

LBWF Supported Living Monitoring Report

Provider Name: Leyton House Community Care Ltd

Branch Address: Bridge House, 679-681 Lea Bridge Rd

LBWF Contract Monitoring Tool – Supported Living LD/MH Monitoring Tool

Provider Name:	LHCC – Bridge House
Provider Address:	679-681 Lea Bridge Rd, Leyton, London
Provider Fw-I No:	9036297
Date of Visit:	17/09/2019
LBWF Monitoring Officer/s:	Ahmed Masood
Provider representatives:	Bibi Bilkis Mahomed Teeluck, Eshan Mahomed Teeluck, Sajin Salim
No of LBWF placements:	2
No of Self-Funders:	0
Total Bed Capacity:	12
No of place from each L/A:	London Borough of Tower hamlets - 3 clients London Borough of Newham - 1 client London Borough of Redbridge - 2 clients London Borough of Barking & Dagenham - 1 Client
Number of Direct Payments/Individual Budgets	

RAGG Rating

Gold	<ul style="list-style-type: none"> The London Borough of Waltham Forest has decided to award the status of GOLD to any provider who has achieved both a GREEN status through our contract monitoring processes, and an OUTSTANDING rating by the CQC. “Pending” GOLD status can be awarded where a provider has achieved GREEN status for two consecutive years – this is then confirmed once the CQC have assessed the provider and confirmed the provider as OUTSTANDING
Green	1) All 13 domains are assessed as GREEN and a current GOOD rating by the CQC; 2) At least eleven domains assessed as green, with no REDS, provider has scored GREEN in all three key quality domains of Accommodation - Health Safety, Medication, and Support Plans with at least a current GOOD rating by the CQC; 3) The provider has been assessed as having no more than three domains scored as AMBER, none of which can be in the three key quality domains listed above and with no RED domains with at least a current GOOD rating by the CQC
Amber	1) At least two of the three quality domains assessed as AMBER, with the remainder GREEN; 2) Five or more domains are AMBER, with none of the three key quality domains assessed as RED; 3) Assessment results in a GREEN rating, but CQC current rating is requires improvement. (GREEN Status can be awarded as “pending” alongside the AMBER rating, to be confirmed on reassessment by CQC)
Red	1) One or more of the three quality domains assessed as RED; 2) Four or more domains assessed as RED; 3) Assessment results in GREEN or AMBER rating, but CQC rating is inadequate (GREEN or AMBER Status can be awarded as “pending” alongside the RED rating, to be confirmed on reassessment by CQC)

Overall Summary

LHCC (Bridge House) has been opened and providing its independent supported living services since May 2019.

It currently has 4 schemes in Waltham Forest (66 service users) and 3 scheme in Newham (31 service users). In Waltham Forest, the services are in Bridge House, Greater London House, Faris Lodge and Shifa Lodge. In Bridge House, there are 11 service users with 2 members of staff during the day and 1 member of staff, in Greater Lodge house there are 22 service user, with 3 members of staff during the day and 2 at night. In Faris Lodge there are 11 service users, with 3 members of staff during the day and 1 at night. In Shifa Lodge there are 12 service users, with 2 members staff during the day and 1 at night.

In Newham, the services are in Iman house, West Ham House and Haven Lodge. In Iman House, there are 21 service users with 3 members of staff during the day and 2 at night. In West Ham House, there are 10 service users, with 2 members of staff during the day and 1 at night. Haven Lodge is currently non-operational, but will be opening within a month ad there will be availability for 15 service users and there will be 3 members of staff during the day and 1 at night.

The rooms in Bridge house have been personalised by the service user themselves and WIFI is also available for each room

The provider uses a system called CareX Solutions. This is a system that the provider has built themselves. The system is available to all staff where-ever they are in the country and any changes that are made are updated straight away. The system also gives prompts for when there is a deadline.

the provider offers NVQ level 2,3,4,5,6,7, team leading, health and social care degree, BSC in midwifery, Bachelor of science in nursing, Bachelor of Science in psychology, Bachelor of Science in clinical sciences, overseas nursing programme, health and social care assessor course and care certificate.

All the policies and procedures are online, and all have review dates and are signed electronically.

The CMO was advised that there are no safeguarding alerts and there has been an overall 2 complaints this year and both have been resolved. There is CCTV throughout the property in the communal areas only. The CMO observed a live feed of the CCTV on a monitor in the staff office.

There is WIFI available in each room, but this is at the expense of the service user. However, the provider will assist the service user in getting the package that is suitable for the service user.

