

Autism Care UK (3) Limited

Alexandra Park

Inspection report

Alexandra Way
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 15 January 2019 and was unannounced. This means the provider was not aware we were visiting the service to carry out an inspection. We also telephoned health and social care professionals and relatives of people who used the service during the week commencing 21 January 2019. A previous inspection of the services, undertaken in September 2017, rated the services as requires improvement overall but did not identify any breaches of regulations.

Alexandra Park is registered for both personal care and accommodation for those requiring nursing or personal care. The service consists of a number of individual bungalows on a campus style site. Some people receive accommodation and personal care as single package under one contractual agreement. Where this happens CQC regulates both the premises and the care provided, and both were looked at during this inspection for these people. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. In supported living people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were 22 people using the service. Seven people were receiving accommodation and personal care under a single package and 15 people were receiving personal care and support through a supported living arrangement.

Although the service was delivered from a campus style site, separated from the local community, the care service and its managers had an awareness of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At the last inspection we had recommended that the provider improved documentation, particularly in relation to risk. At this inspection we found records relating to both risk and care remained complex, difficult to follow and were not always complete. Risks with regard to the equipment and physical environment of the service were monitored and appropriate safety certificates were forwarded to us. The provider had a safeguarding policy in place and any issues had been investigated and dealt with appropriately. The service had in place contingency plans to support people in the event of emergencies.

Medicines were not always managed effectively or safely. Care records did not always indicate how staff should support people with medicines and there was limited information about how people should be supported with creams. Management and administration of medicines was not always carried out in line with NICE guidelines.

Accidents and incidents were appropriately recorded and reviews took place to consider how best to manage any future matters. The service considered how the provision of care could be changed or improved in light of events or recommendations.

People and staff told us sufficient staff were employed to support people's personal care needs. Care was delivered to individuals by a small number of care staff in individual bungalows. Staff and people told us having a consistent support team was important. Appropriate recruitment systems were followed to ensure properly experienced and qualified staff were employed.

Systems regarding staff training were not robust. Records presented showed training had not always been refreshed or updated in a timely manner. Systems for checking training had been completed were not actively in place. Staff told us, and records showed regular supervision and annual appraisals had not been undertaken and not been monitored.

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 had the appropriate legal authority and were being met. We found appropriate systems were in place. Best interests decisions were carried out where people did not have capacity to consent. Some best interests decisions were not always specific. We spoke with the manager about this process.

Prior to using the service people's needs had been assessed and care was delivered in line with these assessed needs. People told us they were supported to make personal choices and staff encouraged them to have a healthy diet. Staff supported people to maintain their health and wellbeing through regular appointments with various health professionals.

People told us they were very happy with the staff and the support they received. Staff were committed to ensuring people they supported received good quality and personal support. People told us they were helped to make day to day decisions about their care.

People's privacy and dignity were respected. Staff spoke knowledgeably about how they promoted and encouraged independence. People were supported by advocates to express their views and ensure their care met their needs.

Care records contained information that supported staff to deliver person centred care which met the individual's needs. Evidence of care reviews varied, although more detailed six-monthly reviews were undertaken. People told us they were involved in reviews of their care. As far as practical people were supported to access events and activities in the community. There had been no recent formal complaints about the service.

Staff spoke positively about the registered manager and the overall management of the service. They said the manager was approachable and offered good support. They were positive about their work and said they enjoyed assisting people who used the service.

Audits and checks were in place to monitor the quality of the service, although these reviews had not identified the breaches of regulations we found at this inspection. The quality of records was variable, although daily records were much improved and contained good detail and information. The service was meeting legal requirements by submitting notifications to the Commission and displaying its most up to date rating.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Staffing and Good governance. You can see what action we told the provider to take at the back of the full version of the report. The rating for this service is requires improvement. This is the fourth time the service has been rated as requires improvement. We will meet with the provider to consider the

action needed to improve the service.

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.

Improvements to care records, especially around risk had not been consistently implemented. Management of medicines was not robust and did not always meet NICE guidelines.

People told us they felt safe using the service and appropriate action had been taken with regard to potential safeguarding matters. Risks related to the environment were assessed and monitored.

People told us they were well supported by staff. Appropriate recruitment processes were in place. Incidents were recorded and reviewed and consideration given to lessons learned.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Robust systems were not in place to ensure training was up to date. Regular supervision and appraisals sessions had not been undertaken.

People told us they were encouraged and supported to make choices.

