

HF Trust Limited

The Old Print Works

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 3, 7 and 9 December 2015. We told the service about this two days before the inspection to ensure that management were available.

The Old Print Works is registered to provide personal care services to people living at supported living services and in their own homes. Services are provided to people with learning disabilities, physical disabilities, and mental health needs. At the time of our inspection 45 people were using the service. At our last inspections in April and July 2014 the service failed to meet regulations relating to

care planning, records, supporting workers, nutrition, quality assurance, and notifications. However we found significant improvements in all these areas during the current visit.

The service did not have a registered manager, however an operations manager was in place covering this role since September 2014. They advised of the service's intention to split into three separate services with a registered manager for each. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We found that people lived in a safe and clean environment. They felt well supported by the staff at the service, and had developed positive relationships with them. However improvements were needed in procedures to further protect people using the service from financial abuse..

Staff received appropriate training, supervision and support for their roles, including training in the Mental Capacity Act 2005, and there were systems in place to ensure that this was followed.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided including support to meet their cultural needs.

Staff supported people with eating and drinking and to attend health care appointments. Safe systems were in place for staff to support people to take their prescribed medicines.

People told us that the management were accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people and to seek their views.

There were financial procedures in place to keep peoples' money safe. However we made a recommendation about reviewing the way staff supported two people when using their cash cards to ensure that all parties were protected as far as possible.

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?

The service was not always safe. There were arrangements to protect people from the risk of abuse, however improvements were needed to ensure that two people were fully protected from financial abuse when using their cash cards.

Staff knew the people using the service well, and were able to meet their needs safely.

Staff carried out assessments of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents and changes in people's needs.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Requires improvement



Is the service effective?

The service was effective. Staff were trained in the requirements of the Mental Capacity Act 2005 and consent was obtained from people for the care provided.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported to eat and drink according to their plan of care. Staff supported people to attend healthcare appointments and liaised with health care professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring. People who used the service spoke positively about the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received. They promoted people's independence, cultural needs and lifestyle choices.

Good



Is the service responsive?

The service was responsive to people. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to take part in a range of activities of their choice, and to attend social events.

Good



Summary of findings

People who used the service and their relatives felt that the staff and managers were approachable and took action to address their changing needs, or any concerns they had. They felt confident to make a complaint if needed.

Is the service well-led?

The service was well-led. People said that the managers had made significant improvements to the service. Staff felt supported and comfortable discussing any concerns with the management.

There were effective systems in place to check the quality of the service provided and make sure people were happy with the service they received.

Good



The Old Print Works

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.

Before the inspection visit we reviewed the information we held about the service, such as any notifications received, and information from the local authority.

The inspection of The Old Print Works took place on 3, 7 and 9 December 2015 and was announced two days before the visit to ensure that the management were available to provide information needed. The inspection was carried

out by two inspectors (of which one was a pharmacist inspector) and a specialist advisor who was a social worker experienced in working with people with learning disabilities.

At the time of the inspection there were 45 people using the service which was divided into three separate divisions, looking after different supported living projects and a small number of people in their own homes. We carried out visits to people living at supported living projects in all three divisions, and a visit to the service's office. Overall we spoke with 20 people using the service, nine care staff, two cluster managers, three service managers and the operations manager. Following the inspection visits we spoke with two health care professionals who supported people using the service.

We reviewed the care records of 13 people using the service, 11 people's medicines records, eight staff records and records relating to the management of the service.

Is the service safe?

Our findings

People told us that that they felt safe with the staff support they received and would not consider moving elsewhere. They told us, “We get the support we need,” “I feel safe here,” “I get my tablets,” and “They help me clean my flat.”

Staff told us they had safeguarding training. A safeguarding policy was available and staff were able to describe signs of potential abuse and were clear about the relevant reporting procedures. They were also aware of the service’s whistleblowing policy, and told us that they would be confident to report any concerns to their manager.

Discussion with staff and review of records indicated that once identified, safeguarding incidents were addressed appropriately. All safeguarding alerts were reviewed by the operations manager to ensure appropriate procedures were followed. We asked the service managers about any learning that had taken place as a result of recent safeguarding alerts. Some issues identified included a delay of one day in raising an alert about a report of abuse. Following this action had been taken to identify the reason for the delay and address this directly with the staff involved. Where required changes in care packages were made to protect people using the service, and staff suspensions or disciplinary procedures were undertaken to address shortfalls in care provision.

