South Tyneside MBC

Stirling Supported Living Service

Inspection report

Perth Green Base
Perth Avenue
Jarrow
Tyne and Wear
NE32 4HT
Tel: 0191 4834888

Date of inspection visit: 23 February 2015 and 3 March 2015
Date of publication: 11/05/2015

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

Overall summary

The inspection took place on 23 February 2015 and 3 March 2015 and was announced. We last inspected this service on 9 July 2013. We found the service was meeting the regulations we inspected.

Stirling Supported Living Scheme is a domiciliary support agency for people with learning disabilities. The people using the service all live in independent supported living houses with 24 hour support provided.

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

Summary of findings

We found the provider had breached Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff had not completed updated training relating to moving and handling and safer handling of medicines.

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

People using the service and family members told us the service was safe. People said, "I've lived here for several years and feel safe living here, the staff stay overnight and they will help me if I need them during the night", "I like living here and have everything I need. I feel safe as we lock all the doors and windows at night", "Lovely, I like it here", and, "Safe, yes I do [feel safe]."

People also gave positive feedback about the support staff and the support they received. Their comments included. "[Staff were] very good and help me to do things", "[Staff] help me with anything", and, "The staff are good and they never rush me, they know I like to take my time." Family members said, "Can't praise it enough", "Absolutely brilliant", "Really happy", "[My relative] is very happy with the care", "Well looked after" "Couldn't be happier", "That home is good", "Very well cared for", and, "All quite happy there."

The service had a positive approach to managing risk to promote people's independence. One family member said staff, "Do a risk assessment and keep an eye on [my relative]." Risk assessments had been reviewed regularly involving people using the service.

People received their medicines in a timely manner. Medicines records we viewed were up to date. Records did not confirm the time some medicines were administered. This was to confirm they had been given in line with the prescriber's directions. Medicines were stored appropriately.

Staff had a good understanding of safeguarding and had completed recent training. Some staff we spoke with were not clear about the process for escalating concerns. Safeguarding log concerns had been referred to the local authority as required. We have made a recommendation about the reporting of safeguarding concerns. Staff also knew how to report whistle blowing concerns.

People told us they were supported by a consistent staff team. One person said, "The staff don't change much."

One family member told us they, "Tend to see the same staff, continuity." Staff told us they had "no concerns" regarding staffing levels. The service had effective recruitment and selection processes to make sure new staff were suitable to work with vulnerable people.

Incidents and accidents were recorded and investigated. Action had been following an incident or accident to keep people safe. We observed the houses and gardens were well looked after. People showed us their rooms which had been decorated according to their personal preferences. We saw a range of regular checks were undertaken within each house to maintain people's safety. Emergency procedures were in place.

Staff told us they felt well supported and the provider was supportive of them attending training. One staff member said, "I have attended lots of training and have to update my mandatory training on a regular basis, to keep up to date with any changes." Records showed staff received regular supervision and an annual Personal Development Plan (PDP). The most recent PDP for three out of five staff was not stored in their staff file and not available for us to view during this inspection.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). The registered manager and all staff we spoke with confirmed they had recently completed MCA training. Staff confirmed they always asked people for permission before delivering care.

People were supported to make their own decisions and staff respected people's choices. One person said, "I decide when to go out and when I want my meals". They told us the staff knew them very well. Another person said, "I picked bacon and egg for my breakfast."

Staff said some people sometimes displayed behaviours that challenged others. Staff were clear about the agreed strategies to support these people consistently.

People were independent with eating and drinking. Staff supported them with compiling weekly menus, making healthy choices and offering dietary advice. Staff sought the advice of external professionals to help them support one person who had specific eating and drinking needs.

Various health professionals were involved in people's care including GPs, community nurses, psychiatrists,

Summary of findings

speech and language therapists (SALT), podiatrists and dentists. Family members said staff kept them updated about their relative's support. One family member said, "[Staff] let me know if anything happens."

We observed staff were kind and considerate towards people. They regularly checked people were alright or needed anything. Staff had a good understanding of the importance of treating people with dignity and respect. They gave us practical examples of how they supported people to achieve this aim. Staff knew about the importance of maintaining confidentiality within the service.