	RAGG Rating
Performance (P)	
Quality (Q)	
Contract (C)	

1. About the provider

- Statement of purpose
- Operational Handbook with Policies/Procedures of the organisation
- Range of needs catered for at time of visit
- Business Contingency plan

Evidence& Comments & RAGG Rating

The provider has a Service User Guide which has the statement of purpose included in there. The statement of purpose explains the aims, philosophy and objectives of the provider. This is reviewed on an annual basis or earlier if needed and was last reviewed on 21/5/19.

The CMO was able to evidence the operational handbook and this is provided to all staff members when they join and can also be viewed online. The handbook covers the introduction, staff handover procedures, administration of medication, progress and evaluation reports, duties/responsibilities during the shift, staff details, Non-EU employees, annual leave, sickness or other absence, equal opportunities and health and safety. This is reviewed on an annual basis or earlier if needed and was last reviewed on March 2019.

The company caters for supported living, for medium to low LD, and that is based in Waltham Forest and Newham. The provider has 4 units in Waltham Forest (Bridge House, Greater London House, Faris Lodge and Shifa Lodge) and 3 units in Newham (Iman House, West Ham House and Haven Lodge.)

The CMO was showed the contingency plan, this was dated 29/8/19 and is reviewed quarterly, with the next review date to be in 3 months' time. It covers planning for and dealing with emergencies, emergency plan contact, fire precautions, electrical power failure, water leakage, gas leakage, lift failure, loss of hearing, accidents in the unit, evacuation of the unit, temporary accommodation, security of the unit, dealing with missing persons, improvement suggestions, review of the emergency plan, plans of the building and mains services.

Q =



2. Finance

- Last audited accounts & Credit checks
- Service users money management to include savings- in line with organization's policies and procedures

Evidence& Comments & RAGG Rating

The provider was unable to show me a copy of the latest accounts. The CMO recommended the provider to ask the accountants to send a copy of the accounts or an email/letter confirming the financial stability of the company.

The credit check report revealed that the Overall assessment of this organisation over the next 12 months: VERY STABLE CONDITION

Based on the predicted risk of failure: STRONG LIKELIHOOD OF CONTINUED OPERATIONS

Based on the predicted risk of severely delinquent payments: VERY LOW POTENTIAL FOR SEVERELY DELINQUENT PAYMENTS

All money transactions is dealt with the service users themselves, the company does not deal with the finances. If SU does not have capacity, then a court of protection is involved and social workers are involved, as they are an independent living. All SU have capacity to do shopping, travel, money management and leisure activities, but help is there if needed. The company does not keep any cards or money on the property.

The company does not keep any cards or money on the property. The CMO spoke to one service user who said that since he has moved into with this provider he has completely changed and is being more and more independent and goes to the bank to withdraw the money himself.

Recommendation

A copy of the accounts to be sent or a letter/email from the accounts explaining the financial stability of the company – these have now been received thank you.

P =



Q =



3. Staffing

- Staffing Levels/ % turnover - staff vacancies, suspensions, disciplinary action and dismissal rates.
- Safer Recruitment Process
- Levels of appropriately qualified staff – Review of certificates
- Staff files/content
- Use of agency staff and cover arrangements
- Evidence of Staff Training – TRAINING MATRIX
- Record of staff rosters/ staffing structure
- Evidence of supervision/appraisals
- Evidence of staff/management and meetings

Evidence& Comments & RAGG Rating

The CMO was advised that HR only have access to the system in relation to staff members, due to confidentiality. HR logged onto the system remotely and the CMO was shown all the relevant files for the staff members which included a list of the staff members with the DBS numbers and when it is to expire.

The CMO saw one staff file, DD. The file included the application form, induction pack, passport copy, DBS, employment reference, character reference, job description, job offer letter, interview forms and their relevant qualifications (QCF Level 5).

The CMO was advised that there are a total number of 14 staff for Waltham Forest and 13 members of staff for Newham. This is broken down for Waltham Forest as Bridge House having 2 staff during the day and 1 staff member at night, Greater London House having 3 members of staff during the day and 2 at night, Faris Lodge having 2 members of staff during the day and 1 at night and Shifa Lodge having 2 members of staff during the day and 1 a night.

For Newham, it is broken down as Iman house having 3 members of staff during the day and 2 at night, West Ham House having 2 members of staff during the day and 1 at night and Haven Lodge, this is currently non operational but have been advised it will be opening within a month and they will be having 3 members of staff during the day and 2 at night. The CMO was advised that the members of staff who stay during the night, are awake all night as part of their shift.

