Parkcare Homes (No.2) Limited

Combs Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 31 January 2018, and was an unannounced inspection.

Combs Court provides accommodation and personal care for up to 30 people who have a learning disability or who are on the autistic spectrum. There were 27 people living at the service at the time of the inspection. Combs Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Combs Court comprises of a number of accommodations on one site with the largest being for seven people while other people live and are supported in single person accommodation.

At the last Care Quality Commission (CQC) inspection on 23 August 2016, the service was rated Good in the key questions Effective and Caring, and the rating for Safe, Responsive and Well Led key questions were Requires Improvement with an overall rating of Requires Improvement.

At this inspection we found the service still Required Improvement. Although there had been some improvements new concerns were identified and we have now also rated the Effective question as Requires Improvement but have rated the Safe question as good.

The registered manager had left the service in the Autumn of 2017 and the new manager had commenced in December 2017 but had left a few weeks later before they had registered with the CQC. At the time of the inspection management cover was being provided by a registered manager on a part-time basis from another service and was supported by a deputy manager full-time.

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 and associated Regulations about how the service is run.

People gave us mostly positive feedback about the service they received. People told us they felt safe and well looked after. However most of the people who sought support with their social needs were disappointed with the reduction in outings and closure of the communal centre at the service. The relatives we spoke with during our visit were of the same opinion.

Assessments of support needs were not always accurate but the covering manager had increased staff support to focus upon keeping people safe.

Care plans had been written in a person-centred style but needs identified were not always met regarding social care needs. People were supported to raise concerns.

The staff demonstrated a clear understanding of the actions they would take if they suspected or witnessed any concerns about people's safety. Risks were assessed and management plans were in place to minimise the risk to people's safety.

There were enough staff on duty to keep people safe made up of regular staff, agency staff and staff working overtime. However particularly due to the lack of staff that held a driving licence and the closure of the communal resource centre on site people's social needs and opportunities to pursue interests and hobbies were not always achieved.

Staff had received infection control training and used this information for the storage of food and cleanliness of the service.

The senior staff learned from incidents or accidents within the service and made the necessary improvements. They shared this information with the staff through supervision and staff meetings.

Staff were provided with training appropriate to the various needs of the people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were provided with a healthy and well balanced diet and were encouraged to take part in the preparation of meals.

Other professionals worked with staff so that people had access to healthcare services and on-going healthcare support.

People were treated with kindness and compassion. It was evident that positive relationships had developed between people and care staff. People expressed their views to staff about the support they required and their dignity and privacy were respected.

Staff spoke positively about the covering manager they were approachable and staff had confidence they would drive the service forward.

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.

Medicines administration had not always been recorded accurately.

There were enough staff employed to ensure people received the care they needed to keep them safe.

The service had a robust recruitment policy.

Risks to people's well-being were assessed and plans were in place to minimise the risks.

Staff had received training regarding infection control and food hygiene.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments of people's needs were not always accurate.

Staff were provided with supervision and a yearly appraisal.

Deprivation of Liberty Safeguards (DoLS) were understood by the staff and appropriate referrals made.

Is the service caring?

Good

The service was caring.

Staff showed caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity.

The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported to pursue their interests and participate in activities that were important to them.

The service had a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance system was not effective in rectifying shortfalls identified.

People living at the service, relatives and staff told us the covering manager and senior staff were approachable and listened to them.

The service had approached other organisations to determine how support would be effectively planned and financed to support people.

Combs Court

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 checked 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 was a comprehensive inspection, which took place on 31 January 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for someone who uses this type of service.

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 checked the information that we held about the service including the previous inspection report. We also reviewed all other information sent to us from other stakeholders such including the local authority safeguarding team and other services.

During our inspection we spoke with five people using the service and two relatives. We also spoke with the covering manager, deputy manager, quality improvement lead manager for the service, a team leader and three care workers. We observed the interactions between people and staff.

We looked at five people's care records, three staff recruitment and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating is now 'good'.

At the last inspection we were concerned that although a medicine had been prescribed on a person's medicines administration record (MAR) chart we could find no record in the person's care plan or risk assessment regarding the information that would inform staff how and under what circumstances to administer the medicine. This meant the person was at risk of harm. At this inspection we found that action had been taken to address this issue.

