Cygnet Learning Disabilities Midlands Limited

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cherry Tree House is a residential care home providing accommodation for persons who require nursing or personal care to up six people. The service provides support to people with learning disabilities and autistic people. Each person lived in their own self-contained flats within the building. At the time of our inspection six people were using the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The provider worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learnt from those incidents and how they might be avoided or reduced.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area and to interact with people who had shared interests.

Staff supported people to play an active role in maintaining their own health and wellbeing. Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care:
Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:
People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 31 March 2020 and this is the first inspection.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Care Quality Commission

Cherry Tree House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector on day one and one inspector and specialist medicine inspector on day two. An Expert by Experience made phone calls to people's relatives to gather their feedback about the quality of care.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Cherry Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, due to a long-term absence

of the registered manager a peripatetic manager was in post to support the service.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 2 August 2022 and ended on 10 August. We visited the service on 2 and 3 August 2022.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority, the local clinical commissioning group and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We made observations of people and how they expressed themselves through their facial expressions and body language. Not everyone living at the service was able to talk with us, and used different ways of communicating, including body language and signs.

We spoke informally with four people about their experience of living at the service. We spoke with five relatives about their experience of the care provided. We spoke with seven members of staff including the peripatetic manager, deputy manager, senior support worker and support workers. We reviewed a range of records. This included three people's care records and four people's medication records. We looked at four staff files in relation to recruitment and staff supervision.

A variety of records relating to the management of the service, including policies and procedures were also reviewed. We received feedback from three health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risks to people were identified and risk assessments were in place. However, some risk assessments did always provide enough information for staff how to reduce these risks. We raised with the manager who took immediate actions and started reviewing and updating risk assessments to ensure they were detailed enough to keep people safe.

● Some people could become distressed or anxious and put their safety and that of others at risk. Staff were aware of how best to support people and received appropriate training. People had care plans explaining how to best support them when they become anxious or distressed.

● Staff recorded and monitored any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them. The manager told us that the use of physical restrictions to keep people safe had significantly reduced in past few months. This was because people's plans of care were effective, and staff always considered less restrictive options before limiting people's freedom. We saw evidence of this.

● Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards.

● Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Checks included, regular management walk-round the service, regular fire safety checks, water and equipment checks.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.

● People told us they felt safe living at the service. Relatives confirmed that they also felt their family members were safe. Comments included, "I do think my relative is safe here and I am being honest when I say I am happy with my [relative] living here."

● Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they felt confident they would be able to recognise sign and symptoms of abuse and knew how to report concerns. Staff told us, "If I had any concerns I would go straight to the management, I could go to the regional director, local authority or CQC."

● There was a prominent information about safeguarding adults displayed in key areas of the home in a form people could understand and use. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Staffing and recruitment

● People were supported by enough staff, including for one-to-one or two-to-one support for them to take part in activities and outings.
● Safe staff levels were available throughout day and night. The manager had changed shift patterns to reduce disruption to people's day that could cause them upset. As a result of these changes one person's distressed behaviours had reduced which resulted in reduction of incidents between people.
● Relatives and staff felt there were enough staff available to meet people's needs and provide support when this was needed. Staff told us that previously they were often short staffed with high use of agency staff, however in last few months new staff were recruited and the reliance on agency staff had reduced. This meant that people were now supported by staff who knew them well.
● Each person's record contained a clear one-page profile with essential information with 'dos and don'ts' to ensure that new or temporary staff could see quickly how best to support them.
● The provider operated safe recruitment procedures to ensure all staff were suitable to work in the home. All staff we spoke with confirmed prior to working in the home a Disclosure Barring Service (DBS) check was carried out and two references were obtained. The DBS helps employers make safer recruitment decisions.

Using medicines safely
● The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff ensured that people's medicines were reviewed by prescribers in line with STOMP (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.) It is a national project involving many different organisations which are helping to stop the overuse of these medicines.
● People's support plans described when chemical restraint was indicated, staff were aware of these and described always using the least restrictive intervention possible. We did not see evidence of medicines used to inappropriately restrain people and, when a medicine was used it was in line with the individual's positive behaviour management plan to reduce anxiety or distress.
● People received support from staff to take their medicines in ways that were acceptable to them. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating or where medicines were refused.
● Staff made sure people received information about medicines in a way they could understand.
● Staff followed national good practice, and had local measures in place, to check that people had the correct medicines when they moved services or went on home visits.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting Care Homes
● There were no restrictions on people welcoming visitors to their home.