The service was working in line with the MCA. Best interests decisions had been undertaken where people did not have the capacity to consent, although matters considered were not always explicitly stated.

People were supported to maintain good health and wellbeing and were encouraged to follow a healthy diet. Staff had an understanding of the issues related to equality and diversity, although specific training was not provided.

Is the service caring?

Good ●

The service was caring.

People told us they were well looked after by staff at the service. People we visited looked happy and relaxed in staff's company.

People told us they were able to make choices about their care and their day to day activities. The service supported people through the use of a variety of communication formats and systems.

Staff were aware of the need for confidentiality and supported people to maintain their privacy and dignity when assisting them with personal care. People were encouraged to maintain contact with their families.

Is the service responsive?

Good ●

The service was responsive.

Care plans were highly personalised, contained good detail for staff to follow and were based upon assessed need. Reviews of care were variable in format, although people told us they were involved in care evaluations.

People were supported to engage in a range of activities, both within the service and in the local community.

There had been no recent formal complaints. People told us any concerns were dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A range of audits and checks were in place, although these had not identified the issues found at this inspection.

Staff spoke positively about the manager and the overall management of the service. Staff told us they could raise concerns or issues and these would be addressed. As far as possible people were involved in the service, although the manager was looking to develop this.

The quality and range of daily records had improved since the previous inspection. The provider was meeting legal requirements with regard to notifications and displaying their current quality rating.

Alexandra Park

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 service provides support to people with a learning disability through both accommodation and personal care and personal care to people in supported living.

This inspection took place on 14 and 15 January 2019. In addition, we made telephone calls during the week commencing 21 January 2019. The inspection was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority contracts team, the local authority safeguarding adults team. We used their comments to support our planning of the inspection.

We spoke with three people who used the service. Additionally, we spoke with the manager, a service manager, a team leader and three support workers. Following the inspection we spoke with a lay advocate who supported a number of people who used the service, one person's legally appointed representative and two relatives.

Because of the nature of the service we were not always able directly observe care and support offered to people in their own bungalows. We looked at a range of documents including three care records for people who used the service, four medicine administration records, three staff files, staff training and supervision records, and a range of other management and meeting records.

Is the service safe?

Our findings

At our inspection in September 2017 we had noted records related to managing risks were not always well maintained and there were multiple documents that detailed risk and care support related to risk assessments. We made a recommendation the provider should review records to ensure risks were recorded and detailed consistently. At this inspection we found records related to risk remained complicated and spread over several documents. Care plans, whilst covering some risks did not always directly relate to the identified risks. Some risk assessments had past their review date and needed updating.

This as a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

We spoke with the manager about this. She showed us the care file of a more recent admission to the service where the details in the risk assessments were more comprehensive, contained within one document and identified actions to mitigate risk. She said this new format was being introduced across the service and other care files would be updated in this new format.

Prior to the inspection we reviewed information we held about the service and noted there had been a number of medicine errors reported, although no one had been harmed by the errors, which mainly consisted of missed doses. We looked at medicines records held within the service. We noted current records did not comply with National Institute for Health and care excellence (NICE) guidance for effective management of medicines. Where people were prescribed creams there was not always detailed information about how or where they should be used. Some people were receiving 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. Not all the 'as required' items had specific care plans detailing how these should be administered. Hand written medicine administration records (MARs) had not been checked by a second staff member to say there were correct. Some people were receiving 'homely remedies'. Homely remedies are items that can be purchased over the counter, such as cough medicines. There was no reference to these items in people's medicine care plans. We also noted some long terms medicines, that were used infrequently, were not always transferred across to the new MAR at the end of the month. We did not identify any impact directly on people because of these omissions and short falls in record keeping and updating. We considered effective and robust systems to maintain records were not fully in place to ensure people's health, safety and welfare.

This as a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

We spoke with the manager about administration of medicines at the service. She told us this was an area she was determined to address and that all staff were to receive new training in the coming months.

People we spoke with told us they felt safe living at the home. One person told us, "Yes, it is safe here and a decent step up from where I used to live." Relatives told us they felt their relations were safe in the service. They told us they had raised a safeguarding issue in the past but that the matter was dealt with by the

service long before any formal safeguarding meeting. a relative told us, "I definitely think (person's name) is safe there." The provider had in place a safeguarding policy and staff had received training with regard to the safeguarding of vulnerable adults, although we noted a small number of staff needed to have this training updated and refreshed. Staff we spoke with told us they would report any concerns to management or, if they felt they needed to, would contact outside agencies with their concerns. Prior to the inspection we were aware there had been a small number of potential safeguarding events at the service. We saw the manager had taken appropriate action, had commenced an investigation and the events had been reported to both the local safeguarding adults team and CQC.

