) (e)