In addition to the above, the CMO was advised that there is an on-call system for the managers that is from 6pm to early hours of next morning. This is on rotational basis and the directors are 2nd on call.

The CMO was advised that the staff turnover is low as no members of staff have left over the past few years and that they have a very strong team. The manager has been there for over a decade and all staff members have been there for a long time and the company helps their staff members work up the ladder. They have also not had the reason to recruit any staff either. There has been no dismissal or disciplinaries. The provider has a safer recruitment policy in place and does not use agency staff.

The CMO saw the training matrix on the system and it shows the list of the modules and when it is valid until. The modules are the challenging behaviour, Dols, fire training, first aid, food hygiene, health and safety, infection control, mental capacity, nutrition and diet, safe admin of medicines, safeguarding vulnerable adults, anxiety, assessing needs, communicating effectively, continence promotion, COSHH, diversity and equality, develop as a worker, dying, death and bereavement, hand hygiene, moving and handling, person centred care, prevent, principles of care and confidentiality, record keeping, role of the care worker, stress management, supervision and appraisal and train on the trainer.

The CMO was also advised and saw on the matrix that the provider offers NVQ level 2,3,4,5,6,7, team leading, health and social care degree, BSC in midwifery, Bachelor of science in nursing, Bachelor of Science in psychology, Bachelor of Science in clinical sciences, overseas nursing programme, health and social care assessor course and care certificate.

The CMO was advised that there is a staff meeting every 2 months and the CMO was shown the minutes of the last meeting which was on 9th of August and was shown The CMO was advised that supervision is held every 2 months and the appraisal is yearly. The CMO saw the supervision notes for 1 staff member and this was dated 29/8/19 with the next meeting to be done on 29/10/19.

Q =



4. Safeguarding Service users

- Designated Safeguarding Lead and Deputy – relevant training
- Visitor access to Adults and the premises
- Missing from care episodes
- Risk Assessments conducted
- Safeguarding issues raised by the service and about the service - review evidence/reports, e-mails, letters etc.
- Visitor access to service users and the premises

Evidence& Comments & RAGG Rating

The CMO was advised that the safeguarding lead is the registered manager (SV) and deputy is the deputy manager (SS). The CMO saw on the training matrix that the safeguarding training for the managers and staff is up to date.

The CMO saw the safeguarding policy, which was dated March 2019, which covered the: outcome, policy, procedure, dealing with abuse, training required, forms and referenced documents for this procedure. The CMO was advised that there are no safeguarding alerts.

The CMO was shown the risk assessments and was advised that there are 3 levels to this. These are the fire risk assessments, home risk assessment and slips and trips risk assessment. The CMO was shown the fire risk assessment for Bridge house, this was undertaken on 16/7/19 and is reviewed biannually with the next one to be on 16/01/2020. The home risk assessment for Bridge house was undertaken on 01/9/19 with the next one to be next month. The slips and trips risk assessment was undertaken on 21/5/19 with the next one to be on 31/07/20.

The CMO was shown 1 service user file LM. The support/care plan was dated 21/5/19 with the next date to be on 21/11/19 and the individual risk assessment was completed on 21/05/2019 for it to be reviewed on 21/11/19. The CMO was advised that the support plans and risk assessments are updated every 6 months or earlier if needed to be.

The provider has a visitor access policy in place. The CMO saw this policy and was dated 03/19 and is valid for 3 years, with the next review date to be 02/22. This can be reviewed earlier if any changes are to be made. The policy covers the scope, policy statement, procedure, monitoring and evaluation, conditions and exceptions to policy, policy equality and diversity statement.

The service users are allowed to bring in who they like during the hours of 10am to 10pm, but there maybe restrictions which will be shown on the care plan and also under the managers discretion. No one is allowed to stay overnight and if there are any children that are under the age of 18 that are visiting, they must be supervised at all times. There is a sign in book for each unit/scheme and the CMO saw evidence of this when he went to Bridge house as the CMO also had to sign in.

There are no missing care episodes. However, the CMO was advised that if there was ever a person going missing, then the provider has a 24-hour reporting policy before contacting the police, relatives, doctors, care co-ordinators and social services (if they have one). However, the reporting time can be reduced depending on the service user and their mental health. also contact the social workers within 24 hours if they have one.

