

Conifers Limited

44 Broad Green Avenue

## Inspection report

44 Broad Green Avenue  
Croydon  
Surrey  
CR0 2ST

Date of inspection visit:  
25 September 2017

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28 November 2017

### 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

44 Broad Green Avenue provides accommodation, care and support to up to six people with a learning disability. At the time of our inspection four people were using the service.

At our last inspection of the service on 29 June 2016 the service was rated 'good' overall and for all key questions. We undertook an unannounced comprehensive inspection on 25 September 2017. We undertook this inspection because we received concerns about whether people using the service were adequately protected from abuse. At the time of inspection there was an ongoing safeguarding investigation and police investigation due to the concerns raised. The outcome of which could not be considered as part of this inspection.

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

Risks to people's health, safety and welfare had not been adequately assessed and mitigated. We found risk assessments did not contain detailed information about how risks were to be mitigated and there was some conflicting information in the risk assessments completed. The provider had not sufficiently protected people from environmental risks. The registered manager had not protected people from the risk of burns from hot water or uncovered radiators, or protected people from accessing harmful chemicals as these were not stored securely.

Staff were not up to date with their required training meaning there was a risk that staff's knowledge may not be in line with good practice guidance. We also saw some staff had not completed training related to people's specific needs including epilepsy and autism which may impact on their ability to support people with these needs.

Staff did not always adhere to the principles of the Mental Capacity Act (MCA) 2005. There was a lack of information about what aspects of their care people had the capacity to consent to. Where staff felt people did not have the capacity to understand certain decisions, there was no information relating to MCA assessments or best interests' decisions. Staff had not applied to lawfully deprive a person of their liberty when they required this level of support in order to safe.

Accurate, complete and contemporaneous records were not maintained in regards to people's care. Care records were not always regularly reviewed and updated in line with changes in people's needs. The records lacked information regarding the level of support people required and how this was to be delivered.

Robust and effective systems were not in place to review the quality of service delivery and ensure timely and appropriate action was taken to address any concerns identified. Sufficient systems were not in place to

mitigate risks to people's health, safety and welfare. The provider's policies were not regularly reviewed and updated.

Staff knew the people they were supporting and provided them with the support they required. They encouraged people to develop their skills and to become more independent. People participated in a variety of activities in line with their hobbies and interests, and where able were supported to undertake work opportunities. Staff were aware of how people communicated and enabled them to make choices about how they spent their time.

Staff supported people to access healthcare services and accompanied them to appointments. Staff were aware of people's dietary requirements and enabled them to eat and drink sufficient amounts to meet their needs. Staff assisted people with their medicines and people received their medicines as prescribed.

There were sufficient staff to meet people's needs and provide them with the level of support they required. Staff were aware of their responsibility to safeguard people from avoidable harm and were aware of the reporting procedures if they did have concerns about a person's safety. Staff supported people to raise any concerns about their care and a process was in place to record, investigate and respond to any complaints made.

There were processes in place to obtain staff, people and their relatives' views about the service through regular meetings and completion of satisfaction surveys.

At the time of inspection the registered manager was aware of their requirements of their CQC registration responsibilities in regards to the submission of statutory notifications. We had received notifications about recent events, including allegations of abuse and incidents involving the police.

We found the provider was in breach of legal requirements relating to safe care and treatment, need for consent, staffing and good governance. After the inspection we contacted the provider asking what action they had taken to address the concerns raised. They provided us with information and evidence of the action taken to address some of the concerns raised which showed some of the risks identified at time of inspection had been minimised. We took this information into account when deciding what action we took. You can see what action we have asked the provider to take at the back of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. The registered manager had not protected people from environmental risks this included protecting people from the risk of burns or accessing harmful chemicals. Risks to people's safety and welfare were not sufficiently assessed and there was a lack of information in people's records about how risks were mitigated.

Staff were aware of their responsibilities to safeguard people from avoidable harm and the reporting procedures to follow if they had concerns about a person's safety. There were sufficient staff to meet people's needs and provide them with the level of support they required. People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective. The provider did not ensure staff completed regular training which ensured they had the knowledge to undertake their duties and a risk their knowledge would not be up to date with good practice. Staff did not always adhere to the principles of the Mental Capacity Act (MCA) 2005, this included in relation to MCA assessments, best interests' decision, and deprivation of liberty safeguards.

