

Henshaws Society for Blind People

Henshaws Society for Blind People - 61 Kings Road Harrogate

Inspection report

61 Kings Road
Harrogate
North Yorkshire
HG1 5HJ

Tel: 01423561408
Website: www.henshaws.org.uk

Date of inspection visit:
15 March 2016

Date of publication:
23 June 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 15 March 2016. The provider did not know we were coming. The service was last inspected in September 2014 and it was meeting all the regulations in force at that time.

61 Kings Road is registered to provide accommodation and personal care for five people who have learning disabilities and an additional sensory impairment. There were three people using the service at the time of our inspection. The house is situated within walking distance of Harrogate town centre and there are local amenities nearby. It is a large three storey Victorian terrace with a small garden to the front and a small courtyard to the rear of the property.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A manager was in post at the time of our inspection but had not yet started the process to apply to be the registered manager. We have called them the 'manager' throughout this report.

Staff had been trained to recognise and respond to any safeguarding issues. Staff knowledge and understanding of safeguarding was good. The service acted appropriately in reporting such issues to the local safeguarding adults unit, and carrying out any investigations or actions coming out of these referrals. Relatives told us they felt their family members were safe when their support workers were providing them with support. Risks to people were assessed, and risk assessments gave detailed information to ensure that people could be supported safely by staff. These had been reviewed consistently although we found several versions of some that required streamlining. Plans were in place to keep people safe in the event of an emergency. Accidents and incidents were fully recorded and were discussed at meetings to consider ways to ensure there was no reoccurrence.

There were some staffing vacancies but there were regular and consistent staff and gaps in the rota were picked up by regular bank staff. Staff files showed that recruitment was professional and robust to ensure suitable applicants were employed. Staff had been recruited safely and relevant checks were completed before they commenced working within the service.

Medicine administration was managed and carried out appropriately and all staff had received training. People were supported to self-medicate when possible. We found some gaps in recording and some areas of recording that required improvement. These issues had not been picked up through the provider's internal audit system. People were well supported with their nutritional needs and with their general health needs. People's needs were met by a range of healthcare professionals. People were encouraged to maintain a healthy lifestyle and eat a balanced diet.

Staff had received training to enable them to meet people's needs. Staff had supervision and annual

appraisal and this was done in line with the providers own policy. Records of supervision demonstrated two way conversations between staff and the manager. Relatives told us they felt staff had the skills they needed. People were supported by staff who had the skills and experience to carry out their roles effectively.

People who used the service were supported to make their own decisions about aspects of their daily lives. People were asked to give their consent to their care. Where people were not able to give informed consent, their rights under the Mental Capacity Act 2005 were monitored. Staff knowledge of mental capacity and deprivation of liberty was good.

People we spoke with gave us very positive feedback about the service and were very happy with the care and support they received. We observed staff were caring and knew people well. Relatives felt that their family members were cared for very well and were happy with all aspects of their care. Staff showed a good understanding of the importance of dignity, privacy and respect. The staff team knew people's preferences for how care and support should be delivered and had built a trusting and supportive relationship with the people who used the service.

People were involved with the initial and on-going planning of their care. Care plans were reasonably clear although brief and they reflected people's preferences. They demonstrated others input. Reviews were detailed and updates were recorded clearly. Some areas of people's files required updating. There were a good range of personalised activities and interventions offered to people on a daily basis.

People were encouraged to maintain relationships with important people in their lives and to follow their hobbies and interests.

The registered provider had a complaints policy which was available in audio format which made it accessible to the people who used the service. When complaints were received they were used to develop the service where possible as required.

People who lived in the home and staff contributed to the development and management of the service. Meetings were held regularly and people's comments were listened to and implemented to improve the service when possible. A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service. We found that some recording issues had not been highlighted through the audit system. We also found that some audits had not been carried out consistently in the months prior to the inspection.