At this inspection we found MAR charts had been completed correctly for medicines prescribed on an 'as required' (PRN) basis to be given when the person required them for pain relief. We saw that improvements had been made and information was recorded correctly on the MAR chart.

However, we looked at the MAR charts in the afternoon of our inspection, for regularly prescribed medicines. We saw that a member of staff had signed a MAR chart to record that a prescribed medicine had been administered at 8pm that day. The medicine to be administered was still in the medicine storage compartment and had not been administered. Staff we spoke with were not able to account for this mistake. People are at risk of harm when their medicines are not administered as prescribed and records are not clear regarding whether or not medicines have been administered.

The covering manager informed us an error in the administration of medicines would be investigated by a senior person and staff involved in the error would be suspended from administering medicines. Staff would be subject to retraining before they could administer medicines again and training would include observations of their practice by a senior person.

Medicines were stored safely and records of the room and refrigerator temperatures were recorded daily to check they were within acceptable limits. The service had a protocol for the administration of PRN medicines and information when PRN medicines had been used was clearly documented.

MAR charts contained detailed information such as up to date photographs of the person and any allergies had been noted. Stock levels of medicines were counted during each shift and random spot checks were also carried out by senior staff. This was so any discrepancies could be identified quickly and investigated. Staff informed us they had received training in the administration of medicines and their competency to do this safely had been regularly assessed.

People told us they felt safe living at Combs Court. One person told us, "It's a nice quiet place here, a safe place to be. There always seem to be plenty of staff and I love it here, everyone's so friendly, it's clean, good food and staff are helpful." A relative told us, "The staff know [my relative] well and they are safe, I trust the regular staff."

The risk of harm was minimised through staff training designed to keep people safe. One member of staff told us, "There is a policy and I had training when I joined and yearly training about safeguarding people. I would always report anything to the manager or the authorities." All of the staff we spoke with informed us about the safeguarding training, types of abuse and were aware of how to raise a safeguarding issue.

People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed regularly. The risk assessments promoted and gave guidance to staff about how to protect people's safety in a positive way. These included moving and handling and we saw staff using the equipment to support people as specified in their care plan. The plans had been developed with the person, their family and professionals where required, and explained what the risk was and what to do to reduce the risk of harm.

Each person's care plan contained an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that a fire risk assessment was in place. Fire equipment was tested weekly. The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge they required in the event of an emergency.

There were safe recruitment processes in place. We reviewed staff files and saw a full employment history was required and any gaps in staff employment histories had been explored. References had been sought and records showed that staff were subject to checks through the Disclosure and Barring Service (DBS). DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services

There were enough staff designated to each shift to keep people safe. The covering manager had identified the number of staff required to support people with their individual needs and had then worked with senior staff to devise rotas for that purpose. The people we spoke with, their relatives and staff all considered there were enough staff employed to support people so that they were safe. One person told us, "I needed some help during the night on two different occasions and each time I called staff were there right away."

However, people and relatives told us that people were not supported to engage with activities and interests as they had in the past and the day centre on site had closed. Staff had been redeployed from the day centre to other areas of the service to support people. A member of staff informed us that in recent times some long standing staff had left the service and their duties were covered by agency staff and regular staff working overtime. We examined the rota and saw that staff were working overtime and agency staff were regularly used to cover staffing shortfalls. A member of staff informed us that there had been staff meetings to discuss the frustrations of there not being enough regular staff. Although they had no difficulty with the agency staff they were concerned that the support would not be as consistent as it should be as agency staff had not had the time to build up a rapport with people.

We discussed this situation with the senior staff and learnt that the service was in discussion with staff members about changes in shift patterns. The purpose was to provide a more flexible service in the future to meet people's individual needs which included more support to attend activities away from the service. However, during this process some staff had left the service. The covering manager was aware that agency staff did not know people as well as regular staff but had tried to always have the same agency staff

members. The covering manager explained to us the service was determined to focus upon the long plan of flexible shifts to support people achieve their choices as well as their immediate needs.