Staff supported people to access healthcare services and ensured their dietary needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff had built caring relationships with people. They understood how people communicated and supported them to communicate their wishes. Staff respected people's choices, preferences, privacy and dignity. Staff encouraged and supported people to maintain relationships with friends and family.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

Some aspects of the service were not responsive. Care records were not kept up to date and did not provide detailed information about people's care needs, the level of support people required or in regards to their life history.

Staff had good knowledge of the people they were supporting and encouraged them to participate in various activities, seek employment opportunities, develop their skills and maintain their independence.

A complaints process was in place and people felt comfortable speaking with staff if they had any concerns.

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

Some aspects of the service were not well-led. There were not robust and effective systems in place to review the quality of service delivery and mitigate risks to people's health, safety and welfare. The registered manager had not ensured that accurate, complete and contemporaneous records were maintained about people's care.

There were regular meetings with staff and people to discuss service delivery and obtain their views. People and their relatives were also invited to complete satisfaction surveys to provide further feedback about their experiences of the service.

At the time of inspection the registered manager was aware of their requirements of their CQC registration responsibilities in regards to the submission of statutory notifications.

**Requires Improvement** ●

# 44 Broad Green Avenue

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 25 September 2017 and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service, including any statutory notifications received. These are notifications about key events that occurred at the service which are required to be sent by law. We also liaised with representatives from the local authority safeguarding team and the police.

During the inspection we spoke with two people and observed interactions between a third person and staff as they were unable to have a conversation with us. We spoke with the registered manager and the support worker on duty. We reviewed three people's care records and four staff records. We viewed medicines management procedures, the environment and records relating to the management of the service. After the inspection we received feedback from a representative from a referring authority regarding the care of one person at the service.

# Is the service safe?

## Our findings

We undertook this inspection because we received concerns about whether people using the service were adequately protected from abuse. At the time of inspection there was an ongoing safeguarding investigation and police investigation due to the concerns raised.

People told us if they felt unsafe or saw something that worried them they would speak to staff. Despite these comments, we observed the provider had not protected people from environmental risks. The back doors to the garden were not alarmed and the gates out of the garden were open meaning there was a risk that people were able to leave the service without staff knowing. The registered manager told us they shut the gates at the back of the garden when the one person who was unsafe accessing the community on their own was at the service. However, we observed this did not always occur.

The assessments the registered manager undertook of the risks to people's safety were not specific. They did not contain detailed information for staff about how to manage and mitigate risks meaning people were not adequately protected from the risk of harm. Information was included about supporting people to manage their emotions and feelings because of the risks some of their behaviour exposed them to in the community, but there was no information about what this meant or how this was to be provided. Therefore there was a risk that the person would not be provided with the appropriate support to protect their safety in the community and maintain their emotional wellbeing. Risk assessments were not always consistent in the information they provided. For example one person's records stated they were at risk in the community due to their vulnerabilities, but for the section regarding risks from others it stated there were no risks. This person's risk assessment also said there were no risks at the home. It did not consider the hazards at the service including in the kitchen or bathrooms. We saw risk assessments were undertaken following incidents that occurred at the service however, again these lacked detail in regards to how staff were to support the person to mitigate the risk from occurring. For example one person had previously left the service without staff. They were assessed as not being able to access the community safely on their own and their risk assessment stated they were known on occasion to try to leave the service. However, there was little information about how staff should support this person should they try to leave.

Cleaning products were not kept in a locked cabinet which meant there was a risk that people could access these and harm themselves accidentally. The sink in the ground floor bathroom had come away from the wall. There was a risk that people could pull this sink away and it could fall on them causing injury. One person told us the unstable sink was making it difficult for them to get out of the bath. None of the radiators at the service were covered and the radiators that were on were very hot to touch. The provider had not protected people from the risk of burns from radiators. Water temperatures were not safe. Upon checking we observed the first floor sink had a hot water temperature of 48 degrees which was above the recommended temperature and there was a risk that people may scald themselves.