The environment was in reasonable condition. Infection control was well managed and staff demonstrated an understanding of ways to minimise the risk of infection.

There was regular engagement with families for both individual input to the person's support as well as development of the service. There was very positive staff morale across the staff team and a real sense of teamwork was evident throughout the inspection and in the conversations we had with staff. Staff felt the manager was effective.

The manager was open to improvements to the service. There were systems in place to monitor the performance of the service and although these had not been used effectively in the months before the inspection, the manager understood how to use these going forward to result in improvements across all areas of the service provided. People told us they felt they were listened to.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2010 in relation to

governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained to recognise and respond to any suspicion of abuse. Safeguarding procedures had been followed and staff showed a good understanding of safeguarding principles and processes.

Risks to people receiving a service were assessed to ensure steps were taken to keep people safe from harm.

People received appropriate support to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had been given the training they needed to meet people's needs effectively.

Staff were given support to carry out their duties by means of regular supervision and appraisal.

People's rights under the Mental Capacity Act 2005 were respected and staff understanding was good.

People's health needs were assessed and met.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us their care workers were kind and caring, and treated them with respect.

People's privacy and dignity was respected and protected.

Is the service responsive?

Good ●

The service was very responsive.

People and their families were involved in assessing their needs and in deciding how they wanted those needs to be met. Some documentation needed updating or expanding to ensure there was sufficient detail. Review documentation was detailed.

People's care was person-centred.

The service had responded to meeting people's needs in an effective and pro-active way.

Is the service well-led?

The service was well led.

Staff and relatives felt listened to. All felt the manager was good.

There were systems in place to capture the views of people, their relatives and staff.

There were systems to monitor the quality of the service and these were being used effectively.

Requires Improvement 

Henshaws Society for Blind People - 61 Kings Road Harrogate

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 15 March 2016. The provider did not know we were coming.

The inspection team was made up of one adult social care inspection manager.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities to gain their experiences of the service.

We spoke with the manager and two support workers. We also visited the provider headquarters and spoke with two senior managers from the provider organisation. We spoke with all the people who used the service and a relative. We reviewed a sample of two people's care records; six staff personnel files; three medication records; supervision records for six staff; training records for all staff; and other records relating to the management of the service including maintenance, audits, policies and procedures and governance.

We looked at all areas of the home including the lounge, dining room, kitchen, laundry room, bathrooms

and with permission, some people's bedrooms.

Is the service safe?

Our findings

We spoke with people and their relatives about the care that they received. Comments included, "I feel safe living here" and "They are safe. They let me know what's happening. The staffing levels are good".

We checked the management of medicines. All medicines were appropriately stored and secured. We checked the stocks of medicines for three people but we were unable to tally the stock of loose medicines (those that were not contained in the medicine dispensing system) with the medicine records as no total stock had been recorded on receipt of the last batch of medication. A staff member explained that this was usually recorded but had been omitted this time. Medicines records included prescriptions but did not include individual profiles with instructions or information about how people would prefer their medicines to be administered.

We looked at medicine administration (MAR) charts for all three people who used the service and found that there were some gaps in recording for one person and another where there were numerous entries stating the medicine was not required. It was unclear if the medicine was an 'as and when required' medicine from the records we looked at. There was a homely remedy protocol in place that had been signed by the GP for indigestion, mild pain, coughs and colds and stomach complaints. However, one person did not have a homely remedy chart in their medicine file. We also found that medicine records in people's care plan files had not been updated for several years, so it was unclear if these were still accurate. However, the feedback we received from people who used the services and relatives was that medicines were received as prescribed and in the way that people preferred. There were records for daily routines which clearly documented when and how people should receive their medicines. We observed that medicines were administered during the inspection in line with the prescriptions and people's preferences. We therefore deemed these omissions to be related to record keeping.