Q =



5. Complaints / Compliments

- Number of complaints/ compliments
- Pattern / nature of complaints
- How are complaints recorded
- Complaints book or electronic file
- Number of complaints/compliments raised by the service and about the service
- Pending legal proceedings relevant to the discharge of the organisation or members of staff including employment tribunals
- How are children and young people made aware of the complaints policy

Evidence& Comments & RAGG Rating

The CMO was shown the complaints policy which was dated 03/19 and is reviewed every 3 years. The policy covers summary, the overview, stages, definitions, roles and responsibilities, procedures, process maps and the various authorities' complaints contact details. The policy also states the process of dealing with complaints and level of escalation. The CMO was advised and shown on the policy that each complaint has to be resolved within 28 days and this was also stated in the policy which the CMO saw. The CMO saw a copy of the complaints policy on a pinboard in the communal area.

The CMO was advised that each unit has a "how to complain" document. The CMO was shown this document and it includes the contact details of who they need to contact, (Financial Ombudsman, CQC and The Housing Ombudsman).

The CMO was shown the complaints log, this is recorded on paper form, but have been advised that new system is being built, where all the information will be available online. This is recorded by senior staff and managers.

The CMO was shown the complaints log. This is recorded electronically on the system and is managed by senior staff and managers.

The CMO saw that there have been a total of 2 complaints this year, both of which have been resolved. The CMO was advised that the complaints process is that the service user will go to the manager to complain, and then a "complaint form" is completed by the service user or the manager. After this, an investigation form is completed by the manager/director. This form consists of 5 sections, they are: The nature of the complaint, Actions Taken, people involved in investigation, finding of the investigation and conclusion. The CMO observed copies of both of these forms.

There has been no legal or employment tribunals pending or raised.

Q =



6. Assessment, Support/Support Plans, Reviews & Outcomes

- Comprehensive spreadsheet with details of all WF service users accommodated (name, accommodation address, age etc.) detailing weekly hours of support and cost per placement (accommodation + support costs)
- Evidence a named worker exists with case management responsibility for each individual service user
- Service users' files – person centered Support/Support Plans – Reviews – Independent Living Skills - Records of contacts between service users and family members in file - Lists of any person's restriction to contact with service users who pose a risk - Risk assessments in regards to contact with families etc. - Records of serious events routed to placing Authorities
- Tracking of outcomes
- Daily, weekly, monthly logs.
- Review of Monthly Reports sent to Social Workers/PA's/ Placements Team
- Inclusion re: Leisure Activities
- Multi Agency Working – Links – Clear communication channels between agencies
- View referral forms as appropriate (May have one or may only use referring LA's referral form and numbers received and accepted.)
- Reviews carried out within agreed timescales
- Number of placements that have ceased with reasons
- Evidence support is sensitive to service user's different needs

Evidence& Comments & RAGG Rating

The CMO was advised that the provider uses a system called CareX Solutions. This is a system that the provider has built themselves. The CMO saw evidence of this and went through the system whilst a member of the HR team was remotely on the system. The system is available to all staff where-ever they are in the country and any changes that are made are updated straight away. The system also gives prompts for when there is a deadline. The CMO saw this, as when the system came on, it showed a list of the service users and when there 121 is due, and there was a red cross next to the service user whose 121 is due in the next week.

The CMO saw all the service user details on the system for Bridge House.

The CMO selected one service user, LM and at the top it had a picture of the service user and their personal details. On the left hand side, it had Update Image, profile info, basic demographic, MDT info, Health Care/Solicitor, Assessment Info, Referral Info, Account status, Internal Transfer, Client Care Settings, Household composition, Declare Funeral, Family History, Personal History, Psychiatric History, Medical History, Alcohol and Drug Use, Personality Prior Illness, Forensic History, Mental Health State, Medication, Social Situation, Risk chronology and Previous History. Once you clicked into any of the mentioned, it will show you the relevant information.

There is another section called Manager Care plan and daily reports. The care plans are broken down into 3 sections, one is for the accommodation, mental health and other.

The CMO evidenced the care plan for one service user, LM, who has been at this service since May 2019. The care plan is dated 21/05/19 and is reviewed every 6 months or early if needed. The care plan has 1 outcome identified, with the outcome identified and how it will be met with actions required and whether it has been completed. This is reviewed in 6 months or before if needed. The CMO also saw on the care/support plan information about family members that are allowed to contact and visit the service user.

The electronic system does not have the service users' signature, however the CMO was shown a document which was labelled "Signature for online 062-063", and the service users signature was on there and dated 21/05/19 and it stated what the signature was for.