The provider was in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the process to follow if there was an incident or accident. Staff told us they felt confident

calling for medical attention or calling the police in order to protect a person's safety and welfare. Incident reports were completed detailing the event and what action was taken in response. One person had epilepsy. They had previously had a seizure whilst using public transport. They told us staff now accompanied them when travelling long distances or out of the local area to ensure staff were available to assist if they experienced another seizure. Staff maintained a record of all seizures the person experienced to help identify any patterns or triggers. People were aware of what to do in the event of a fire and were able to explain to us where they would go if the fire alarm sounded in order to stay safe.

One person was known to display behaviour that challenged staff. Their care records provided detailed information about the types of behaviour they displayed and what to do if the behaviour was displayed in order to minimise any harm to themselves or others. Staff had been completing an ABC behaviour chart to document and record any episodes of aggressive behaviour, this helped staff to understand triggers to the person's behaviour and signs the person was becoming frustrated or emotional so appropriate support could be provided. Staff had also spoken to the other people at the service about what to do if this type of behaviour was displayed so they could protect themselves from any harm. At the time of inspection from discussions with staff it was clear there were no other known risk behaviours from people towards others at the service.

Staff had completed training in safeguarding adults and were able to describe signs and symptoms that a person may be being abused or harmed. They told us if they observed any concerns or changes in people's behaviour they would discuss this with the registered manager and record their concerns. We observed that previous changes in people's behaviour had been escalated to the registered manager and discussed as a staff team to try and identify what caused this change in behaviour. The registered manager liaised with other health and social care professionals to try and understand why this change in behaviour had occurred. Staff were aware of who had previously been exposed to abuse and harm, and what measures were in place to minimise this, for example, in relation to financial exploitation.

During the day there were two staff on duty to support people. This included one staff member allocated to provide one to one support to one person. The other three people were quite independent and needed little support from staff. There was one staff member available to provide them with any assistance or supervision they required.

We viewed the staffing rota for the service. The rota was developed by the registered manager. As much as possible staff were allocated the same shift each week so they and people knew when they would be on shift. There was an on call rota as well to ensure cover for when staff were sick, on leave or when additional support was required for example, in response to an incident. However, the rota we were provided with did not record when that cover was used and when staff had swapped shifts which meant we were unable to establish if staff had sufficient breaks between shifts.

There was very low turnover of staff and no new staff had been recruited since our previous comprehensive inspection. The registered manager assured us recruitment practices remained the same and therefore we did not look at this area in detail. We will continue to monitor this at our next inspection.

We observed the new stock of medicines delivered to the service were not kept secure and were not in a locked cabinet, meaning there was a risk that people could access these. When we brought this to the registered manager's attention they moved the medicines to ensure they were securely stored. The other medicines at the service were kept secure. People received their medicines as prescribed. One person told us, "The staff help get them ready and give them to me." We saw accurate records were maintained of the medicines administered through the completion of medicine administration records. The majority of

people's medicines were delivered to the service in pre-measured blister packs. From checking the stocks of medicines at the service we observed that all medicines were accounted for indicating that people received their medicines as prescribed.

There were no controlled drugs on site, and no-one was prescribed medicines to be taken 'when required'. The service did not store any homely remedies (medicines that can be obtained without a prescription) and the registered manager told us they did not give people any homely medicines without first checking with their GP or pharmacist. People regularly took their medicines and records confirmed people had not refused their medicines. There were procedures in place to ensure the correct amount of medicines were delivered each month meaning there was no excess stock that required disposal.

There were processes in place to ensure people's cash and bank cards were kept secure. There were arrangements in place to ensure people had access to their money for personal spending. The registered manager told us if someone wanted to purchase large items for example, clothes or a TV, then a member of staff went with them to ensure they were protected from exploitation and ensure correct change was given. We viewed records of financial transactions and checked the cash kept at the service to ensure the monies stored at the service were as expected.