At our inspection in September 2017 we made a recommendation the provide look at sourcing training for people who used the service to help them keep themselves safe. The manager told us she was still considering this because the range of abilities and capacity within the service needed a more individual approach.

Staff we spoke with were aware of the provider's whistleblowing policy and told us they would report any issue or concerns if they felt they needed to. The manager spoke with us about one recent anonymous whistleblowing alert and explained how the matter had been fully investigated by senior managers within the organisation, although no direct evidence of a concern had been found.

People had in place personal emergency evacuation plans (PEEPs) detailing how they should be supported in the event of a fire or other emergency. The service also had contingency plans in place to deal with any unforeseen events.

The manager explained the provider had recently changed the company that dealt with site safety such as portable appliance (PAT) testing and other such safety checks. These issues were now dealt with centrally and she would arrange for copies of certificates to be forwarded after the inspection. Within the service we saw regular checks were carried out on fire safety equipment and water systems.

Accidents and incidents were recorded and reviewed. Where significant incidents occurred and a person had become distressed or their behaviour had caused concern then a debriefing process was undertaken, with staff completing a form looking at the incident, whether anything could have been done differently and how the matter had been handled. The incident was also reviewed by a manager within the service. Some of the review forms lacked detail at times and we spoke with the manager about this. Staff told us some people within the service had fortnightly review meetings to ensure staff were aware of approaches that best supported the person and to further discuss any incidents that had occurred.

The manager and a service manager spoke with us about lessons learnt within the organisation. The manager told us as a result of the most recent whistleblowing she had looked at communication within the organisation and was making changes to improve it and ensure all levels of staff were aware of matters. The service manager told us at the last inspection issues had been raised about the quality of daily records in the service and the management review of such records. They told us the service had instigated significant changes in the keeping and reviewing of daily records and felt there had been a big improvement. We looked at the new format introduced by the service and saw this was more detailed and more comprehensive. We also saw there was regular management oversight of daily record documents.

At the last inspection we saw appropriate systems were in place to recruit staff. At this inspection we saw this continued to be the case. Prospective staff had completed application forms detailing previous employment, had attended for a formal interview and been subject to a range of checks including the taking up of two references and being subject to a Disclosure and Barring Service (DBS) check. Where any historical

issue had been raised by the DBS check a risk assessment was undertaken before employment was offered.

People told us there were enough staff to support them in their daily lives. Staff also confirmed there were enough staff within the service to support people with their care needs. Both people and staff told us changes to staff teams could be disruptive and felt that having settled staff team was important. An advocate we spoke with told us not having a settled team often increased people's distress levels which was often demonstrated through their behaviour. A representative told a person's behaviour had improved greatly when they had a consistent, settled team.

Is the service effective?

Our findings

The manager told us the system for monitoring and reviewing training within the service had recently changed and this was now carried out centrally. She told us each month she was sent a list of staff and any out of date training was highlighted in red or training that needed to be updated soon highlighted in yellow. She forwarded us a copy of the most recent training record. We saw a significant number of staff had training that was out of date or required updating. This included staff who had not had fire training updated since 2014 or 2015 and a number of staff who had not had updates in safeguarding training since 2015. Other out of date training included capacity and decision making, health and safety and moving and handling. Staff we spoke with gave us mixed information about training. Some told us they had recently completed training whilst others said they were still working through the various online packages. One person told us they had not started any training because they had difficulty logging on. Most staff told us they were required to complete training in their own time, although one staff member told us they did it when on night shifts.

We spoke with the manager about how training was monitored and followed up. She told us as the system was new there was no robust system to formally follow up whether staff had completed training identified as being out of date.

The manager also forwarded us a copy of records related to supervision and annual appraisals. We saw that for the year 2018, out of 129 staff listed only 18 had been recorded as receiving an annual appraisal. We also noted supervisions were not always up to date with some staff having received only one supervision within the previous year. Staff told us they could not recall when they last received a supervision or appraisal and one staff member told us they had never received an annual appraisal since they started working at the service. We spoke with the manager about supervisions and appraisals. She told us having only taken up post in November 2018 she was not aware the annual appraisal and supervision rate was so low and she would be looking to address this.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18. Staffing.