The CMO was advised by the director that they receive a referral from brokerage and/or social service (which includes a care plan, risk assessment and support needs). The provider will then go and see the service user within 5 days (this depends on where the service user is, as the provider does deal with forensic clients) so therefore an appointment may be necessary to see the service user. Once the provider meets the client, they will need to complete a report and will give an answer the same day if they can meet the service users needs and then the service user can come and see the property (again this depends on where the service user resides). Once the service user has seen the property, then the funding will need to be agreed whilst the move in date is confirmed.

The CMO was advised by the director that that as it is an independence service, they promote this to the service users to ensure that they go for their medical visits by themselves, however the support is there if required.

The CMO was advised that weekly/monthly reports are sent to the social worker as and when there are changes. However, the CMO was advised that as the provider deals with forensic clients, therefore the social worker does visit more frequently.

The CMO was advised that in regard to a hospital passport. The provider prints out a service user profile, which has a picture of the service user, NHS number, RIO number, NOK details and admission date. In addition to this, they will also attach the medication chart, which will include a list of the service user's medication and allergies.

The CMO was advised that as the service has just opened a few months ago, no service users have left.

P =



Q =



7. Positive Management of Behaviour

- Evidence of de-briefing for service users and staff
- Physical interventions and sanctions
- Conflict management policy
- Quality of recording systems

Evidence& Comments & RAGG Rating

The CMO was advised that the majority of the information recording is done on electronically, and these are accessible by all staff from any location. The provider uses a software system called CareX which they have built themselves.

The provider has a policy on managing complex behaviour and the staff members are trained on this policy. The policy was reviewed in March 2019 and is reviewed every 3 years. It explains the outcome, regulations, policy statement, procedure which includes principles, behaviours harmful to others, person centred planning, the risks assessing challenging behaviour, strategies to reduce/manage the behaviour, post incident report, training required and definition.

The CMO has been advised that there has been no physical interventions or sanctions in the scheme or any serious incidents.

The CMO was advised by the director, that it is an open-door policy and all service users, and their family members have the managers number and the director's numbers for any issues that need to be looked into. The CMO was advised that there is monthly meetings that are held with the service users. The CMO saw evidence of the last one that was done on 20th August 2019.

The CMO was advised that all policies are online and are dated with the next review date and are signed electronically. The CMO spot checked 2 policies and these were all dated and signed.

P =



Q =



8. Medication

- Appropriate management & recording of medication
- Risk Assessments

Evidence& Comments & RAGG Rating

The CMO was shown the medication policy and this was dated 03/19 and is reviewed annually. The policy covers the aim and scope, policy statement, policy approach, monitoring and evaluation, conditions and exceptions, and equality and diversity statement.

As the provider is an independent supported living provider, they do not assist any service users for taking medications. They will only prompt the service users to take their medication. However, medication training is mandatory and must be given to all staff.

The CMO was shown the medication folder, which at the front had a list of the staff members that have had the training and were allowed to supervise the service users to take their medication.

The CMO was advised that there are audits in place, where the staff member will go and check the blister packs to see if the service user has taken their medication and will also ask the service user if they have taken their medication. The staff members do assist the service users, to pick up the medication from the pharmacy, but do not administer.

The CMO was shown a monthly audit form which is completed by the manager on a monthly basis, the CMO spot checked for July and August and there were no errors. In addition to this, there is also an independent audit done from the pharmacy (Bower Chemist – Leytonstone). They conduct their audits quarterly and the last one that was done was on 6/8/19 and there were no errors.

The CMO was shown a medication observation form and a medication incident form, which is filled out if and when necessary. The CMO was advised that there has been one incident, which the CMO saw evidence for.

The CMO was also shown the MAR chart, the CMO spot checked this for one service user (DP), this was all signed and up to date. In addition to this, the CMO was also shown the medication order form and a TTA form. The TTA form is for when a service user go on holiday and it is a medicine request. The CMO saw a form completed for a service user that went on holiday to Devon.

The CMO was advised that the provider receives 4 weekly medications for their service users. They give the service users 1-week supply, and the remaining 3 weeks is locked in a cabinet in the staff office. The CMO saw the medication temp record for this cabinet, it was all signed and temperatures recorded

There Is also a medication returned document, which shows medication that has been returned, however The CMO could not see any reason why the medicines are being returned. The CMO has recommended that the provider is to add a reason why the medicine has been returned.

The provider does not give medication to any service users, but only prompt them under supervision

Recommendation

The provider to add a reason on why medication is being returned on the medication returned document – this has now been completed by the provider.