## Is the service effective?

### Our findings

Staff had not completed regular training to ensure they were up to date with good practice and had the knowledge and skills to undertake their duties. Whilst staff had completed training in safeguarding vulnerable adults, the Mental Capacity Act 2005, fire safety, health and safety, food hygiene, first aid, medicines administration and equality and inclusion this was not consistently completed within the required timescales meaning staff may not have refresher their knowledge and skills in order for them to provide people with appropriate support. For example, two out of the four staff last completed medicines administration training in 2015. Good practice guidance states staff should receive medicines administration training annually. Staff had not completed training in regards to people's specific needs. For example, one person had epilepsy and no epilepsy training had been delivered. The training records also showed that some staff had not completed any training in learning disabilities or autism. This meant there was a risk that staff may not have the knowledge and skills to support people with these needs.

The provider was in breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff received regular monthly supervision. From records we saw that supervision sessions focused around different topics included risk assessments, use of body language and enabling independence. One staff member told us they felt the supervision sessions "enable us to open up about the [people using the service]". Staff also received annual appraisals.

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.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The principles of the MCA were not always followed. Staff we spoke with were not clear about their responsibilities in line with the Mental Capacity Act 2005 and there was limited understanding of the Deprivation of Liberty Safeguards. There was no information regarding MCA assessments or best interests' decisions in people's care records. For example, the registered manager informed us most people at the service did not have the capacity to manage their own finances and for some the registered manager managed the finances on people's behalf. However, there was no information in people's records about how this decision was made. We spoke to the registered manager about the risk of them being the appointee for people's finances as this is not in line with best practice. The registered manager said they would speak with the social worker coming to review people's placement about this arrangement. We

observed in one person's care records it stated they were able to make some decisions. However, it did not explain what decisions they were able to make and where best interests' decisions needed to be made on their behalf.

Care records showed in 2015 the registered manager had identified that one person may need to be deprived of their liberty in order to maintain their safety. However, they had not applied for a DoLS authorisation to do so lawfully. This person had been known to leave the service without staff supervision which impacted on their safety and welfare as they were unable to comprehend risks to their safety in the community. Due to the registered manager not applying for the person to be assessed there was a risk that whilst their safety was being maintained through staff supervision, there was a risk that they were being unlawfully deprived of their liberty.

The provider was in breach of Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Three people's freedom was not restricted and they were free to come and go from the service. They had been assessed as being able to do this safely and had their own key to the service.

Staff supported people with their dietary requirements. Staff told us one person previously had soft meals because they did not always chew their food and were at risk of choking. This person had improved with support from staff and they were now chewing their food, enabling them to have a greater variety of meals. There were no set mealtimes. When we arrived at the service we observed people helping themselves to breakfast and staff said lunch and dinner times were flexible to accommodate people's daily routines and activities.

The registered manager asked people what foods they liked and disliked and this information was taken on board when developing the menu. We heard that the registered manager designed the menu and this was a four week rotating menu. When we discussed this with the registered manager they said people were able to ask for alternatives if they did not like what was on the menu. One person confirmed they were not provided with meals which included ingredients they did not like.

People, who were able to safely, were able to access drinks and snacks throughout the day. For those that were not able to do this independently, staff provided them with drinks and snacks to ensure they ate and drank sufficient amounts to meet their needs.

One person said, "The staff help you when you're not well." They also told us staff checked on them regularly when they were not feeling well. Staff arranged healthcare appointments when people need them. Staff were available to escort people to appointments to help people to communicate their needs and understand and retain the information provided at these appointments.

We viewed records of correspondence from healthcare professionals and the outcomes of healthcare appointments, which enabled staff to stay updated with people's health needs and any support they required. Hospital passports had been developed to provide key information to healthcare staff about a person's needs should they need hospital admission. However, these were not regularly reviewed and there was a risk they did not accurately reflect people's current needs. One person's hospital passport had not been updated since 2014. We saw another person's record had not been updated in response to an operation they had received.

## Is the service caring?

### Our findings

One person said they liked the "friendly staff" and "It's a lovely home." One person's relative told us, "I can see that [their family member] is attached to the people around [them]." One staff member told us, "I get on with all the [people using the service]. . . my main duty it to look after [people]." They also said, "I respect their wishes. Treat them as I like to be treated."

Most people were able to verbally communicate with others. There was information in their care records informing people to use simple language and give them time to respond to help them communicate effectively. One person's records showed they used a communication diary with pictures to communicate their needs. Staff told us this person's communication had improved since being at the service and they were able to say certain words. Whilst we observed some pictures being used to help the person communicate, there was not a comprehensive pictorial exchange communication system (PECS) in place. We spoke with the registered manager about the use of PECS and they said they would look into developing a more comprehensive tool to help the person communicate.