We looked at procedures in place to protect people from financial abuse. People had clear records of the support they needed with managing their finances detailed in their care plans. There were also clear records of all withdrawals, payments and purchases including receipts. Staff supported some people with high support needs to carry out shopping online. Service managers carried out monthly audits of financial transactions that they were not previously involved in and an internal audit team carried out six monthly independent financial audits.

People’s money, cash cards and financial records were kept securely in wallets with numbered seals. We discussed with the operations manager the staff access to two people’s debit card pin numbers to assist in making cash withdrawals due to their complex needs as this incurred a risk to people using the service and staff supporting them. We were shown a protocol that staff follow to minimise the risk.

Assessments were undertaken to assess any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff we spoke with were aware of the contents of these. They contained information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home including the use of mobility equipment. There were also plans in place to support people with epilepsy at risk of seizures and for supporting people with behaviour that challenged the service. Personal emergency evacuation plans were in place for each person so that staff knew how to help them in the event of a fire.

One person with a diagnosis of dementia had a history of making allegations about mistreatment, including to one of our team during our visit which we reported to the service manager. Staff advised that the current plan involved discussing all incidents with the service manager. Depending on the seriousness, any allegation would be logged as an incident and/or this would be further discussed with the person’s psychiatrist and/or an investigation would be launched. Although there was a ‘hallucinations’ record created for this person there was no “allegations” record in place at the time of our visit. The service manager advised that this was due to be implemented without delay.

An on call rota was in place to ensure that management cover was available at all times. Two people we visited had a speed dial button on their telephone to contact the office in the event of an emergency. This was not operational at the time of our visit, but the operations manager advised that this was reset shortly after our visit.

Since the previous inspection staff teams had been arranged so that there was now one staff team per supported living service. Inspection of the staffing rotas, and discussion with the operations manager showed that there were sufficient staff to provide most of the care required, with a small number of shifts covered by six named agency staff who worked with the service regularly. The manager advised that they had recruited a significant number of staff within the last six months prior to the inspection. The staffing rota was recorded on a computer

Is the service safe?

system, however, when reports were run it was not always easy to tell if there had been any gaps in filling staff shifts. There had not been any missed calls in the month prior to the inspection, however a missed call was reported shortly after our inspection. This was addressed appropriately, with action taken to prevent a reoccurrence.

The provider carried out appropriate checks on staff before they were employed to make sure they were suitable for the work. Recruitment information available for staff included application forms, interview records, identity records, written references and disclosure and barring service checks. There was evidence that people's employment history was checked in addition to any qualifications they had obtained. Staff confirmed that they had been through appropriate recruitment checks. Staff completed an induction programme relevant to the work. Staff also confirmed that they worked alongside more experienced staff prior to working alone to ensure that they were confident in their role.

Medicines were managed safely. Each person who was supported with medicines had a locked cupboard in their flat in which to keep them and a folder with all the information about their medicines. Included in the folder were medicines administration records (MAR) which included allergy information, daily checks of medicines and storage temperatures, individual risk assessments and protocols for medicines prescribed 'as required', patient information leaflets about the medicines, policies and a signature list of support staff who had been trained in medication handling. These folders also contained photographs and easy read information about people's medicines. One person told us how they liked to know about their medicines and how their support worker showed them the pictures to explain their medicines when they were supporting them to take them. We saw one

person being given their medicines in a safe way, taking into account their personal preferences. Staff supported one person to use oxygen in their flat. Daily checks were done to make sure that this was used appropriately and safely. Community nurses supported people who needed help with nursing tasks. We saw that the nurses worked with the support workers to ensure that people's medical conditions were managed safely and that information was appropriately shared. Support workers had clear information to help people if their conditions changed. People were supported to visit their GP and a local pharmacy provided their medicines. We were told by staff that the GP and pharmacy were very helpful to the service.