One of the service managers spoke with us about specific training with regard to dealing with incidents and the use of restraint, when necessary. They told us, and staff confirmed all staff received Non-abusive psychological and physical intervention (NAPPI) training. They told us they were registered with a national organisation for this training, which alerted them when training needed to be updated. They also told us they were an accredited training officer. Staff we spoke with could describe how they used the NAPPI interventions and care plans followed the NAPPI guidance. From incidents reports we were able to see staff followed guidance and training when dealing with any distress events. One person's representative told us, "Staff have the right skills and understanding to support [person's name]. They are good at picking up cues"

We spoke with the manager and one of the service managers about positive behaviour support (PBS). PBS is a particular approach used to help people with a learning disability to cope better with stress and distress.

They told us the PBS was included in NAPPI training. We looked at training material and whilst elements of PBS were covered this tended to be in dealing with incidents rather than building skills and resilience. Staff we spoke with told us they would welcome some specific training on PBS. We spoke with the manager about this. She told us she would look at how this could be addressed. Relatives told us they felt the core team of staff supporting their relation had the right skills.

People we spoke with told us they were able to make choices about their day to day lives. They told us staff supported them to choose meals and what activities they wanted to be involved in. We saw people's needs had been assessed, although the quality of these assessments could be variable. More recent assessments contained much improved detail. Records showed, and staff and people confirmed their identified needs were then supported.

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

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

A number of people were subject to restrictions under DoLS and records with regard this were complete. A number of people were subject to other restrictions, such as the Mental Health Act 2007. Records related to these restrictions were also up to date. Relatives of some individuals had been appointed to deal with finances by the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. Where this was the case copies of relevant documents were held in care records.

Some people did not always have the capacity to make decisions. Where this is the case the MCA requires best interests decisions to be undertaken to ensure appropriate care and action is taken. We saw a number of best interests decision had been recorded. However, the Act requires that such decisions should be with regard to a specific matter. Best interests records were not always specific and did not always detail alternative approaches that had been considered. We spoke with the manager about the use of best interests decisions and records. She said she would look again about how these matters were recorded to ensure decisions were in line with the MCA. Relatives confirmed they had been involved in best interests decisions.

People told us, and records confirmed staff supported people to access health services. Records showed regular contact with services such as GPs, district nurses and community mental health professionals. Staff also described incidents where they had contacted people's GPs because they were unwell or supported them to attend health reviews and advocate for them in appointments.

We noted there was no specific training provided for staff regarding equality and diversity, although the

manager told us this was incorporated in other training packages. Staff we spoke with understood the issues regarding equality and diversity and the nine protected characteristics identified in the Equalities Act 2010. Staff said they had never encountered any issues either within the service or when out in the community.

People told us staff supported them to access appropriate meals and drinks. They told us staff accompanied them on shopping trips to local supermarkets and encouraged them to make their own choices, whilst also supporting them to eat healthily. Daily records contained information about people's dietary and fluid intake. In one person's care records we saw a best interests decision had been taken, with relatives involved, to try and encourage the person to eat healthily, as they were prone to favour more unhealthy options. Any concerns about diet or eating and drinking were referred to health professionals for advice.

People's accommodation consisted of individual bungalows on a campus site. People were supported in their bungalows by a dedicated staff team and the environment was designed to support the person's particular needs. Where possible people were able to personalize their homes with photographs and ornaments.

The manager spoke about how the service supported people who were moving on from the service. She told us staff from other services would visit the service and work within the complex as the person moved to more community based support. One person we spoke with told us they were moving into their own flat in the next couple of months and staff spoke about how they were supporting the person with this move.

Is the service caring?

Our findings

Not everyone we spoke with was able to communicate in detail about the care they received. People told us, or indicated they were happy with the care they received and the support they were offered by the support workers. Comments from people included, "It's pretty decent here. Better than where I was living"; "(Support Workers names) are fairly decent. No, I'm only joking they are very good"; "It's pretty good. Generally, I have no complaints"; "I like living here. (Support worker's names) help and support me. I like them" and "I like living here. I get to choose what I do and (support worker's name) helps me." An advocate said that people's stress levels could fluctuate and they were often unsettled by changes in staff teams. However, they told us, "Lots of the care has been really, really good." Relatives told us they were happy with the care offered by the service. Comments included, "They are top dollar at the moment. They are doing fine" and "I'm very happy with the support they are getting."