The majority of people were in control of their daily routines and made decisions about what they did and when. Staff told us they reminded people to get up on the days they had appointments they needed to attend to, for example going to work placements. On days where they did not have set appointments people were able to choose what time they got up. Most people were able to tell us what they wanted to do during the day and what activities they wanted to undertake.

Staff supported people to maintain relationships with friends and relatives. One person told us their friend came to visit them every week. Another person was going out on the day of our inspection to visit their friend. A third person regularly spent weekends staying with their family. The fourth person's family came to visit them at the service and on the day of our inspection their family member rang the service and staff supported the person to speak with them.

Staff said they supported people with their religious preferences. Staff supported people to attend places of worship and listen to music related to their faith. We also observed that one person had a bible in their room to support with their faith. People's records did not always contain information about their ethnicity and any cultural support needs they had. Therefore there was a risk that these needs may not be met. However, staff were able to describe how they had supported people with their individual needs including in regards to their culture, religion, gender and sexuality.

People confirmed that staff respected their privacy and knocked on their door before entering. Most people were able to attend to their own personal care and continence needs and staff gave them the privacy and space to do so to maintain their dignity and independence. For those that required staff assistance to support with personal care and continence needs we saw this was done in the privacy of their bedroom or bathroom.

## Is the service responsive?

### Our findings

Most people had been at the service for 12+ years. The person who moved in most recently, during 2015, was enabled to visit the service and receive respite care prior to coming to live there. The registered manager undertook a full assessment prior to them moving in establishing their needs and the level of support they required from staff. Information was included in the person's care records about their daily routine and structured activities, which was important for the person. The registered manager had also built a sensory room in an outbuilding at the bottom of the garden to provide additional support for this person in particular who benefitted from this type of resource.

Apart from the person who moved in during 2015, we observed care records lacked information about people's needs and there was a risk this would impact on staff's ability to provide person-centred care. Care plans provided an overview of people's needs including their likes and dislikes, brief information about what support they required and some information about the activities they enjoyed. However, this information was not detailed and did not provide information about how the support was to be delivered or information about people's preferred daily routine. One person's records did not include information about whether they required support with their personal care. Another person had epilepsy and whilst their records stated the frequency of the seizures they experienced there was a lack of information recorded about the type of seizures this person experienced and when a seizure did occur what the trigger was if this was identifiable. Care records lacked information about people's life histories. From speaking with staff it was clear that staff had good knowledge about the people they were supporting, their needs and their personalities. However, there was a risk that if new staff or agency staff were required to support people they would not have the information required to do so because this was not captured in people's records.

The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager undertook an annual review of people's needs and the progress they had made. We saw in one person's care review records they liked reading and from staff spending time listening to them read this had improved their reading ability. One person's relative said they could see the improvement their family member had made since being at the service. They said the level of aggressive behaviour they previously displayed had reduced and their verbal communication had improved. The staff regularly updated them with how their family member was and what they had been participating in.

One person told us they "never get bored" and were able to describe the various activities and groups they attended during the week. People participated in a variety of activities. This included activities they organised themselves as well as structured activities through participation at resource centres and activities organised by staff, including meals out and use of local leisure amenities. One person was also supported to find work and went to work one day a week.

People were encouraged and enabled to express their interests and undertake activities in line with their hobbies. One person was interested in buses and trains. On the day of inspection they were going out bus spotting, they regularly went train spotting and to a railway club with friends. They told us about days out

they had on trains and at railway events. They also had a large model railway set up in the bedroom.

Staff supported people to be as independent as possible whilst still maintaining their safety. Three people at the service had been assessed as safe to access the community independently. People enjoyed this independence. The registered manager told us when the group went out for day trips or to a restaurant staff accompanied the person who was unable to travel safely on their own, and enabled the other people to travel to the destination independently in line with their wishes and preference.