We looked at how the service protected people who used the service from harm or abuse. There was a safeguarding policy in place which had been regularly reviewed and was aligned to the local authority policy and process. The manager and staff we spoke with had a very good understanding of what constituted abuse and the actions they should take. All the staff we spoke with were aware of the local safeguarding procedures and ways they could escalate any concerns they had. We found when dealing with previous issues, staff had followed the appropriate procedures, had sought relevant input from the local safeguarding team and had ensured that all the people who used the service remained safe. One staff member told us "We have to listen in different ways when people don't have sight or speech so we reflect on changes in people's behaviour and what the reasons might be for that change".

There were records of safeguarding incidents that had occurred. These included a good level of detail regarding any incident and the actions that were subsequently taken. Where appropriate, input from professionals such as occupational therapy, community learning disability team, a psychiatrist and family members was also included. Safeguarding awareness was included as part of the induction for new staff. Training records we looked at confirmed all staff had completed safeguarding training.

There were risk assessments where required for things such as showering, independent travel and manual handling. There were several versions of these in some files so it was not always clear which was the current risk assessment in use. We discussed this with the manager who explained the staff were currently revising the files and all those documents no longer required were due to be removed to ensure staff had the most up to date information available. The manager and both the staff we spoke with explained they and the other staff in the service knew the people very well and were aware of any risks and related triggers.

There were clear records of petty cash and personal cash records for all the people who used the service. All outgoing expenditure and incoming money was recorded and these records were audited on a regular basis.

We looked at the records of accidents and incidents that had occurred in the service. Those recorded were fully documented and actions taken were recorded. The forms showed staff had taken appropriate action. The manager told us, and we saw in meeting minutes that any incidents were discussed with staff and ways to minimise risks were considered.

The staff and the manager told us that staffing levels were primarily based on the needs of people using the service. There was a small team of permanent staff and the manager confirmed extra cover was provided by regular bank staff who knew people well. We looked at rotas for the weeks before and after the inspection. We found there were between one and three staff working at all times where support was required. Staffing numbers were variable according to the activities that people were due to undertake and any appointments people required support to attend. The manager was supernumerary to core staffing numbers. They explained this meant they were able to complete managerial duties and help out with the day to day running of the service. None of the people, staff or relatives we spoke with felt there were any issues with staffing levels and all told us people received the support they needed in a safe way.

The service had systems in place to make sure only suitable applicants were employed to work with vulnerable people. These included checks of identity, any criminal convictions and work permits, taking up references from recent employers and asking for a full employment history. Interviews were recorded in good detail. This ensured that the provider made robust recruitment decisions.

We found there was emergency planning in place for things such as severe weather, evacuation and flooding. There was a list of emergency contacts for staff to use. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone using the service. These were detailed and up to date according to people's individual needs. A fire file included information such as a general risk assessment for the environment and the electrical installation, a record of incidents and drills and records of equipment checks. Emergency lighting and alarm servicing was fully recorded and up to date. There was a fire action plan and emergency evacuation information available for staff to use.

We looked at some of the other health and safety checks carried out in the service. These included a regular audit of the environment which recorded what actions were needed. Regular checks of things like water temperatures, legionella testing, the call system, gas safety, electrical equipment and building security were fully recorded and were up to date. A maintenance file included contact details for contractors and records of issues reported and subsequent actions taken to address any problems.

During the inspection we looked round all communal areas of the service and with permission, some people's bedrooms. The communal areas were reasonably appointed although some areas required some updating. The manager explained that a programme of improvements was planned over the coming months to update some of the communal areas and bedrooms. There was a cleaning rota in place which all

staff followed to ensure all areas were kept clean and hygienic. All the communal areas were clean, as were the toilets and bathrooms. There were handwashing facilities in place for both people who used the service and staff.

Is the service effective?