Staff we spoke with talked in detail about the support they offered people. They told us they enjoyed supporting people and got to know them very well. One staff member told us, "I really enjoy working with (person's name). I try to do the job to the best of my ability. I'm quite happy with my job and I think it works well." Another staff member, who had recently started at the service told us, "It's a good place to work. I like working with (person's name). I get great pleasure out of helping them with baking and cooking. If you keep them busy there are no problems."

People we spoke with told us they were involved in their care on a day to day basis and included in reviews of care. Comments included, "I do get invited to meetings and reviews and if I want to say anything I can say something" and "They keep me involved in things, yes." Records showed, and relatives confirmed they had been invited to attend or involved in review meetings. They told us staff always listened to their point of view.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs.

Staff spoke in detail about how they assisted people to understand information. They told us some people had pictorial equipment, which allowed them to make choices. Records showed some people used Makaton sign language to communicate. Other communication aids included the use of tablet devices. Staff told us, and record showed that where people had difficulty making choices or decisions then staff would offer only two choices at a time, but follow a sequence of choices to support people making more detailed decisions. The provider had a range of documents in easy read format to assist people. One relative told us how staff had a communication pathway for their relative that identified the various methods they communicated with.

Staff were aware of the need for confidentiality, particularly when supporting people out in the community. Records were maintained safely, either in the main office block or in people's individual bungalows. Staff were also aware of the need to maintain people's privacy and dignity. Care records contained detailed instructions about how to support people with personal care and when helping people in public areas, such as when visiting the swimming baths.

Staff spoke about how they supported people to be independent and people confirmed this was the case. People told us staff helped and encouraged them to maintain their own bungalows, to shop for themselves and to make meals. One person told us, "I'm very independent. I go out to Cramlington, to the pictures, to the supermarket. The staff help me do that." People also told us they were supported to keep in contact with family and friends. Records showed people went to visit or stay with relatives on a regular basis. People also told us they had friends within the service. They said they would go and visit each other in their bungalows and sometimes share pizzas together when visiting.

Is the service responsive?

Our findings

At the previous inspection we noted people had highly personalised care plans. At this inspection we found this continued to be the case. People's records showed they had been subject to an assessment prior to coming to live at the service. More recent records contained exceptional detail about the person as an individual, their background and the areas they required support in.

Support documents were based around people's assessed needs. The majority of records were personal and detailed the specific supported people required, their personal preferences, likes and dislikes, particular approaches that were required and action staff should take if they were concerned. Some information was more general. For example, one person was prone to epileptic fits. Whilst there was information about how to identify and respond to such events, this was a more general document and did not detail how the person could best be supported individually.

Care records also contained information about the person as an individual, their back ground and family. For example, one section of the records detailed people talents and what others admired about the. Records also detailed what was important to individuals, such as maintaining contact with their family. Records indicated how best to communicate with people, such as the use of Makaton sign language, allowing people time to understand questions or requests and using visual prompts to support people. An advocate told us, "They do their best to stick to the plan." They told us staff, "Do their best and most staff a very committed."

Records contained reviews of care, although some reviews were quite simple and just indicated a date of review, other were more detailed and showed people's wishes or views had been actively considered. Some reviews included future goals for people, such as to become more active or to arrange a holiday. One person told us, "Staff sit down with me and talk about what I like." An advocate told us they were involved in supporting people or promoting people's views during reviews. They also confirmed that people's relatives were involved in review processes. A person's representative told us, "The care documents are a working document. They are used on a daily basis and reviewed."

People told us they were supported to engage in a range of activities. They spoke in detail about going out in the local community, visiting local places, going shopping and attending the cinema, sometimes with friends. One person told us they had been to see the film *Bohemian Rhapsody*, with friends from the service, because they liked the group Queen. Other individuals told us they preferred to stay in and were able to play computer games or partake in other individual activities. During a visit to one bungalow we found one person in the middle of a game of monopoly with their support worker. The manager and staff told us there were events organised by the service, such a Christmas parties or discos. People could choose if they attended or not, but most people chose to join in to some degree, if they were able. One person told us, "I get to choose what I want to do." People also told us about spending time with friends they had in the service, either within the complex or out in the community. An advocate told us that one person enjoyed walking and staff helped facilitate this. Of another person they told us, "They do get the opportunity to do what they want." relatives confirmed their relations were supported in a range of activities, including short

breaks away from the service.

