Three Trees

Three Trees

Inspection report

24 St Johns Avenue
Bridlington
Humberside
YO16 4NG
Tel: 01262 601262
Website: www.thethreetrees.co.uk

Date of inspection visit: 22 April 2015
Date of publication: 13/08/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 22 April 2015 and was unannounced. The last inspection of the service was on 9 April 2013. At this point the service was meeting legislation.

At the time of the inspection there was a registered manager in post in the service. 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. In addition there was also a manager in post. They were employed to assist with the day to day running of the service and are referred to in the report as the manager.

Three Trees is a care service that is registered to provide accommodation and personal care for up to 21 people. People who live at the service have a learning disability or autistic spectrum condition. Most people are accommodated in shared bedrooms and people who live

Summary of findings

at the service have a choice of communal rooms where they can spend the day/evening. A wide variety of activities are made available to people who live at the service, which is close to town centre facilities.

We found that improvements were required with the way medication was administered in the service. You can see what action we told the provider to take at the back of the full version of the report.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care services. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make decisions. People in the service were supported by staff who had undertaken training and who had a good understanding of protecting people's rights.

People told us they felt safe living in the service. Staff were employed in sufficient numbers to support people to live their lives as they chose. There were recruitment systems used in the service which checked the person's suitability to work with vulnerable people prior to the person's employment.

Systems were in place and staff were trained to support people to take risks in their lives. Risk management systems were in place to identify any risks and to ensure actions were in place to help protect people. Staff were knowledgeable on the actions they would take to support someone should an allegation of harm be raised.

Staff had received training to help make sure they were competent in their role. Staff received supervision from the manager to help make sure they were supported in their roles.

Professionals were positive in their feedback to us. They told us the service referred appropriately and staff were knowledgeable on the needs of people who lived in the service. Professionals felt staff gave good support.

People felt staff were caring and were positive about their relationships with staff. We observed good, helpful interactions between people who lived in the service and staff. Staff supported people to make decisions and respected their privacy.

People were able to undertake a wide range of activities and were supported to maintain important relationships. Care planning systems were in place to inform staff on the support people needed to live their lives. We saw information was kept up to date to help make sure staff were aware of people's latest needs.

There was a registered manager and manager employed in the service. The registered provider had developed quality assurance systems to help make sure people's needs were met and the service remained safe. Checks were undertaken on the environment to help ensure this. For example, maintenance checks were completed of the fire systems.

People living in the service were provided the opportunity to participate in 'resident' meetings and their opinions were sought. Staff meetings also took place and staff felt the managers supported them in their role.

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?

Requires improvement

The service was not always safe. This was because improvements were required with the handling of medication.

People were supported by adequate numbers of correctly recruited staff. Risk management systems were in place to help make sure people were safe.

Checks were undertaken of the environment to help keep people safe.

Is the service effective?

Good

The service was effective.

People's rights were protected.

Staff were trained and provided with supervision to help them be effective in their role.

People's dietary and health needs were met. Professionals were complimentary about the service.

Is the service caring?

Good

The service was caring.

People told us they had good relationships with staff. We observed positive interactions between people who lived in the service and staff.

People were involved in decisions about their lives and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

People undertook a variety of activities and were supported though a care planning process.

People were able to raise concerns about the service.

Is the service well-led?

Good

The service was well led.

The managers had worked in the service for some time. Staff felt managers were approachable and supportive.

Quality assurance systems were in place to help check people's needs were safely met.

People who lived in the service and staff were consulted and asked their opinion.

Three Trees

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 on 22 April 2015; it was unannounced and was conducted by one inspector and an expert by experience. An expert by experience is a person who has experience of service. The expert who assisted with this inspection had experience of learning disability services.

Prior to the inspection we reviewed information we held about the service which included notifications from the service. The service had not been asked to complete a provider information return (PIR). This is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the service. We also consulted with local commissioning and safeguarding teams. After the inspection, we contacted seven health and social professionals for feedback and received this from five professionals.

At the visit, we spent time in communal areas of the service and observed daily practice. We sat with people and observed lunch and the support they were offered. We also consulted with seven people who lived in the service. We spoke with two staff in detail, two staff in general, the registered provider, the registered manager and the manager. We reviewed three files for people who lived in the service and two staff files, and looked at other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

There was a policy for the handling of medication within the service. The policy provided information and guidance to staff on how to handle medicines. We saw that the staff development programme for 2014 included training on the safe handling of medicines. One member of staff confirmed to us that only staff who had undertaken this training were able to handle medication within the service.