People were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection. A member of staff informed us about the training which had been provided which included the need for regularly and appropriate hand washing. Staff supported people with cleaning tasks and audits of the cleanliness of the service were in place and checked by the senior staff. We observed the use of personal protective equipment such as gloves and aprons during our visit. The service had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements.

Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances.

The covering manager explained to us that the service had four managers in the past few years and a number of experienced staff had left the service. They informed us that they would work with their managers and staff to understand and see what lessons could be learnt from this experience. Staff recorded any incidents and accidents and senior staff reviewed the records to identify any trends and actions that could be taken to reduce the likelihood of a recurrence. The deputy manager monitored people and checked their care plans regularly to ensure that the support provided was relevant to the person's safety needs. A team leader we spoke with was able to describe the needs of people they cared for in detail and we found evidence in the people's care plans to confirm this. One of the units was considered by staff to support people with more complex needs than other parts of the service and the more experienced staff had been assigned to support people at that accommodation.

Requires Improvement

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service 'requires improvement'.

Senior staff undertook an initial holistic assessment with people before they moved to the service. The assessment checked the care and support needs of each person so the senior staff could make sure the staff had the skills and there were enough staff to support the person appropriately. People and their family members were fully involved in the assessment process to make sure all the information needed was shared.

However, we found that the assessments were not always fully effective. The needs of two people sharing communal areas had not been fully considered and if people were compatible with each other regarding gender and specific needs. This meant people would not always be able to use the same communal living areas and spent more time as a consequence being supported in their individual rooms. We also found that people living together in the same accommodation within the service had vastly different needs. The covering manager was aware of these situations and had already taken steps to review people's support needs and make the necessary changes so that their needs would be met. The impact of the assessment not being holistic meant that people could not use the facilities at their home as they wished at times of their choice.

Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people. A person told us, "I helped to write my care plan and I am happy with it." A member of staff informed us that the care plans had improved since the last review of the templates used because the care plan was in a logical order. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication and social needs.

Records showed staff had undertaken training in all areas considered essential for meeting people's individual needs. We saw in the training matrix further training was planned throughout the year. All staff had been set objectives which were discussed during supervision sessions with a senior member of staff. A member of staff informed us the supervision session was arranged with plenty of notice and they found the session helpful to discuss how they supported people living at the service. The covering manager had begun considering how supervision and annual appraisal meetings would be maintained during their time at the service. They had worked with the deputy manager on arrangements for an established programme of regular supervision and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs and would be handed over to the new manager to continue.

We saw that some people had specific dietary needs. Their choice about these foods had been sought and kitchen cupboard and fridges were stocked with food. Some people required staff to cook and prepare their

meals. One person told us, "I tell the staff what I would like and I do like shepherd's pie and the staff cook it very well." They discussed with the staff what they would like to eat each day and the staff cooked the food for them. They were starting to cook for themselves independently and told us, "I like baked potato, I am getting good at that."

The service had links with community health care professionals such as GP's and district nurses. All of these professionals had been consulted and involved with the support of people at various times and for their specific needs. A relative informed us the staff kept them informed of any appointments and outcomes and they appreciated the time the staff took to arrange appointments with the GP.

People were supported to maintain good health. Staff supported people to attend scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. The management team had highlighted in the staffing rota appointments with professionals and had tried to arrange for regular and known staff to the person to attend with them. This was so the staff known to the person could give reassurance and support with knowledge of the person's medical history.

During our look around of the service we noted the fabric of the buildings was generally good but there were areas that were noticeably tired. Some walls showed obvious marks and minor damage to the plasterwork from where the backs of chairs rubbed against them and a shared bath had the plastic corner broken at ground level where it had been caught by something. Senior maintenance staff were present during our inspection as a meeting had been arranged with them by the covering manager to address these issues. All of the service was accessible through well maintained wide pathways and purpose built ramps to door entrances.

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 people 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the MCA and associated principles. The covering manager was highly experienced in this area and had used their knowledge and skills to check documents were in place and staff continued to receive training.

Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

One person told us, "The staff are polite and always helpful." A relative informed us they had known the regular staff for a long time and considered they were kind and caring people.