Our findings

We spoke with staff, people who used the service and relatives and they told us that there was a consistent staff team and that staff knew people well. A relative told us "Consistency is so important and the staff know [name] very well, they know all their little quirks. I feel really happy with them". People who used the service told us "I like [staff name]. Their talking is good" and "We have the same staff. Staff help me and sometimes we go out". Staff told us "I have worked here for ten years. We have a good staff team. I know the guys really well and it's so important to have consistency. Staff changes have to be done carefully. The provider is really flexible with this which has meant that we have regular staff. When we use bank or agency staff they are the same people and they have experience of distressed reactions or behaviour which has really helped".

A senior manager from the organisation provided us with an overview of all the training completed by the staff team. We also looked at all the training records for individual members of staff as well as personnel files for six members of staff. This included fire safety, safer moving, safeguarding, equality and diversity, health and safety and disability awareness. All staff had completed the range of training. The senior managers explained staff training was monitored so the manager was always able to access information about when it was due to be refreshed and this was organised through the provider.

For newer members of staff their files included an induction record. A checklist showed the induction covered an introduction to the organisation, tasks to be completed in the first few weeks including safeguarding and data protection training, policies and procedures, objectives, performance monitoring, in-house training, shadowing existing staff and enrolling for the Care Standards Certificate (a standardised qualification offered by Skills for Care). A workbook recorded evidence of staff demonstrating understanding of each topic and a probationary period was completed by each member of staff before being confirmed as permanent staff.

The provider had a programme in place for supervision and appraisal of staff. When we looked in staff files we found these had been carried out on a regular basis. Forms had been completed by the manager and showed conversations were varied, constructive and included the point of view of the staff member. We saw subjects discussed included keyworker roles, objectives, training, new ideas, compliance with regulations and health and safety issues. When we spoke with staff they felt these were very helpful and supportive discussions and they felt able to raise things during these meetings with the manager. The manager felt these were a good opportunity to speak with staff about their performance and any professional development. Appraisals had been undertaken. These included a discussion regarding objectives, the job role, things the staff member felt they did well and areas for improvement and career progression. When we spoke with staff their comments included "I have supervision on a regular basis and we can contact the manager or the deputy any time that we need anything. They are really good".

All the staff we spoke with told us they felt communication was very effective. Staff we spoke with felt everyone knew what they needed to do on each shift and this was primarily based on the needs of each individual. A diary was used to record all upcoming appointments and important messages to be passed among staff. There was also a handover checklist for when new staff were on duty to ensure they were clear

on what needed to be done on each shift as well as document entitled 'A typical week at 61 Kings Road' to guide newer staff on people's routines.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had mental capacity assessments completed and where appropriate, deprivation of liberty applications had been considered. The manager confirmed there were not currently any deprivation of liberty authorisations in place but that a person who had recently moved out had been subject to a DoLS authorisation. He explained the measures staff took to ensure this restriction was managed appropriately and all staff understood what this meant. The care staff we spoke with showed good understanding of what a Deprivation of Liberty Safeguard was. All the staff we spoke with understood and were able to tell us how they supported people while maintaining their independence and safety as much as possible.

Mental capacity assessments had been completed and agreement with care plans and support had been recorded. The manager explained that where people did not have capacity, best interests meeting would be held. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. The manager and staff we spoke with had a very good understanding of the principles of mental capacity, human rights and equality. All those we spoke with were able to tell us about mental capacity, the processes that should be followed if there was any concern about someone's ability to make a decision, best interests processes that might need to be followed and how this all influenced the ways they supported people in the service.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People required different levels of support with preparing and eating food. People made independent choices where possible in relation to what they wished to eat for lunch and staff assisted where required. The lunchtime meal choices included a variety of options dependant on people's preferences and needs. The evening meal was usually a hot cooked meal. People who used the service had input into what was on the menu and in shopping and preparing the food. Where needed, people's weight was monitored and recorded in their care plan files. One person told us "I choose what I have for dinner". This demonstrated that people were able to make active choices about the food they ate.