People told us they had a key worker who went out with them and helped them to sort "paperwork and things." Staff had access to information about each person, to help them better understand the needs of the people they supported. This included information about the person's 'life story.' We found people had their needs assessed and personalised 'Lifestyle Support Plans' had been developed. People had goals identified to work towards. Lifestyle support plans had been reviewed consistently but review records did not always provide an update on the person's current situation.

Some people were accessing their local community independently. People told us they were able to choose how they spent their time. One person said, "Yes, I choose." Another person said they liked knitting, colouring in and going to the day centre. Some people had details of a named advocate in their care records. Information about how to access advocacy was displayed on the notice board for people and visitors to view.

People and family members told us they knew how complain if they were unhappy. Complaints were fully investigated and resolved. People had opportunities to give their views about the support they received including questionnaires, one to one discussions and monthly update meetings. Family members said their views were listened to. One family member said staff, "Take on board what you have to say."

The home had a registered manager. We found the provider had not made some of the required statutory notifications to the Care Quality Commission. Family members said the registered manager was approachable. One family member said, Kay is lovely, really nice."

There were systems to keep staff informed about changes to the service. All staff told us they felt able to speak with the manager anytime. Staff also told us sometimes house meetings were held when, "Something in the house needed to be changed." One staff member said they had a good professional relationship with the registered manager and felt "very valued."

We observed there was a positive atmosphere within the home with lots of laughter and banter (friendly chat) between people and their staff. One family member said the service had, "A very homely support attitude, home from home."

The registered manager carried out quality checks and audits including checks of policies and procedures, medicines, health and safety, fire safety, staffing, people's finances and support plans. These had been successful in identifying areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some staff we spoke with were not clear about the process for escalating safeguarding concerns. The provider's safeguarding log showed concerns had been referred to the local authority as required. Staff were also aware of the provider's whistle blowing procedure.

People using the service and family members told us the service was safe. People said they were supported by a consistent staff team. Effective recruitment and selection processes were in place. The service had a positive approach to managing risk with people supported to be as independent as possible.

Medicines records confirmed people received their medicines in a timely manner. Medicines were stored appropriately.

Incidents and accidents were recorded and investigated. People and family members were happy with their home. We saw a range of regular checks were undertaken within each house to maintain people's safety.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not completed up to date moving and handling training and safer handling of medicines training. Staff told us they felt well supported. We found they received regular supervision.

People and family members gave us positive views about the support staff. People were supported to make their own decisions and staff respected people's choices.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). The registered manager and all staff we spoke with confirmed they had recently completed MCA training. Staff had a good understanding of managing behaviours that challenged others.

People were independent with eating and drinking. Where required staff sought the advice of external professionals to help them support people with specific eating and drinking needs. Staff gave us examples of the various health professionals involved in people's care including GPs, community nurses, psychiatrists, speech and language therapists (SALT), podiatrists and dentists.

Is the service caring?

Good

The service was caring. People and family members told us the support the service provided was good. People said staff did not rush them. They also told us they liked the staff who were supporting them.

Summary of findings

We observed staff were kind and considerate towards people. Staff had a good understanding of the importance of treating people with dignity and respect. They also knew about the importance of maintaining confidentiality within the service.

Some people had details of a named advocate in their care records. Information about how to access advocacy was displayed on the notice board for people and visitors to view.

Is the service responsive?

Good 

The service was responsive. People told us they had a key worker who went out with them and helped them. Staff had access to personalised information about each person they cared for. People had their needs assessed and the assessment was used to develop individualised 'Lifestyle Support Plans.' People had goals identified to work towards. Lifestyle Support plan review records did not always provide a meaningful update on each person's current situation.

Some people were accessing their local community independently. People told us they were able to choose how they spent their time. Staff gave us examples of activities people enjoyed, such as going to discos, parties, shows at the theatre, attending day services and going out for lunch.