We saw staff supported people in a caring and sensitive in manner and treated people with respect. During the inspection we heard staff sharing good humoured jokes with people. Some of the people living in the service had limited verbal communication skills. When we asked people about staff working at the service they indicated their satisfaction with positive gestures such as a smile or a laugh when pointing to a member of staff.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people with consideration and understanding. People's care plans identified their communication needs. A member of staff explained to us how they used non-verbal communication to engage with a person who was unable to speak with them. This aid to the spoken helped to ensure the person was aware of information and able to communicate through non-verbal communication with the member of staff. A relative informed us that their relative spoke highly of the staff and they also thought the staff were understanding and caring towards their relative.

People's choices regarding selecting clothing and decorating their rooms were respected. Staff informed us that people were involved with references to their abilities and needs to select clothing of their choice. Some people matched their favourite colours while other people had expressed their choice by decorating their bedrooms in accordance with their favourite football team. All people we spoke with told us that they could have a bath or shower when they wished and staff supported them as necessary.

People's privacy and dignity were respected. One person told us, "The staff never barge in they always knock and wait to be invited in." Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. Relatives told us that they were able to visit their family member at any time and they were always made to feel welcome. However we did note that the telephone in one accommodation was a landline situated at the entrance to the accommodation so whilst easily accessible it gave no privacy for a conversation.

We saw that for long-term planning with reference to people's assessed needs, plans had been recorded in consultation with the person and their relatives. Care plans were reviewed on a yearly basis or more regularly should the need arise. One person told us about their care plan and how they had helped with the writing of the plan and the review. They informed us that staff respected that they liked to spend time on their own sometimes in their bedroom while at other times they liked staff company. They also explained that staff had been very helpful to them when discussing problems and they felt confident to approach staff and ask for their support. Another person told us about how the service staff had helped them to seek a

befriender and they had found the person's support and company of great comfort to them.

The current staff team comprised of some new members of staff alongside some long-standing experienced colleagues. The covering manager tried to ensure that the same staff worked with the same people to get to know them well and could introduce new staff to work with them at times of change. All of the people we spoke with told us they knew the regular staff well. The covering manager also explained how they tried to book the same agency staff and to assign them to support the same people with experienced members of staff.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

At the last inspection we found that people received care that was flexible and responsive to their individual needs and preferences. However, the new care plan system was not fully in place which meant the plans in some instances were disjointed.

At this inspection we found people's care plans contained detailed guidance for staff about the support people required in relation to their daily living and, social care needs. The care plans were personalised and each person's individual needs had been identified together with the level of staff support that was required to assist them.

However we found when talking with the people, their relatives and staff a frustration that the support delivered by the service was not always as stated in the care plan. The service had experienced a loss of staff that had a driving licence and as a result people, since around December 2017, had not been taken to activities at local amenities. People were disappointed not to be attending local clubs which they had used regularly and for a long time. This meant although people could pursue interests in their own home they were not able to access amenities away from the service in particular during the evening.

The communal day centre on site had been closed while the senior staff reviewed the purpose and function of this amenity. Staff had been redeployed to work in the flats and accommodation to support and keep people safe. Although many people attended colleges or worked off-site, the community day centre had been used by those people that did not have off-site employment, education or activities to pursue. People felt the closure of this resource was rushed and they had not been consulted. Relatives considered that people's basic needs were achieved but the support to provide personalised support had deteriorated due to the lack of staff that could drive to take people on outings and to attend clubs, plus the loss of the communal day centre. People and relatives also expressed that many people had not gone on holiday during 2017 and days out had also reduced.

The service, as a matter of urgency, was discussing the situation with the organisations and professionals involved with placing and reviewing people's care at the service. The aspiration of the service was to increase the staffing to be able to provide the assessed personalised support in response to the individual needs and funding arrangements were being addressed and reviewed. The covering manager wrote to the CQC shortly after our visit to say that the service would be re-introducing some activities at the communal day centre on site for three days per week.

There was information in care records with regards to people's personal histories such as their favourite possessions and family and friends. People's daily routines were detailed and this included people's personal preferences. For example, if they preferred male or female staff to support them. The permanent regular staff were knowledgeable about people's preferences and demonstrated they discussed with the

person and relatives aspects of the person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable to support them.