One person who lived in the service told us how staff supported them, they told us they had a medical condition which required they take regular medication and staff administered this for them. They told us staff ensured that when they went on holiday they had a supply of medication with them. The person also told us about a review of their medication which was planned for the near future.

We saw that medication was stored securely within the service. The manager told us about the system for handling of people's prescriptions and ensuring these were correct before forwarding these to the pharmacy for dispensing. This included photocopying and cross checking for any errors. We were shown the weekly audits of medication which were undertaken to ensure the stock of medication was correct and identified if anyone required any medication ordering so they did not 'run out'.

We saw that people had individual records for their medication – medication administration records or MAR's. These included a photo of the person and contained staff signatures to confirm when they had administered a medication.

We checked the balances of medication for three people who lived in the service and saw these were correct. We saw that up to date records were kept for any medication which was no longer required and was returned to the pharmacist.

The service's policy on the handling of medication included instructions to staff to dispense medication into individual pots and then to lock away. One staff member confirmed to us this was the practice within the service. We also observed the staff member undertake this. We saw that staff had a small tray which held several 'egg cups'. People's individual medication was dispensed into the cups. The tray with the cups was then locked into the medication cupboard. The staff member then went into another room in the service and came back later to retrieve this medication in order to administer them to people. This is not the correct practice with regard to administering medication. This practice is called 'secondary dispensing' and should not take place. This is a breach of Regulation 12 (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

We spoke with seven people who lived in the service and confirmed with four people that they felt safe living there. One person told us how they felt safe and trusted the staff they said "There are always plenty of hugs around here."

We also spoke with three professionals about the service and all feedback was complimentary. We were told people were safe living in the service and people received good support. Comments included, "The only thing this service can improve is to get bigger and support more people."

When we spoke with staff they were able to tell us how they supported people to be safe whilst also taking risks in their lives. Staff said "The client is at the forefront of everything. To still enjoy life but to be safe." In conversation staff told us how they supported people individually with different activities and the different support each person would require. They were knowledgeable on the needs of people who lived in the service.

We saw that people's files included details of how each person was supported with risks in their lives. Each person's care file included a section for risk assessments. The risk assessments reviewed included information to identify the risk, the level of risk and how this was to be managed. Information included a review of different factors which would influence the level of risk and this included the person's perception of the risk, their level of vulnerability to the risk and if their health would affect the risk. Risk assessments had been undertaken for a variety of reasons for example, the risk of the person choking, using public transport or travelling abroad. Additionally people had individual risk assessments to assess the risks and their ability to respond to the fire alarm and to evacuate from the service. The risk assessments were all reviewed and up to date. They provided information to staff on how to support the person to live their life.

In addition we saw that when necessary professional advice had been sought to support someone in managing their behaviour. A professional 'Behaviour management plan' had been provided which gave clear instruction to

Is the service safe?

staff on how to support the person with this. We saw the service maintained a record of any time the person had required this support. Again we saw this information was reviewed and up to date to help ensure staff were aware of the person's latest needs and level of support.

There were systems in the home to help make sure people were kept safe from harm. We saw there was a file held in the service to store safeguarding information. This included a copy of the East Riding of Yorkshire Council's (ERYC) Safeguarding threshold tool. The tool provided information to staff on which allegations would require referring to the safeguarding adult's team. It also contained copies of any notifications which had been referred. We contacted the local safeguarding adult's team as part of our inspection planning and they did not have any concerns with the service. We also reviewed notifications we had received from the service, we had not received a notification regarding safeguarding since the last inspection of the service.

When we spoke with staff they told us they had completed training regarding the safeguarding of vulnerable adults (SOVA); we also saw training certificates which confirmed this. In discussion staff were confident in the actions they would take to support people should an allegation of harm be raised. This included raising concerns with the managers of the service. One member of staff told us how they would make a statement of the facts of the allegation and be careful to ensure the information was non – discriminatory. Staff told us "If you have any problems they (managers) will help you as much as they can."