People and family members told us they knew how to make a complaint if they were unhappy. Complaints were fully investigated and resolved. People had opportunities to give their views about the support they received including questionnaires, one to one discussions and monthly update meetings.

Is the service well-led?

Requires Improvement 

The service was not always well led. The home had a registered manager. We found the provider had not made some of the required statutory notifications to the Care Quality Commission. Family members and staff said the registered manager was approachable.

Staff were kept informed about changes to the service. All staff told us they felt able to speak with the manager anytime. We observed there was a positive atmosphere within the home.

The registered manager had a structured approach to quality assurance involving a range of checks and audits. These checks had been successful in identifying areas for improvement. The local authority's commissioning team was undertaking regular visits to check on the quality of the service.

Stirling Supported Living Service

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 23 February 2015 and 3 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for people with a learning disability who are often out during the day; we needed to be sure someone would be in.

The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using services for people with a learning disability.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the

service, the local authority safeguarding team, the local clinical commissioning group, local health watch, social workers, a housing provider, an occupational therapist, a psychologist and a community nurse. We did not receive any information of concern from any of these people.

We spoke with four people using the service, six family members and the registered manager and four support staff. We viewed the care records for three people using the service, five staff files and medicines records for seven people.

Requires Improvement

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I've lived here for several years and feel safe living here, the staff stay overnight and they will help me if I need them during the night." They also told us there was lots of staff who worked in the house and they liked them. Another person said, "I like living here and have everything I need. I feel safe as we lock all the doors and windows at night." Another person said, "Lovely, I like it here", and, "Safe, yes I do [feel safe]." Family members also confirmed their relatives were safe. One family member said, "Safe, I would think so." Another family member said, "I haven't got any worries about [my relative] whatsoever. I can sleep in my bed and not worry about [my relative]."

The registered manager described the service's approach to managing risk. They told us people were supported to be as independent as possible. For example, staff risk assessed activities people took part in to ensure there was a good balance between freedom, health and safety. One family member said staff, "Do a risk assessment and keep an eye on [my relative]." Care records evidenced a positive approach to risk management. Risk assessments were broken down into positive risk taking, personal living skills and environmental risks. Assessments considered the advantages to the person from taking the risk against the associated hazards. The assessment also identified the controls in place to manage the risk. For instance, for one person the potential risk was travelling alone in taxis. Staff had identified advantages to the person such as being more independent and gaining satisfaction from doing things independently. Controls identified included the person having a card in their wallet with details of their address and phone number, and using the same taxi firm. We saw risk assessments had been reviewed regularly involving people using the service.

We saw the provider kept accurate records for the receipt of medicines, the return of unused medicines and medicines stored in people's houses. We viewed people's medicines administration records (MARs) and found these had been fully completed. We saw some people had medicines that were to be given only at specified times. For example, to be administered at specific times during the day or at a specified time period before food. People's MARs confirmed these medicines had been given on the day they were due. However, it was not always possible to tell from people's records these specific directions had been followed. This was because staff were not consistently recording the exact time the medicines had been given. The registered manager immediately changed the procedure for how medicines were recorded following our feedback. We saw during the second day of our inspection more detailed records were being kept. Medicines were stored appropriately in a locked safe in each person's bedroom.

Staff had a good understanding of safeguarding adults. They were able to tell us about different types of abuse and could readily give examples of potential warning signs. These included a person becoming withdrawn, unhappy, tearful or sad. However, some staff were not clear about the escalation process within the service if they had any concerns. Although all staff said they would report concerns to the registered manager, three out of four staff said they would discuss the concerns with the person first before involving the registered manager.

The registered manager and all staff we spoke with confirmed safeguarding training was up to date. We viewed the provider's safeguarding log. We saw three safeguarding concerns had been received in the past 12 months. These had been recorded in the safeguarding log and referred to the local authority as required. The safeguarding log recorded the action taken to ensure people remained safe. For example, raising awareness of policies and procedures and re-assessing staff competency to undertake a specific task.