The complaints process was displayed and available so people and their relatives were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service. The covering manager explained to us the policy regarding handling complaints and how they would respond. A relative did inform us they were very sorry to see the keyworker leave who had supported their relative and they were not aware of the arrangements going forward regarding key working. They also considered that there had been a reduction in activities especially going out for walks and planned and trips. We understood from the covering manager these matters were being addressed.

A relative informed us that the staff had supported people they knew at the end of their lives in a caring and compassionate manner. From visiting their relative regularly they had got to know a number of people living at the service and were impressed with care and support provided. The deputy manager explained to us how they had further developed, through staff training and working with other professionals, to continue to support people if it was their choice and if the service could meet their needs at the end of their life. We were aware from our previous inspections staff had been complimented on their care and sensitivity at these most difficult times. One member of staff told us, "This is the person's home and we will always try to keep them here if they want to and we can support them."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating remains 'requires improvement'.

At the last inspection the newly appointed manager had identified further work was required in person-centred care, additional training for the staff and they were working closely with other professionals.

At this inspection we saw that further training for the staff had been implemented and training was being provided on the day of our inspection. However, although the care plans had been further developed and written with regard to person-centred care the care provided was not always a true reflection of the plan. This was because people's assessed needs regarding their chosen activities and hobbies were not always being fulfilled. We also found that the staff were working with other professionals regarding people's physical needs. However, other professionals had not been consulted regarding the removal of the activities provided to people on site at the communal centre.

We discussed this reduction in personalised care with the senior staff. They acknowledged that not all care plans were accurate. The service, as a matter of urgency, was discussing the matter with the organisations and professionals involved with placing and reviewing people's care at the service. The aspiration of the service was to increase the staffing to be able to provide the assessed personalised support in response to the individual needs and funding arrangements were being addressed.

A staff meeting on 13 December 2017 was chaired by a senior manager of the organisation. The staff had been able to raise concerns about the service and actions to improve the situation had been agreed. This meant there was communication within the between the service and senior staff of the organisation and issues were being addressed.

The covering manager for the service was working part-time at the service as they continued to manage the service for which they were the registered manager. They were supported by a permanent deputy manager and other staff from the provider including operation managers and quality care staff while a new manager was employed.

Staff informed us that the management team continued to encourage a culture of openness and transparency. Staff told us that the covering manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff told us, "When the manager is here they visit all of the people and staff and are trying to get things sorted out." Relatives informed us that the covering manager was understanding and approachable and was working to re-establish firm foundations for the service.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the covering manager or the deputy manager who would either provide advice over the telephone or go to the service.

The governance framework for auditing had not fully recognised that the service was people's home. In a dining room we found documents and paperwork relevant to the service which was on open display and the dining room was used by staff as an office, meeting venue and store room. This meant the dining room was used as resource of shared purpose and the emphasis was not upon the room being used for the full benefit of the people living at that accommodation. During our inspection the covering manager arranged for all items not required to be there to be stored elsewhere and all documents were removed. The covering manager informed us that they would work with people, relatives and staff to discuss how improvements could be made to the dining room.

The provider has a legal duty to inform the CQC about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required. The covering manager had also kept the CQC informed of developments since the inspection regarding the redevelopment of on-site activities and planned maintenance work.

We viewed the quality assurance audit carried out by the covering manager of the service and visiting quality lead manager. Feedback received from staff, relatives, health care professionals and people living at the service had many positive aspects about the staff commitment to support people. The audits identified clearly the information that should be within each care plan however they had not established that the support was not always being provided. A further example of the quality systems not being fully effective was that during our look around we found a menu on display for the previous week. People told us that they planned meals on the day with staff but not all people could do this and therefore relied upon information to be up to date and accurate. The covering manager informed us that they would address this issue.

The staff had worked in partnership with other professionals. This included seeking advice and guidance from the local authority safeguarding team. Accidents and incidents which occurred were recorded and analysed by the deputy manager. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The covering manager had worked with the senior staff to identify an action plan of how to improve the service and what to do first. This had included seeking advice from senior staff in the organisation to address issue of funding with the respective local authorities. They had also requested additional supernumerary hours for the team leaders to enable personal development the on-going support and development of support workers as well as vigorously recruiting additional staff.