The manager told us there had not been any formal complaints made to her since she became manager and she was not aware of any formal complaints prior to this date, within the last year. She told us any formal complaints would be recorded in the manager's monthly log and followed up in line with the provider's policy. Copies of the complaints policy were available in easy read format. People we spoke with told us they had not raised any recent formal complaints and the staff ensured any issues of concern were dealt with. One person told us, "Any concerns are sorted out." The service had received four formal compliments about the support they had given to people who used the service and the progress the service had made in recent months.

Where appropriate information about people's end of life wishes was maintained within their care file.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager formally registered with the service. The previous registered manager had deregistered from the service in June 2018. A new manager had been appointed to the service in November 2018. She told us she was in the process to formally applying to be the registered manager for the service. We checked our information system and found a valid application to be in progress.

A range of checks and audits were carried out at the service. Night managers undertook reviews of medicine charts and administration and regular checks were also undertaken on daily records sheets submitted. We saw some of these daily records sheets had been returned for correction or updating because information was missing or not appropriately recorded. However, these checks had failed to identify the issues we found at this inspection regarding safe handling of medicines, up to date training and up to date supervisions and appraisals. We also found the comprehensive action had not been taken on a previous recommendation to improve the quality of care plans within the service, although some new work was underway.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good governance.

We spoke with the manager about the management and oversight of the service. She told us the provider had only recently approved an increase in management at the service. The provider was increasing the number of service managers from two to four. This would reduce the number of bungalows/ people they were responsible for and allowed for increased oversight and scrutiny. She told us discussion was also underway with regard the appointment of a deputy manager for the service. This would allow an increase in the senior management team for the service and ensure full and proper checks could be undertaken. In addition, she told us the provider's area manager would in future be based at the service, giving access to additional management support.

The manager told us she had a range of issues she wished to address. However, her top three pressing matters included; improving the management structure and oversight, addressing the issue with the administration of medicines and improving and maintaining staff morale and reducing sickness.

Staff we spoke with were positive about the support they received from the management. Comments included, "Managers are good. (Service manager) is the one to go to. They are quick at solutions and always have the time"; "I've had quite a bit to do with (registered manager). She is very nice and deals with any problems"; "(Registered manager) is direct; she is great. She will help you with lots of things" and "I'd feel okay about going to her (registered manager) and speaking with her. She seems approachable."

The manager spoke about engaging with staff. She told us a staff survey had solicited few returns and so they had looked at engaging staff during a training event. Staff were asked to discuss questions with no managers present and provide anonymous information. She told us this exercise had solicited a slightly increased number of issues and a better response than questionnaires alone. We had previously asked the

provider to survey staff following concerns raised about the management. This survey also resulted in limited returns but with few issues raised. Staff we spoke with told us they were happy working at the service. They told us there were regular staff meetings and they were able to raise issues and voice concerns during these meetings.

We spoke with the manager about how people were involved in care. She said the nature of the service made this quite difficult as people often preferred to stay in their own homes, although she was looking further about how they could be more actively involved. She spoke about one person who was representing the service on a local engagement board for people with a learning disability. We saw them going off to one of these meetings dressed in a suit and clearly taking the responsibility seriously.

At the previous inspection inspectors had raised issues with the quality and accuracy of daily records at the service. The manager and one of the service managers explained how they had worked to develop and improve daily records, bringing a whole range of information together in a single document, which was easier for staff to complete and simpler for management to review and audit. We found the information contained within this document to be very good. There was detailed information about the person's day, including activities and some review of their presentation or feelings. There was more practical information on meals, drinks and activities. There was also information about medicines and other health appointments. The manager said they were continually improving this document but felt this had been a big improvement for the service.

The manager and staff spoke about the positive relationships the service had with the local community. Staff spoke about how local shops and services knew people and supported them to be independent. They told us local shops were understanding if people sometimes became upset or distressed and helped staff to support the individuals in these circumstances.

The provider was meeting legal requirements. The service had notified the CQC of key events such as serious injuries, safeguarding events and any deaths, as they are legally required to do so. The most recent quality rating was displayed in the service reception area.

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 17 HSCA RA Regulations 2014 Good governance |
| Personal care | Robust systems were not in place to ensure the service could be effectively assessed, monitored and improved. Systems were not always in place to identify and mitigate risk. Accurate, complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c). |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Personal care | Systems were not in place to ensure persons employed by the service received appropriate support, training, professional development, supervision and appraisals. Regulation 18(1)(2)(a). |