Staff were also aware of the provider's whistle blowing procedure. All staff we spoke with said they didn't have any concerns about people's safety and welfare. They said if they were concerned they would raise their concerns with the registered manager straightaway. One staff member said, "All the management are very approachable." Another staff member said they, "Would get supported." Another staff member said they had, "Never had any reason to whistle blow."

There were enough staff to meet people's needs. People told us they were supported by a consistent staff team. One person said, "The staff don't change much." They went on to say they had known them for a long time. One family member told us they, "Tend to see the same staff, continuity." Staff told us they had "no concerns" regarding staffing levels. They said staff were able to support people to go out and do things they were interested in. Staff said staffing levels were flexible with "extra staff put in place"

Requires Improvement

Is the service safe?

when required. One staff member said, “Yes there are enough staff, we are very well staffed.” Another staff member said. “We have quite a few staff at the minute. We can see to needs quickly.” The registered manager told us there was normally two to three staff working in the service each day. They said rotas were flexible depending on the needs of the people. We viewed the staff rota which matched with the number staff working on the day of our inspection.

The service had effective recruitment and selection processes to make sure new staff were suitable to work with vulnerable people. Staff files we viewed confirmed pre-employment checks had been carried out. For example, disclosure and barring service (DBS) checks to confirm whether applicants had a criminal record or were barred from working with vulnerable people. The provider had also requested and received references including one from the applicant’s most recent employer. This meant people were protected because the provider always vetted staff before they worked at the service.

Incidents and accidents were recorded and investigated. We saw from viewing records action had been taken following an incident or accident to keep people safe. This included speaking with people about what had happened and undertaking a specific risk assessment.

We observed the two houses and gardens we visited were well looked after. Both were clean, well decorated and had no unpleasant odours. People showed us their rooms which we found had been decorated according to their personal preferences. For example, one person had chosen a local football team as the theme for their room. Whilst another person had chosen transport. Family members we spoke with said they were happy with their relative’s home. One family member commented, “Nice house.” We saw a range of regular checks were undertaken within each house to maintain people’s safety. These included fire safety, gas and electrical safety and maintenance. Fire risk assessments had been undertaken and were up to date. Each house also had emergency evacuations plans and procedures in place.

We recommend the service considers current guidance on the reporting of safeguarding concerns and takes action to raise awareness amongst the staff team.

Requires Improvement

Is the service effective?

Our findings

Some training the provider considered essential to enable staff to fulfil their caring role, was not up to date. The provider confirmed during the inspection staff were expected to complete updated moving and handling training annually. Training records we viewed confirmed this expectation had not been met. For example, moving and handling training was overdue for all 25 staff whose training records we viewed. We found 12 staff had last completed moving and handling training in 2013. We also found two staff who had been employed for one year and two years respectively, had not completed moving and handling training since starting their employment with the provider. The registered manager said this had been due to a misunderstanding as to how long moving and handling training was valid. The registered manager told us most of the staff team had not completed part of their safer handling of medicines training. This included the registered manager who was responsible for assessing the competency of other members of the staff team. This meant people were at risk of unsafe care because staff had not completed all of the training they needed to support people appropriately.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us the provider was supportive of staff attending training. One staff member said, "I have attended lots of training and have to update my mandatory training on a regular basis, to keep up to date with any changes." They also told us the training they received was "very good" and they had "lots of it."

People using the service and family members gave us positive views about the support staff. One person told us they liked the staff. They said the staff were very good and helped them to do things. Another person said the staff were, "Alright", and, "[Staff] help me with anything." Family members said they felt the staff had the appropriate training and skills to support their relatives. One family member said, "Carers are excellent." Another family member said, "Can't fault them [carers]." They went on to say the staff were, "All lovely." Another family member said staff, "Do look after them well."

Staff told us they felt well supported. One staff member said, "I get good support from the manager." Another staff member said, "I always get support, I just have to ask and the manager will support me." Most staff said they had supervision every six weeks and a personal development plan (PDP) meeting every six months. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. One staff member said supervision was, "Very thorough and up to date. I always have supervision." Some staff said they had not received a supervision since November 2014. They said this was because their senior support worker was currently on sick leave. However, staff said the registered manager had agreed an interim arrangement and would be undertaking their supervisions until their senior returned to work.