We found there were sufficient numbers of staff to support people. The manager told us there was normally a minimum of three staff on duty in the morning and two staff in the afternoon, with one member of staff working a night shift and one member of staff 'sleeping in'. In addition to this there were catering and domestic staff employed in the service.

On the day of the visit there were three care staff on duty, a cook and a domestic person. When we looked at the duty rotas we saw there were three staff on duty from 7.30 am until 10.30 pm with a member of staff sleeping in and a member of staff undertaking a night duty. We saw that on occasions the shifts times varied to meet any changes in the service. The registered provider and registered manager's hours were in addition to the hours recorded on the duty rota.

We asked three people who lived in the service "Are there enough staff to support you?" to which everyone confirmed "Yes". Staff also told us they felt here were sufficient staff on duty each day.

The manager told us there had been only one new member of staff employed in the service since the last inspection. They told us the majority of staff had worked in the service a number of years, with one person being employed 20 years. This meant there was a consistent staff team supporting people.

We looked at the recruitment file for the one new member of staff. The file included an application form which included details of the person's education, previous employment and employment references. The file included a checklist used by the managers to ensure the content was correct and there were no unexplained gaps in the person's employment. There was a Disclosure and Barring (DBS) check held in the person's file. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. The person's references were not held in the file. However, the registered provider showed us these and they confirmed the person's previous employment. Overall this meant people were supported by people who were recruited correctly and checks were undertaken to ensure they were suitable to work with vulnerable people.

We completed a short tour of the premises and saw the service was clean, tidy and comfortable throughout. People's rooms were individualised according to the person's tastes.

Safety and maintenance checks were carried out to help make sure people were safe living in the service. These included a building checklist, monitoring of the fridge and hot water temperatures, a gas safety certificate, checks of the electrical installation and portable appliances for safety. Assessments had been undertaken of the window security – with window restrictors being in place and any risk from asbestos. We saw records were kept of any repairs to the service.

Fire drills were undertaken so that people were practiced and aware of the actions to take should a fire actually occur in the service. Risk assessments were in place to ensure people were aware of any risk of fire and maintenance

Requires improvement

Is the service safe?

checks were completed of the fire equipment, for example, fire extinguishers. These checks helped to make sure the appropriate actions would be taken in the event of fire and reduce the risk of harm to people.

Good

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. When we talked with the manager they told us that no-one who lived in the service was subject to a DoLS and that one person had been supported with a best interest meeting. This meeting was to help the person decide about medical treatment. A best interest meeting is held when the person does not have the capacity to make an important decision on their own. Professionals involved in the person's care and the person's representatives can meet to make a decision on the person's behalf.

One person who lived in the service told us that apart from their health there were no restrictions in their life, another person confirmed to us that staff respected their wishes.

One professional also told us how one person was supported through a best interest meeting to have their health needs met. They said the staff were "Very good".

When we spoke with staff they told us they had completed training on the MCA and DoLS. Both staff told us how people could not be deprived of their liberty. How people should be assessed for their capacity about decisions and If necessary best interest meetings would be held. It was clear staff understood this and people would receive the appropriate support with this.

There was a policy held in the service which identified that restraint was not used in the service.

On the day of our visit many of the people who lived in the service were out in the local community undertaking a variety of activities. These included voluntary work, adult education and shopping. It was clear people were able to choose how to spend their time and people's individual choices were upheld. People's care plans also included evidence of people's choices. This included the person's choices should they pass away, what leisure activities they wished to undertake or if they wished to be employed and their religious choices. One person was actively involved with their local church and were planning a trip to a religious event. Additionally the manager told us how one person had decided to phase their retirement and had retired from one of their two work placements.

Staff told us about people's choices. They gave the example that people could choose their own clothes each day and that staff would only offer guidance dependent upon the weather. Another member of staff told us that people in the service told staff "How they want things to happen."

The provider told us they kept up to date by being part of provider forums. They told us they reviewed information and prepared summaries of this to make it more accessible to staff and easier for them to remain up to date.

There was an annual staff development plan in place which recorded planned training for the year. This included training on care planning and equality and diversity. We saw that the quality assurance system included a section to check that staff development had taken place throughout the year. Staff training records included certificates which confirmed training. The courses undertaken included Health and Safety, using the hoist and infection control.