Health needs of people were well recorded. Information was available in the records to show the contact details of any other professionals who may also be involved in their care. Care records showed that people had access to services such as a General Practitioner (GP), district nurse, dentist and other health professionals. The relevant professionals were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. We confirmed when speaking to staff, people who used the service and relatives that healthcare was well monitored and managed. Records were extensive and demonstrated there was good communication and a responsive nature to any advice given. All the files we looked at included a health action plan. This included information about the person to be used if they were, for example, admitted to hospital. This information included guidance on how the person preferred to be supported and their needs.

Is the service caring?

Our findings

People who used the service and a relative gave us very positive feedback about the staff who provided their support. People's comments included "Yes they are caring and polite. They knock on your door. They don't shout", "I like the staff, they are kind to me. I talk to them about everything" and "I do things every day. It's alright living here". A relative told us "I never thought [name] would have the kind of life they do. They are cared for here. Staffing levels allow for them to do what they want".

We spent time during the inspection observing interactions between people and staff. We found that all interactions were positive and it was clear that staff knew people well. There was some jovial interactions and people clearly enjoyed the company of staff. Staff took time to chat with people and responded to requests for support in a timely manner. We observed that staff always took the opportunity to socially interact or instigate activities with people during times when no tasks were being completed. Staff ensured that they adapted their communication style to each individual and used touch and other non-verbal techniques to instigate interactions and introduce tasks.

We observed one person take part in a baking activity. This was enhanced through the use of specialist equipment such as talking scales and verbal instructions from both the member of staff and a piece of digital equipment. This meant that the person was able to lead the activity and their independent living skills were utilised and encouraged by the activity. They clearly enjoyed the activity. The same person was also seen to take part in activities outside the home during the inspection which they were keen to tell us about upon their return. They told us that they had chosen the activity and the staff had supported them to do what they wanted.

There were activity plans in place for each person. These included a wide range of activities both inside and outside the house. People enjoyed activities such as pottery, jewellery making, visiting cafes, going to day services, attending college and going swimming. We observed that all three people took part in activities during the time of our inspection. One staff member explained that when a person was not due to attend an outside activity, they would be asked what they would like to do for the day and staff would support that. We observed this to be the case during our inspection. One person told us "I do my own washing every day". A relative told us "[Name] has progressed. The staff do their best to find things they enjoy".

Bedrooms had been personalised to each individual and staff explained the ways that they had involved people in making decisions and identifying things that would make the space more inviting and personalised to the person's preferences. One person who used the service told us "We have a cleaner, which means the floor is always clear and then we don't trip over. This is very important".

We looked at care plans for all three people who used the service. They included an information sheet and life history which included details of family, relationships, and things the person enjoyed doing. Each person had a timetable of activities and a communication record which recorded all activities undertaken. Star charts included action plans for areas such as looking after themselves, work and activities, keeping in touch with friends and family, managing their visual impairment, health and wellbeing and self-esteem. A progress

report covered each person's goals and the things they had done to work towards these goals. The language used was respectful and caring.

When we spoke with people who used the service and a relative about care plans they told us that they were involved in putting these together and keeping them updated. One person told us "I did my plan with staff. We talk about them and tell the staff what we want in there. We tell the staff how we want to be supported. You can change them whenever you want". A relative told us "I am very involved. I have been really happy with the involvement I have had and with the reviews of [name]'s care plan". Plans demonstrated that families and people where possible had been involved in their development and review.

Staff we spoke with had good knowledge of how to support people while maintaining their privacy and dignity. We saw that this was demonstrated with the care being delivered during our inspection. We observed that staff respected people's privacy and provided them with support and personal care in the privacy of their own rooms. We saw staff knocked on a person's door and waited for permission before they went into their room. We observed that staff were proactive in supporting people with personal care and support.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the manager any issues or concerns. People who had used the service previously had been able to access the support of an advocate, although no-one at the service at the time of our inspection required this input. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them. A staff member told us "We worked closely with an advocate for [name] and this ensured there was the best outcome for them".