We found the most recent PDP record was not available for three out of five staff whose records we checked. We discussed this with the registered manager who confirmed the meetings had taken place. The registered manager said the senior support worker had the missing records stored on their computer. The senior support worker was on leave the week of our second visit so we were unable to view these records.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' Staff we spoke with had a good understanding of the MCA. They were able to describe when MCA applied to person including who would be involved in making decisions in the 'best interests' of the person. The registered manager and all staff we spoke with confirmed they had recently completed MCA training. We saw examples within people's care records of MCA assessments and best interest decisions. For example, for one person a best interest decision was being made to decide on their future financial situation.

People were supported to make their own decisions and staff respected people's choices. One person told us they made their own decisions and felt supported by staff to make their own choices. "I decide when to go out and when I want my meals". They told us the staff knew them very well. Another person said, "I picked bacon and egg for my breakfast."

Staff confirmed they always asked people for permission before delivering care. One staff member said, "We ask

Requires Improvement

Is the service effective?

them [people]." Staff also said they used picture cards, an alphabet board and an iPad to support some people with making decisions. We saw from viewing care records staff had assessed each person's communication needs. For example, for one person the assessment stated they could 'communicate verbally and usually understood. Use of a picture book would also help with understanding.' We observed staff asking people for permission before providing them with any support. For instance, we observed staff supporting one person to choose something for their lunch. The person asked for soup. Staff helped them by taking soup from the cupboard and showing the person the various flavours available so they could make their own choice. On another occasion a staff member asked a person if they needed any support. The person said no as they were going out.

Staff said some people sometimes displayed behaviours that challenged others. They said this involved "shouting" but not physical aggression. Staff were clear about the strategies for each person, such as the person having space and time to calm down. Staff told us they would refer to the person's 'behaviour guidelines' for details about how to support and manage people's behaviours that challenged. This meant staff had written guidance available to refer to in order to help them support people consistently.

At lunchtime we saw staff sat with people socially. They chatted with people about what they were going to do later on that day. Staff said people were independent with eating and drinking. They said they supported them with compiling weekly menus. Staff told us they supported people with making healthy choices and offered dietary advice. Where required staff sought the advice of external professionals to help them support people with specific eating and drinking needs. For example, one person had been referred to a speech and language therapist due to swallowing difficulties. We found they had been assessed and a 'soft diet' had been recommended. We viewed the person's care records. We saw the speech and language therapist's advice had been incorporated into the person's support plan.

Staff gave us examples of the various health professionals involved in people's care. This included GPs, community nurses, psychiatrists, speech and language therapists (SALT), podiatrists and dentists. Staff told us one person attended podiatry appointments independently. They told us they supported other people to attend health care appointments when required. Family members told us staff kept them updated about their relative's support. One family member said, "[Staff] let me know if anything happens."

Good

Is the service caring?

Our findings

People told us the support they received from the service was good. One person said the staff were very friendly and they liked them. They told us they liked that they had been working at the service for a long time. Family members also confirmed their relatives received good support. One family member said, “Can’t praise it enough”, and, “Absolutely brilliant.” Another family member said they were, “Really happy.” They also said, “[My relative] is very happy with the care.” Another family member said their relative was, “Well looked after.” Other comments included, “Couldn’t be happier”, “That home is good”, “Very well cared for”, and, “All quite happy there.”

People had good relationships with their support staff. We saw people approached staff when they required assistance and received the support they needed. We observed staff were kind and considerate towards people. They regularly checked people were alright or needed anything. Family members told us their relative was treated kindly and with consideration. One family member said staff treated their relative, “Smashing.” Another family member said staff were, “Always available to sit and chat with [my relative] if he wants”, and, “The emotional support is there.” Another family member said, “Staff treat [my relative] good.”

Staff had a good understanding of the importance of treating people with dignity and respect. They gave us practical examples of how they supported people to achieve this aim. For example, knocking on doors before entering people’s bedrooms, giving people eye contact when speaking with them, keeping doors closed and explaining to people what was happening. One staff member told us, they always checked people had understood what they had said before supporting them.