When we spoke with staff they confirmed the training they had undertaken. This included SOVA and fire training. They told us they training was planned and 'spread out'. Additionally staff meetings included a section for staff training to support any training undertaken. For example, one meeting covered the topic of MCA and DoLS.

We also saw evidence of staff induction. The staff file we reviewed included confirmation that the person had completed the 'Common Induction standards' when they were first employed in the service. These are nationally recognised standards to help ensure consistency in care practice.

There was a matrix of staff supervisions used within the service to plan staff supervision sessions thought the year. We saw this recorded that all staff had already completed two supervision sessions this year.

When we spoke with staff they confirmed they received regular supervision sessions. Individual staff supervision records included that staff had received this support. Discussions included any support the person would need as an individual as well as any work specific issues. This meant people were supported by staff who in turn had received support to help them with their role.

Good

Is the service effective?

We asked people about the support they received with their health needs. One person told us about their general health and a medical condition they had. Staff explained the support the person was given to ensure they received the correct medical advice and support. We were told people were supported by staff to attend regular health appointments and one person told us how staff supported them with appointments and they would help them read their letters.

One professional told us they felt staff knew people's needs. They said "They always provide good information about people." They felt staff understood people's health conditions and how these were affected by, for example, their diet. Another professional told us staff always followed instructions and that communication was "Good". They said they were "Quite impressed "with the service.

People's care files included information in relation to their health needs. This included a list of health appointments which recorded the different professionals people were being supported by. We saw this list could include the dentist, chiropodist and health practitioner.

We saw letters from health professionals, for example, the nurse from the community nursing team for people with a learning disability (CTLD). These gave advice on how to support the person with a health condition. We also saw specific information from a mental health practitioner to help someone to manage their behaviour. One person had a risk assessment in place for undertaking an activity. A medical report had been obtained as part of the risk assessment so that the person could undertake a planned activity. When necessary people had risk assessments in place to help support them with their medical conditions and people's care plans included sections for supporting people with their health.

The manager and staff told us there was no-one living in the service that had any concerns regarding their health at the time of the visit.

People also had patient passports. These documents include information in relation to people's needs. People take them when they go to hospital appointments and admissions to ensure staff there are aware of the person's needs.

We sat with people at lunchtime and observed the support people were given. Staff were observed to response to any requests for changes to people's lunch choices and were polite and respectful in their conversations. People were relaxed and happy in each other's company. Lunch was a relaxed experience and staff sat with people to eat their own lunch.

When we asked people about the food provided they told us, "It's very good here. I like roast beef. I get that once a week." One person told us they didn't choose their meals but were happy with the meals provided and that they were enjoyable."

We spoke with another person and discussed the portions of meals. They told us they received enough food and they said, "I'm trying to cut down." Confirming that staff were supporting them with this.

Another person told us, "The food's marvellous; I'm not a fussy eater. We have two excellent cooks." They told us they didn't chose the meal, "But it's a really good varied selection, sweets, main meals. The food is excellent, just as the accommodation."

A third person told us the food was "Alright" they confirmed they had a choice of meals "Occasionally. Tonight it's spaghetti bolognese and garlic bread and I like that." Also that if they didn't like the food provided staff would accommodate this. They gave us an example of a food they didn't like and how they were given a different meal.

Another person told us they could have a snack whenever they needed and that they would ask staff for this.

We saw there were menus in place in the service which offered a variety of meals to people. We fedback to the registered provider about choices from the menu. The next day the registered provider told us they had organised a more formal process to give people more clarity about having an alternative to the set menu meal. Additional alternatives to the main meal had been organised and this included jacket potatoes, salads, a variety of fillings and fish. There was also lasagne, steak pie, curry and assorted sandwiches. They had also increased the choices for people's deserts.

They told us how they had planned to add this to the agenda for the next 'residents' meeting as people would also be asked for any other additions they would like.

Good

Is the service effective?

When we looked at people's care files we saw that people's needs were clearly recorded, for example, one person required their diet to be controlled to help manage a medical condition. In addition there was a list of people's likes and dislikes in relation to their food and drink choices.

The manager confirmed to us that no-one currently living in the service required specialist support with their nutritional needs, for example, support from a dietician.

Good

Is the service caring?