When we spoke with staff they demonstrated the caring nature of the support provided. One staff member told us "It takes time to get to know people and they can change over time so we have to learn from them and reflect on this as a team. We have been able to do this well". Another staff member told us "I genuinely care for people and it is sad when things have changed for people to mean that the support isn't right for them anymore. We have to listen to what they are telling us through behaviour as well as what they tell us in words".

People had sections in their care plans that documented any end of life wishes they or their families had. These had been put together with the involvement of families where appropriate.

Is the service responsive?

Our findings

People and their relatives told us that they felt staff were responsive to their needs. Comments included "They (the staff) will listen to me if I am worried and they always do something", "It's quiet here and I like it. They help me with everything", "I have a sore foot and the staff will help me get it seen to so it doesn't hurt anymore" and "The staff are well trained and know people really well. If I had any concerns I would raise them and they would definitely do something".

We observed during the inspection that staff were responsive to people when they required support and they offered and prompted this when they thought it might be required. We saw staff pro-actively engaging people in activities or general conversation and when people required assistance, such as with personal care, this was delivered within a good time frame.

We looked at care plans for all three people who used the service. Care plans included a document that recorded basic details about their needs and support needed with maintaining independence. These contained very little detail and in several sections just noted 'I need staff support' although no further detail was given about what this support should look like. A separate document, which was kept securely in one of the communal areas, noted the routines in the house and the ways in which people preferred to be supported. This document was designed to assist new or bank staff to be clear on how to support each individual. This document contained more personalised detail about how to deliver support for each person than was recorded in individual care plans. We spoke with the deputy manager and manager about this. They explained that most staff who worked in the service knew people and their routines very well. People and relatives we spoke with confirmed this. The manager told us that care plans were in the process of being reviewed and updated to a new format to ensure the written information available for each person was up to date and detailed.

We saw that usually before a person came into the service an assessment of needs was carried out. This assessment covered all the appropriate areas and was completed to a good level of detail. This ensured that the service were clear on the needs of the person and how they would be able to meet them prior to the person moving into the service. The deputy manager explained that when a new person was planning to move into the house, they would come and visit on several occasions and the people who already lived in the house would be given the opportunity to meet the person and give their opinion about whether they would like to live with the new person. Staff confirmed that the process for people moving in was not rushed and that work would be undertaken with all those involved to ensure it was the right fit for people.

We were aware of some previous safeguarding issues that had resulted in a person needing to move out of the service into a specialised service following many years of living in the house. All the staff we spoke with and a relative told us that this had been a difficult time for everyone and had resulted in some disruption for people. The relative we spoke with told us that staff had worked hard to be responsive to both the individual and the other people living in the home to ensure that everyone remained safe. When it had become unsafe for people to remain in the house, alternative arrangements had been made to ensure that people continued to receive the support they required. Although this had caused some disruption, staff had worked

closely with professionals and families to minimise the impact of this and people were now settled back into their home. When we spoke with people who used the service they told us that it had been hard but that staff and their families had all helped out.

We looked at the information regarding complaints. A policy was in place which included the process to be followed for both complaints and compliments. No complaints had been received in the time since our last inspection. The manager explained how complaints would be dealt with including investigating and responding quickly, apologising if mistakes had been made, and learning from any feedback to ensure that improvements were made. Any issues that were raised by people using the service, families or professionals would be discussed in team meetings and with those involved to ensure that lessons could be learned and the service could be improved.

Is the service well-led?

Our findings

A manager was in place who had not yet registered with the Care Quality Commission. They were in the process of completing their registration at the time of our inspection.

People, relatives and staff were complimentary about the manager, the deputy manager, the provider organisation and the service overall. Comments included "They seem like a good manager", "If I had any concerns I wouldn't hesitate to raise them and something would be done" and "There has been some management changes over the last few months and challenges within the service but things are now very stable. We have a good staff team. The manager is great, I am really impressed with their skills".