Staff also described how they maintained confidentiality within the service. For instance, not discussing a person’s needs around other people or visitors, keeping accurate records and storing them securely. We asked the registered manager how they ensured people were treated with dignity and respect. They said they were, “In and out of the houses all of the time, observing how the tenants were around staff.”

Staff were patient with people and gave them the time they needed. One person said, “The staff are good and they never rush me, they know I like to take my time.” Another person told us they had lived in the house for a long time and were very happy. They said they liked their staff and commented staff would always help them if they needed them. We observed a staff member attend to a person who asked for assistance. We saw they went immediately and did not leave them waiting. We also observed the registered manager chatting with one person. We saw she gave them plenty of time to answer when she asked him something and plenty of time to speak up.

The registered manager told us the service worked closely with advocates. We saw some people had details of a named advocate in their care records. We also saw information about how to access advocacy was displayed on the notice board. This meant people were given as much support and information as they needed to help them access independent advice when required.

We asked the registered manager and staff members to describe the care provided in the home and to tell us what the home did best. They said, “Continuity of staff team”, People have a good community presence”, “Good rapport”, “Looking after people, help them and support them with any of their needs”, and, “Keeps people safe make sure all needs are met.”

Good

Is the service responsive?

Our findings

People told us they had a key worker. They said the key worker went out with them and helped them to sort "paperwork and things." One person told us they liked their staff. They said they often went out with staff to the speedway and football matches. They also told us they sometimes went out independently for a "trip around the block and to get some fresh air." Another person told us they loved Saturdays. They said they would go out with their key worker to get shopping like clothes. They also said, "I don't go out every day, can't do that on my pension. I go to the pictures, Jarrow town centre and park." One family member said staff were, "Socially, very good with [my relative]."

Staff had access to information about each person, to help them better understand the needs of the people they supported. They told us people were involved in deciding what was in their support plan. For example, people were asked about their preferences, such as whether they preferred a bath or shower, food preferences, how they want to live and their preferred daily routine. One staff member said, "It is all about them and what they want." We saw care records contained information about people's preferred name, religion, next of kin, family details and health professionals involved in the person's care. Each person had a document called 'This is my story.' This included information about the person's life such as where they were born, what they enjoyed doing growing up, previous employment, their favourite things and dislikes. For example, one person used to enjoy spending time with family, walking the dog and going to football matches. 'This is my story' also included details of things that had to happen in the person's life and their preferred routines. For instance, taking medicines on time and attending day services.

We found people had their needs assessed when they started receiving support. Referral information, the initial assessment and details of people's preferences were used to develop a personalised 'Lifestyle Support Plan.' This provided details of each person's needs and how they wanted to be supported. We saw people had goals identified to work towards. For example, for one person their goal was to shower every other day. For another person, their goal was to know what to do if the fire alarm was activated. Goal plans were structured and identified the support people needed to achieve their goal. They also identified when goals had been achieved. Lifestyle support plans had been reviewed consistently every six months. However, we found review records were not always meaningful. For example, they were often brief and did not provide an update on the person's current situation.

Some people were accessing their local community independently. We saw two people returned home after having been out independently. They discussed with staff what they had been doing. One person chose not to speak with us. We saw they were getting ready to go out independently. Staff told us the person was very independent. They said they supported the person to continue to go out without staff support as this was their choice. Another person also chose not to speak with us as they were going out to the shop without support to buy their paper. Staff told us people were supported to be as independent as possible. One staff member said, "If they can do things then we prompt and encourage." Another staff member said, "We encourage [people] to help with things."

People told us they were able to choose how they spent their time. One person said, "Yes, I choose." Another person said they liked knitting, colouring in and going to the day centre. We observed one person was doing a jigsaw puzzle. They told us they had chosen to do this. They also said they had chosen not to go out that day. Staff gave us examples of activities people enjoyed, such as going to discos, parties, shows at the theatre, attending day services and going out for lunch. Staff said people had dedicated one to one time with staff each week. People were able to choose how they spent this time. One staff member said, "They [people using the service] choose what they want to do."