Learning lessons when things go wrong

● The provider managed incidents affecting people's safety well. Staff knew how to recognise and raise concerns and incidents and reported them appropriately.
● The provider had robust systems to monitor and assess accidents and incidents.
● Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the provider to reduce incidents and make improvements to the care proved to people who used the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed as part of their admission into the service and then regularly reviewed. This helped staff to support people consistently to reduce anxiety, distress triggers and around their communication needs and preferences. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
● People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and emotional needs. People's care plans outlined clear pathways to future goals and aspirations, including building on and teaching people new skills.

Staff support: induction, training, skills and experience
● People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
● Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. If staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care.
● Staff received support in the form of continual supervision, appraisal and recognition of good practice. All staff we spoke to told us they felt supported by current management team. Comments included, "I feel very supported by the management, both [manager and deputy manager] are very approachable", and "Management team are very supportive, I can always go and speak to them."

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet.
● People told us they had personal weekly budget they could spend on food shopping. People told us they could eat and drink food they liked without any restrictions. Some people told us they tried to eat healthy so they could maintain healthy weight.
● Because people lived in their own flats, they were all individually involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in people's own kitchenets, in their preferred way and according to their capabilities.
● People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● People played an active role in maintaining their own health and wellbeing.
● People were supported to access a range of health and social care professionals. There were regular multi-disciplinary team meetings held to review people's needs. People were supported to attend annual health checks, screening and primary care services.
● The provider had developed very positive partnership working with their local GP practice. The manager told us the GP had agreed to offer the service double appointments to ensure health professionals had enough time to see people without rushing them or causing them unnecessary anxiety or distress. This meant people had not missed their regular health check-ups.
● People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed

Adapting service, design, decoration to meet people's
● The provider ensured the environment was suitable for people's needs.
● People were encouraged to make choices about decorating their own flats. We saw people's flats were decorated with personal items such as photographs, wall stickers or posters on the wall. People were very proud of their homes. Some people had access to their own outside area and others who lived on first floor had access to the communal garden.
● There were a lot of various information available to people throughout the corridors, all in easy to read version.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
● People's capacity assessments were detailed and comprehensive. We saw the management team had provided people with the necessary information in a format people understood, such as easy read materials or pictorial aids to help them make the decisions. For people who were assessed as lacked capacity to make specific decision, best interest decisions were recorded.
● The manager understood their responsibilities under the MCA, and they had made appropriate applications to the local authority for DoLS authorisations. The provider had a system in place to keep a track of all DoLS applications.
● No-one using the service was receiving their medicines covertly. Staff described supporting a person to

move from covert administration on admission to the person receiving medicines in ways acceptable to them without the need to administer them covertly. This meant staff always sought people's consent before they administered their medicine.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Each person was assigned a keyworker whose additional roles included undertaking regular reviews, planning activities and liaising with the person's family.
● Staff members showed warmth and respect when interacting with people. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We observed a number of positive interactions between staff and people throughout the inspection. It was apparent staff knew people well and how best to support, and how to communicate with them.
● Staff ensured people were protected from exposure to any environmental factors they would find stressful. They were mindful of people's sensory perception and processing difficulties.

Supporting people to express their views and be involved in making decisions about their care
● Staff took the time to understand people's individual communication styles and develop a rapport with them.
● Relatives told us they felt staff supported their family members to make choices, listened to them, and respected their choices. Relatives also spoke positively about the caring approach staff had. One relative said, "Staff treat my [relative] with respect and listen to what [person] has to say. My [relative] loves it here. They aren't moving from here. My [relative] has a life now."
● People were supported to express their views about their care, daily lives and make their own decisions as far as possible. The provider sourced feedback from people, for example, recently the provider asked people for their views about staff uniforms. Majority of people said they would like staff to wear casual clothing, especially when they go out, so they don't stand out in public. This was then discussed with staff and agreed. We saw staff were wearing casual clothing throughout the inspection.

Respecting and promoting people's privacy, dignity and independence
● Each person had a skills teaching plan which identified target goals, aspirations and supported them to achieve greater confidence and independence.
● One relative told us staff knew their relative very well and knew how to recognise the person needed their own space at times when they became distressed or anxious. They said, "They (staff) have a good knowledge and understanding of my relative. They have done a lot of work to understand my [relative] and recognise their triggers."
● Staff understood when people had enough of something, for example an activity or wanting time on their own. We saw during our inspection that staff respected people's wishes, when they communicated, they did not want to do something. This meant people had control over what they were doing, and their choices