When we spoke with staff about the manager they felt that they had started to implement some positive changes and improvements to the service. Staff felt that suggestions and ideas were listened to and acted on. The manager told us that they felt it was vital to involve staff in developing and improving the service.

There were a wide range of systems being used to monitor and improve the service to ensure it was effective and high quality. There were also quality assurance processes in place which had been mostly utilised consistently. An audit file showed that medicine storage, medication records, and medication stocks had been checked in June 2015. However, we found several gaps in recording and some missing documents. None of these had been picked up through the auditing that had been completed. Some of the documents that were not in place had not been identified in the audit documents we looked at. We also found that risk assessment documentation was not always up to date or well organised in files meaning that it wasn't always clear which was the most up to date risk assessment. These issues had not been highlighted through the audit system in place. There had been some disruption in the service due to service user needs changing which had resulted in people moving out temporarily and a new manager was also in place. Senior managers explained to us that this had meant some audits were now overdue and were in the process of being completed at the time of our inspection.

A provider compliance audit was completed on a regular basis covering health and safety, security, completion of log books, chemicals used in the service, personal protective equipment, medication, vacant rooms, feedback from service users, care plans, meeting minutes, monies, staffing levels, supervision and appraisal and staff training, complaints and compliments and accidents and incidents. This particular audit had not been completed as regularly as the provider's own policy stated due to changes in management at several services. However, this had been highlighted by senior managers and was in the process of being reintroduced on a regular basis going forward.

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

A log book recorded weekly and monthly checks on things such as water outlets, water temperatures, the first aid box and regularly used electrical equipment. Records of checks up to the end of 2015 showed that these had been completed less frequently but that actions identified had been acted on.

The provider organisation had also undertaken a wider review of the support being offered at all of the locations registered to provide this type of support and part of the report was relating to this service. We saw that this highlighted areas for action and areas of good practice in order to ensure that improvements were made where needed. The senior managers told us about the continuous drive for improvement in the services which had resulted in a review of all support offered. Any areas that had been highlighted in the review had been transferred into an action plan for each service and these were currently being implemented by the managers.

Questionnaires were regularly completed by people who used the service, with the support of staff if they required it. We saw some that had been done in November 2015. These showed that a wide range of topics were asked about, and people were offered opportunities to be involved in various aspects of the service such as staff recruitment, meal planning, leisure choices and day to day running of the house. People were also asked if they were happy with all aspects of the service including the staff, the environment, privacy and dignity and house meetings. The completed versions we saw included very positive feedback from people using the service.

There was a clear management structure within the organisation and also clear guidance for staff on expectations around carrying out the roles. There were procedures to follow in an emergency or following an incident and information was available to instruct staff what to do if staff cover was required.

We saw evidence and staff told us staff meetings took place on a regular basis. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed these were had been held on a regular basis. We saw that the new manager had introduced a new format to meetings which was very positive and constructive. Staff shared good new stories, talked about roles and expectations, duties and objectives, training, changes to the service and any concerns or issues. Records showed that staff had a clear voice in the meetings and all the conversations were inclusive and progressive. Ideas and suggestions from all staff had been considered and these had been open and honest discussions.

There were also regular house meetings where people and staff met together to discuss a range of issues. People were asked if they had any topics that they would like to discuss and meetings were then designed around these suggestions. We saw that incidents that had occurred in the house had been discussed and people had been asked how they felt and what they would like to happen. For each topic that was discussed, the minutes showed that people had been asked if they understood the information being given to them and what their experiences and feelings were about the subject. Decisions were made by people who used the service within these meetings in full agreement with everyone involved.

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 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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not maintained an accurate, complete record in respect of each service user and had not evaluated and improved their practice in respect of processing the information through assessing and monitoring the quality and safety of the services provided in carrying on the regulated activity.</p> <p>Regulation 17 (2)(a)(c)(f)</p>