Q =



9. Service User Consultation

- Satisfaction Surveys
- Involvement in meetings

Evidence& Comments & RAGG Rating

The provider does monthly service user meetings and surveys/questionnaires for the service users twice a year. The CMO was advised as this scheme has just opened a few months ago, they have not done a survey/questionnaires to service users or their families. The CMO was advised that they will be doing this after the new year.

Q =



10. Health & Safety

- Nominated & trained Health & Safety Officer(s)
- First Aiders – Trained
- Incident & Accident Recording
- Maintenance Logs, H&S records e.g. Fire Drills/tests

Evidence& Comments & RAGG Rating

The CMO was advised that the nominated health and safety officer is the manager SV. All the checks are done monthly by the staff member that is on duty and this will be then spot checked by the manager/director. The CMO saw evidence of this.

The CMO was advised that all staff are trained on first aid training and the CMO saw evidence of this on the training matrix.

The incident and accident records are kept electronically and are managed by senior managers or the registered manager. The CMO has been advised that there have been 2 incidents reported and they have been resolved. The CMO evidenced the paperwork for this.

The CMO was advised that the fire drills are done every quarterly, with the last one being completed on 21/8/19 at 6.50pm and there were no concerns. The CMO has been advised by management that the next drill will take place at night.

The CMO evidenced the daily health and safety checks undertaken, these are for odour problems, fired doors propped open, service user doors open, visual check on vacuum cleaners in use, random check of portable appliances in the home, Is the kitchen clean and safe, are staff dressed appropriately, are staff working properly, observe moving and handling techniques used, cleaning materials, electrical supplies and lift motor rooms etc, locked, staff room safe for use, elevator intercom, any other observations. The CMO spot checked this and they were all up to date.

The CMO was shown the fire risk assessment which was done by the provider themselves, it was conducted on 16/7/19 and there were no concerns raised. The CMO was advised that as the scheme has just opened a few months ago, no independent checks have been undertaken by external companies.

The CMO was shown the maintenance log and was all up to date and all the problems have been resolved.

The CMO was saw that there are 9 fire extinguishers within the property. There are 4 CO2 extinguishers, 1 of the water and 4 of the foam. These were last inspected on 23/5/19 by Firefox Fire Protection. The CMO evidenced the paperwork for this also.

The CMO was also shown the PAAT test, which was conducted by JNB Electrical engineering on 21/5/19 and there were no concerns. The CMO was also shown the Building Compliance Certificate, which was undertaken by Stroma on 02/12/2018. In addition to this the CMO was shown the fire alarm and emergency lighting test, which was tested by Firefox on 23/5/19 with no concerns.

Q =



11. Accommodation

- Cleanliness
- Suitability and accessibility
- Choice and personalization
- Security - CCTV
- Notice Boards
- Wifi Access
- Employers Liability (£10m), Public Liability (£5m), Professional Liability (2m)

Evidence& Comments & RAGG Rating

The CMO visited Bridge House and the entrance to the property was via a secure entry system (buzzer system). The home was very clean and immaculate. The property has 12 rooms and they were all occupied at the time of the visit. There are 3 floors in the property with 4 rooms in each floor. The home was personalised and the service user rooms had decorated their rooms to their own tastes. Each room had an en-suite with an electric cooker, fridge freezer, washing machine, tv (which the service user buy themselves), bedside cabinet, chest of drawers, cupboards and electric radiators.

The CMO was advised that each service user has a diary for which they keep their appointments in and they will also tell staff members/managers of when they receive a letter for any appointment to help remind them.

The CMO saw CCTV throughout the property in the communal areas only. The CMO saw a live feed of the CCTV on a monitor in the staff office.

The CMO was advised that there is WIFI available in each room, but this is at the expense of the service user. However, the provider will assist the service user in getting the package that is suitable for the service user.

The CMO spoke to one service user, who was playing dominoes in the garden. The service user told me how happy he is here with this provider. He has been with them for a long time and moved from another scheme with the same provider. He stated “that they have changed my life for the best and they are like my family”. This service user also took the CMO to show me their room. The CMO was shown the weekly timetable for the service user. This was revised by the service user and their care-coordinator.

There is also a billiard room in the property and the CMO saw service users playing pool with themselves and with staff members. In this room there was a pin board that had the complaints policy, safeguarding information and other relevant information.

The CMO was shown the Employers liability, this is covered by DUAL, with the date being between 10/18- 8/11 and for a minimum of £5,000,000. The CMO saw a copy of this displayed at the unit.

Q =