Our findings

One person told us that one of the best things about living in the service was the people and that this included both others who lived there and the staff team.

People who lived in the service told us "Staff are very good." One person who lived in the service told us how it took them time to trust people and that staff supported them. They said "There are always plenty of hugs here." When we asked people if they thought staff were caring we were told, "Yes, I get on well with them." Another person told us about the manager. "X is a very nice person, in fact all the staff would bend over backwards for you, and they would do anything. It's a really wonderful place to live in." They said the service had its moments but disregarding that they were well looked after. One person told us staff were kind to them.

One person was asked "What's the best thing about living here?" They replied "I love it here." We asked if there is anything they would like to change? They replied "No, I like it here." Another person told us "I get a lot of support. I only have to ask and everyone here is very friendly and helpful." and "I don't think I would want to change anything."

One professional told us they had observed interactions between people who lived in the service and staff to be "Good" with staff being polite to people.

We observed a good rapport between people who lived in the service and staff. Staff were knowledgeable about the needs of people who lived in the service and assisted people when answering any questions we raised. Interactions were relaxed and happy.

Two people told us how they were asked about their care and told us about their care plan.

People's care plans were individualised and personal. The included a variety of information and we saw these were regularly reviewed. This meant that staff had up to date information to help them to support people. We talked about care plans with people who lived in the service and one person told us, "They read out what you can do or not do, I can do most things but need a bit of help with some things."

Staff had a good knowledge of people's needs they told us about people's social needs and how people were supported with risks in their lives. They told us how people were consulted and about their individual personalities.

People confirmed to us that staff were 'Kind' to them and said "I get on well with them." A professional told us staff were "Absolutely" (polite and caring). They said "They are very sensitive to people and protective of people."

We observed staff knocked on people's bedroom doors prior to entering. When we spoke with staff they told us how they maintained people's privacy and dignity. They told us "I always apply dignity and respect to ensure people are comfortable at all times. If a person doesn't want something we will change it. The person is our first priority" and "If people have a shared room I make sure there is only one person in the room at a time when they are being supported with personal care. In the shower room there is only one staff supporting at a time and always knock before entering rooms, don't just enter."

The manager told us how one person had previously used the support of an advocate but that they no longer required this. At the time of our visit no-one in the service used the support of an advocate. An advocate is an independent person who assists someone to ensure they are supported and their opinions are heard.

We saw records of meetings for people who lived in the service. These had taken place throughout 2014 and 2015. The meetings did not have a set agenda although minutes were kept of the areas discussed and who attended. The areas discussed included menus, activity, reviews and a general chat about the service. One person living in the service told us "They have residents meetings here and if I don't feel like going staff will talk to me to tell me what is happening." Other people told us they attended residents meetings. They said these were so the staff knew if everyone was happy or if anything needed changing. They also said they could tell staff their views at the resident's meeting and can tell staff about their food preferences.

Good

Is the service responsive?

Our findings

When we arrived at the service the manager told us about people's activities for the day. Some people were away on holiday, some had gone out to adult education, some people had gone to a drama group and two people had gone to work. One person was having a 'lie in' and other people were to go to a 'yoga' class. It was clear in discussion that people undertook a variety of activities based on their individual choices.

When we looked at people's care plans we saw information in relation to their activities and choices on how to spend their time. One person was actively involved in their local church and undertook activity associated with this. People's daily diary notes recorded that people went shopping, to art class, out for a walk and played bingo. People could go swimming, use the local library and were supported with important relationships.

People living in the service told us about some of their leisure activities these included visiting cities, going to football matches and going to church. Another person told us how they liked to go out for a coffee and that apart from their health issues they were not stopped from doing anything.

One person told us about their employment and visiting their relative. With another person telling us about their hobby and how staff helped them to undertake this. One person told us what they did in the day or evening. They replied "I crochet, knit, watch TV, sometimes have karaoke, if I'm alright I go out and do a bit of shopping." Another person told us "I watch TV, I've got my own telly. I do bingo on Friday night with staff." Another person told us they liked doing laundry and meeting with friends. On Saturday they attended art and craft classes and were making puppets out of paper mache and balloons. They attended church and were planning to go to France. Also that they did karaoke with a member of staff and sometimes won at bingo. One person told us the best thing about living here was "Having friends."