People and family members told us they knew how to make a complaint if they were unhappy. One person said, "I have complained to the manager before when I was not happy and she sorted it, I am happy to make a complaint." One family member said they had, "Never had a complaint." Another family member said they, "Do know what to do [to make a complaint]." Another family member said they had a problem but it was resolved. They said it was, "Very well dealt with." We saw easy read information about how to make a complaint was given to people. We

Good

Is the service responsive?

viewed the provider's complaint log. This showed both complaints received in the past 12 months had been fully investigated and resolved. In each case the complaint had been resolved through speaking with the people involved.

People had opportunities to give their views about the support they received. We viewed the feedback from the most recent consultation with people using the service. We found there had been limited feedback. The registered manager explained the style of the questionnaire was not suitable for people using the service. A new easy read and pictorial questionnaire had been developed for future consultation. Staff said people were involved in one to one discussions with staff when individual decisions were being taken. We also saw records of a 'monthly update' which involved the person using the service. This incorporated a review of their goals, health and any other issues. Where goals had been recorded as achieved, the monthly update identified a new goal for the person to work towards. Family members said they were able to give their views and they were listened to. One family member said staff, "Take on board what you have to say." They also said they had "been to meetings" to discuss their relative's support.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager. We found the provider had not made all of the required statutory notifications to the Care Quality Commission. For example, the provider had not submitted statutory notifications for two incidents which had been recorded in the safeguarding log. However, the appropriate referrals had been made to the local authority safeguarding team and had been fully investigated and resolved. This matter is being dealt with outside of the inspection process.

Family members said the registered manager was approachable. One family member said, "Kay [registered manager] is lovely, really nice." They also said the registered manager had said, "If they are worried about anything at all to ring her up." Another person said they were, "Free to call anytime."

The registered manager told us full team meetings did not currently take place. They said this was difficult to achieve due to the dispersed nature of the service. We saw regular updates were sent to staff by email. We viewed examples of previous updates. These covered various topics including raising staff awareness of changes to the medicines procedure, the out of hours on-call arrangements and guidance for staff on when to call for an ambulance. Staff confirmed they received this weekly email update. All staff told us they felt able to speak with the registered manager anytime. Staff also told us sometimes house meetings were held when, "Something in the house needed to be changed."

One staff member said they had a good professional relationship with the registered manager. They also said they felt very valued by the registered manager and the organisation. Staff told us they loved working in the house and had been there a long time. Staff said the registered manager was approachable. One staff member said, "I can speak with the manager anytime. Anything you need just phone." Another staff member they had a, "Really good management team and senior. They support with everything."

We observed there was a positive atmosphere within the home with lots of laughter and banter (friendly chat) between people and their staff. One family member said the service had, "A very homely support attitude, home from home." Staff also said they felt there was a positive atmosphere in the house. One staff member commented, "Good atmosphere." Another staff member described the atmosphere as, "Happy and pleasant."

The registered manager had a structured approach to quality assurance. This involved a range of checks and audits including checks of policies and procedures, medicines, health and safety, fire safety, staffing and people's finances. We saw a specific check was made on the quality of support plans and goal plans. These had been successful in identifying areas for improvement. For example, identifying for one person that support plans and risk assessments needed to be updated. For another person, the action required was for them to sign their support plan. We found all of the checks and audits we viewed had been done consistently and were usually effective in identifying areas for improvement. The template used to record the findings from audits allowed staff to record the date identified actions had been completed. However, this was not always completed. This meant it was not always possible to confirm from viewing the audit records whether actions had been completed.

The local authority's commissioning team had carried out an audit in October 2014 and an action plan had been developed. The commissioning team was undertaking regular visits to check on progress with the agreed actions. The provider told us the commissioning team would continue to carry out regular monitoring visits to assess the quality of the service.

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
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Staff had not received some necessary training to enable them to deliver care to people safely and to an appropriate standard. Regulation 23 (1)(a).