were respected by the staff team.
- People were encouraged to be as independent as possible with areas of their daily routines, and to participate in meaningful activities they enjoyed. For example, one person had a small pet they were taking care of.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records were person centred and contained information about their likes and dislikes, favourite places to go and preferences. This meant staff provided people with personalised, proactive and co-ordinated support.
- People were supported with their sexual orientation, gender identity and religious beliefs without feeling discriminated against.
- Most relatives we spoke to told us they had seen the care plans and were happy with its content. One relative told us, "I saw the care plan some time ago and was happy with it. There haven't been any changes to it recently", and another relative said, "I have seen the Care Plan and was involved with it. It was updated after an incident some time ago."
- There were systems in place for people's end of life care and support needs to be assessed. There was an option to complete a 'last wishes' document with people as part of their care record, as appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the principles of the AIS. People's communication needs were explored as part of the care planning during which staff looked at how to support people to have access to information in formats they could understand. For example, the use of clear verbal information, supported by signs or symbols and social stories.
- Each person had been given a copy of their own care plan in an easy to read version.
- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Staff had good awareness, skills and understanding of individual communication needs. We saw they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at the service were encouraged to lead active lives within the local community and to attend

social events.
● People's activity plans for the week, were tailored to their individual preferences and areas of interest. Staff supported people to try new activities such as fishing and camping, other people joined local drama group and were performing on the stage. People told us they really enjoyed living at the service and the activities they were taking part in.
● People's relatives gave positive feedback about the level of activities people were engaged with. One relative told us, "My [relative] does activities like football, basketball, swimming, weekly disco and trips to the seaside."
● Staff supported people to maintain regular contact with their family members. One relative told us, "I went shopping with my [relative] recently and I nearly cried (with happiness) because [person] is doing so much better. The staff seem to know how to support my relative and now they have less incidents. For me, the care my [relative] gets is spot on."
● Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. For example, one person was supported to attend church on a regular basis.
● One person wanted to take up a voluntary job and staff was supporting them to find appropriate place and to ensure any potential risk were assessed and reduced.

Improving care quality in response to complaints or concerns
● The provider had a policy and process for managing complaints, which was displayed clearly in the home. This was available in a range of formats to make it accessible to people.
● Staff maintained regular contact with people's relatives and were able to address any concerns in a timely way before they got to the stages of a complaint.
● The service kept a record of compliments received. These gave positive feedback about the standards of care provided.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff told us that the service "had gone through its ups and downs" but since the new manager arrived last year things started to improve. All staff told us they felt very much supported and empowered by the manager.
- Relatives were very positive about the management and staff at Cherry Tree House. One relative told us, "The best thing here is that they (staff) give my relative a life which they have never had before and some independence. It's fantastic; it's working."
- Staff told us they felt respected and supported by their manager which supported a positive and improvement-driven culture. Staff spoke positively about the support they got to carry out their roles. Staff told us that nothing is a problem to the manager, for example when staff identified a new activity (a boat trip on River Trent) which all people could take part in, the manager ensured there were sufficient funding to cover the cost of it.
- The atmosphere in the home felt relaxed, we saw staff and people come in to speak to the manager and ask questions.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The management knew people very well, they had extensive knowledge about people's needs. Staff told us that the managers worked directly with people and led staff by example, for example when people were showing signs of anxiety or distress.
- Managers promoted equality and diversity in all aspects of the running of the service. The new manager had recently identified some staff to act as a champion in a specific area, for example infection control, safeguarding or induction champion. The provider had installed an interactive board with photos of each champion and voice recording explaining their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used a range of regular audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included regular checks on all aspects of people's care and the building environment. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues were dealt with in a timely way.
- The manager had a good understanding of their role and responsibilities to manage and lead the service consistently well and felt well supported by the provider's management team. The manager had

immediately responded to any minor issues or shortfalls we identified during the inspection and had made the necessary improvements.
● The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Staff understood the provider's vision for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives told us they felt the service was managed well. One relative said, "This manager is good, a lot more attentive and helps me with meetings; talks things through with me."
● The provider sought feedback through a satisfaction surveys from the relatives. Relatives told us, "I think I filled in a questionnaire three months ago. I would rate the service as 8 out of 10 because I don't believe things are perfect. It's a lot better than it was. I don't want my relative to move. My relative now had more of a life but it could be better."
● Staff encouraged people to be involved in the development of the service. Staff showed us that they did this using appropriate communication methods for each person. This ensured that everyone had the opportunity to share their ideas to make the service a better place for them to live.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
● Incidents and accidents were dealt with appropriately by staff. Incidents were recorded, reviewed by the manager and a copy sent to the provider in line with their own policies.

Working in partnership with others
● Staff and the registered manager were confident to recognise when they needed to refer people to external health and social care professionals. Engagement with the GP ensured people's clinical needs were met when needed and to review their prescribed treatment.
● We saw evidence of other professionals, including social workers and the speech and language therapist, being involved in people's care planning. Working with the community learning disability team provided staff with relevant support with regards to the service provided to people.