A complaints process remained in place and there was some easy read information displayed about how to make a complaint. Staff said they would support people to raise any concerns or complaints they had to the registered manager so they could be investigated and dealt with. People told us they would speak with staff if they were unhappy. Since our last inspection there had not been any other complaints made or concerns raised, apart from in relation to a safeguarding enquiry that at the time of inspection was in the process of being investigated. One person's relative told us they had not needed to make a complaint but felt comfortable speaking with staff if they did have any concerns, and were confident the registered manager would address any concerns raised.

## Is the service well-led?

### Our findings

One person's relative said the registered manager was, "very nice. Like a mum to all the people."

The registered manager undertook a monthly audit of service delivery. This looked at practices relating to having appropriate procedures, care plans, housekeeping, and health and safety. We saw no concerns were identified by the audit completed on 20 August 2017. These audits had not identified the concerns we found in regards to care records or environmental health and safety. The registered manager confirmed they had no other systems in place to review the quality of service delivery. There were no audits in place in regards to medicines management. There were not robust systems in place to review the quality of all areas of service provision and ensure appropriate timely action was taken to address any concerns identified.

Robust and effective systems were not in place to assess and mitigate risks to people's health, safety and welfare. The registered manager arranged for some checks to be taken to review risks to people's safety and welfare, this included gas safety, electrical safety and fire safety checks. However, there were no checks in place in regards to water safety and the risk of legionella. We also observed that water temperature checks were only undertaken on the two baths at the service. There were no checks to ensure people were protected from the risks of burns from hot water supplies from the sinks in the communal bathrooms or from the sinks in people's rooms. There was no environmental risk assessment undertaken, meaning environmental risks were not adequately identified and mitigated.

Records and confidential information about people's care was not kept secure. We found some care records were stored in a cupboard that was not locked. Accurate, complete and contemporaneous records were not maintained about the risks to people's safety or their care needs. Records were not regularly reviewed and kept up to date to ensure they provided a clear and accurate record of people's current support needs.

The provider and registered manager had not ensured their policies and procedures were regularly reviewed and kept up to date. For example, their policy relating to consent and capacity was last reviewed in 2014, their Deprivation of Liberty Safeguards policy was reviewed in 2015, their medicines management policy was last reviewed in 2014 and their safeguarding adults policy was last reviewed in 2014. Their safeguarding adults policy also did not reference current good practice including London multi-agency adult safeguarding policy and procedures which was updated in 2016.

The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

At the time of inspection the registered manager was aware of the requirements of their CQC registration in regards to the submission of statutory notifications. We had received notifications about recent events, including allegations of abuse and incidents involving the police.

There was an open culture amongst the staff team. Staff felt well supported by the registered manager. They said the registered manager was approachable and they were able to have open and honest conversations with them. They said they felt listened to and that their suggestions were taken on board. There were regular

staff meetings. We viewed the minutes of these meetings. The meetings gave staff the opportunity to discuss any items relating to service delivery, as well as discussing the needs and welfare of people using the service. The registered manager used these meetings to discuss and debrief as a team any incidents that occurred. There was a small staff team providing people with support and staff told us there was regular communication between staff, however, this information was not recorded. There was no written handover information or a staff communication book in use and there was a risk that accurate records were not maintained in regards to people's needs. We spoke with the registered manager about this who said they would ensure clearer recording of information shared amongst the staff team in regards to people's needs and the support provided.

Regular meetings were also held with people using the service. We saw these meetings were used to discuss various aspects of service delivery and to obtain peoples' views. For example, in regards to people's preferred holiday. The registered manager also obtained people's views, and those of their relatives, through the completion of satisfaction surveys. We viewed the questionnaires completed so far during 2017. These showed people and their relatives were satisfied with the care and support they received at Broad Green Avenue and they rated the service as either good or excellent. One person commented "I enjoy living at Conifers and the staff."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered manager had not ensured that if a service user was unable to give consent that they acted in accordance with the Mental Capacity Act 2005. 11 (3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered manager had not ensured that risks to people's safety were adequately identified and mitigated. The premises were not safe to use. 12 (1) (2) (a) (b) (d)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users.  The provider had not ensured effective systems to ensure accurate, complete and contemporaneous records were maintained. 17 (1) (2) (a) (b) (c)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered manager had not ensure staff

received appropriate training to perform their duties. 18 (2) (a)