One person who lived in the service had been to a drama group and they had performed at the 'Spa' last week. This is a local entertainments venue. They had been doing drama for several years and went to sports on Monday and sewing groups and on Tuesday did crafts. Another person told us they taught others and made lace and that they were asked about what they would like to do and sometimes joined in activities in the service but not always. One person told us how they used the computer room.

Staff told us people could decide what activity to undertake. They told us about people going into town for a coffee and that they could decide whether to walk or to take the bus.

We observed staff offer support for people with their leisure activities. Interactions were positive and relaxed.

People told us about trips they were undertaking and time they spent with their family. In one instance staff had liaised closely with family members to help ensure positive relationships were maintained. We saw that each person's care file included an individual sheet for 'family' details and if necessary people's care plans included details of how to support someone with important relationships.

People's care files included a client information sheet and care plan. There were sections for risk assessments and for notes to record the person's day. There was information to support the person with health needs and a personal development or support plan. These included details of the support the person required in different areas of their life. For example, if the person required support to build their confidence, maintain important relationships, or to promote communication. The information was personal and reflected the individuality of each person. For example, it recorded, 'What is important to the person, how to support the person and what (staff) need to know'. This information was written positively and respectfully. It was reviewed and kept up to date to ensure staff had the latest information when supporting the person.

One person told us about their care review and how they, their relative and social worker all attended this review. They told us they discussed their needs and "What I do".

We spoke in detail with one person about raising a complaint in the service. Initially the person was unsure who they would make a complaint to and if this would cause concern for them. Later they told us they would tell the staff if they had a complaint and then if necessary their social worker. They told us that if they had to complain they felt staff would listen to them. They told us they hadn't raised a complaint but would if they had to and "It's a wonderful place to live." Another person talked to us about complaints. They said ""That's a hard one. I can't

Good

Is the service responsive?

remember having made a complaint." Then we asked if they would know who to complain to. They replied "Staff or manager from here." Another person told us they would approach staff if they wished to make a complaint but were unsure who they would approach after that.

A member of staff told us about how they would support someone who lived in the service with a complaint. They told us they would try and rectify this initially themselves. If they couldn't do this they would take it to the managers of the service.

We saw that people's care files included a copy of the complaints procedure, although in one instance the address for CQC required updating. The manager told us there had not been any complaints raised with the service since prior to the last inspection of the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post in the service. We saw that the registered provider was also actively involved in the service and additionally there was a manager employed to assist with the day to day running of the service. Staff said of the managers in relation to their approachability, "Very, very, absolutely loving, you couldn't ask for better. Any problems you see them and they will give advice and will help you as much as they can." Another member of staff confirmed the managers were approachable and of the culture commented "It's lovely."

One person living in the service confirmed they regularly saw the registered providers and "Liked" them. Feedback from professionals was very complimentary with regard to the management of the service and the support people received to live their lives. One professional told us the service referred to them appropriately and used their support correctly.

We saw that many staff had worked at the service for a number of years, and there did not appear to be a high turnover of staff. The atmosphere generally felt warm and relaxed and friendly. We observed a continuity of care from staff who seemed to know the residents well and there was a warm atmosphere.

One of the registered providers told us about the quality assurance systems in the service and we reviewed these files. We saw there was a staff and service development programme for 2014 which included medication, moving and handling, a review of policies, care plans and equality and diversity within the service. There was also a quality assurance timetable for 2015 which included a review of the repairs, laundry, accidents and monies held in the service. We saw there was an accident book checklist which recorded that any accidents in the service were reviewed. Additionally we saw checks of care plans, the medication system, personal monies, fire drills, fire training, and water temperatures had all been undertaken. There was a quality assurance review/ summary of the service completed in January 2015.

We also saw that questionnaires were used to gain people's feedback. These had last been completed in January 2015. The provider confirmed the summary for these had yet to be completed.

We saw that staff meetings took place regularly in the service. Meetings had taken place in January, March and April of this year. The meetings covered a variety of topics and covered the philosophy of the service, staffing and people's capacity. A member of staff confirmed to us they felt consulted and were 'up to date'.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 safe care and treatment. How the regulation was not being met: People who use services and others were not protected against the risks associated with the unsafe administration of medication. Regulation 12(2) (g)