Staff who administered medicines all took an online training course and were observed giving medicines before being passed as competent. We spoke with a support worker who described the training and said that they felt supported by their manager as they could always ask them if they were unsure of anything. Staff who administered specific medicines (such as buccal midazolam) had completed additional training. Any errors or concerns were reported on specific forms and followed up by senior staff. We saw that learning had been passed on to all staff from any incidents and specific staff involved had received supervision and training. We noted a discrepancy in one medicine for one person who had recently returned from hospital. The person's support worker escalated this to their manager to ensure the correct dose was being given.

We recommend that financial procedures for people unable to remember their own pin numbers for their accounts be reviewed in line with best practice to protect people using the service, and staff supporting them as far as possible.

Is the service effective?

Our findings

People told us that they were satisfied with the staff supporting them, and felt the staff were appropriately skilled. They told us, “They’ve been very good,” and “they make my dinner.” People confirmed that they were free to make choices about their lifestyles.

At our inspection on 24 April 2014 we found that staff were not appropriately supported to deliver care to people safely and to an appropriate standard because they had not received training on working with people whose behaviour challenged the service. The provider submitted an action plan detailing how they would address this breach including provision of relevant training and supervision.

During our current visit staff told us they had been provided with relevant training including positive behaviour management. They had regular supervision sessions, received effective support from their line managers, and felt confident about their role. They received regular one to one supervision every two months. These sessions gave staff an opportunity to discuss their performance and identify any further training they required. Topics discussed included the changing needs of people using the service, managing challenging situations, incidents, health and safety, training, and activities support. Sessions were also used to assess staff members’ knowledge in particular areas such as safeguarding people and discuss the ‘policy of the month’. An issue had been identified regarding poor attendance by some night staff members, and this was being addressed.

Staff team meetings were also held monthly, with recent topics discussed including health and safety issues, positive behaviour support, medicines, communication, support plans, guidelines and monitoring. A team building day was held in October.

All staff reported that their training was up to date and tailored to meet people’s needs, and they felt supported by the current management. For example challenging behaviour training focused specifically on how to support particular people in a positive way. One staff member told us, “HFT [the provider] have training, you learn a lot.” Records were available of induction training for new staff, and training in key areas including safeguarding, fire safety, first aid, nutrition, lone working, dementia care, autism,

and positive behaviour management. There was a learning and development plan 2015-16 in place for the service, with further training in end of life care and supporting people with dysphagia (swallowing difficulties) planned. Opportunities were also available for staff to completing training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs.

At the previous inspection on 28 July 2014 we found that people were not always protected from the risks of malnutrition and dehydration. The provider submitted an action plan detailing how this breach would be addressed including recording of fluid intake charts for people at risk of dehydration, eating and drinking guidelines and training from a speech and language therapist for people with swallowing difficulties, and weight monitoring, and nutrition training.

We looked at the support provided to people most at risk of poor nutrition and hydration. Staff supported people to have food and drink of their choice and people were satisfied with the support they received in this area. Where needed people were provided with enriched foods, to support weight gain, or a healthy eating diet if they wanted this. Staff were aware of safe food handling practices, and assisted people to ensure that they had access to enough food and drink. They were aware of people’s cultural food preferences, and supported people to prepare cultural meals of their choice. Where people had swallowing difficulties they provided them with foods at an appropriate consistency for their needs in accordance with guidelines from a speech and language therapist.

People’s weights were monitored regularly and staff were clear about the need to seek medical advice for significant unexplained changes in any person’s weight. Whenever possible people planned and chose their meals ahead of time and were supported to carry out their own food shopping. Staff supported people during meal times as required, and adjusted the support provided as people’s needs changed. For example one person’s independence had recently been reduced due to an eye condition, and staff had increased the support provided to them, including support with eating which had not been necessary previously. They had also supported the person to see health care professionals without delay.

Is the service effective?

People's care records detailed the support they needed with food and drink, and where needed food and fluid charts were maintained. Staff did not always recording the meals people ate, and we discussed this with one of the service managers who advised that they would start doing this for people who had difficulty remembering what they had eaten that week, to ensure that they were encouraged to have a varied and nutritious diet.

People told us and records confirmed that staff were available to support them to go to health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from health and social care professionals who provided support to some of the people using the service, indicating that they had noted positive changes in recent months. In two of the care files we examined we noted that it was not easy to track recent health care appointments for the person, although this information was clearly laid out in other people's care records. We brought this to the attention of the relevant service managers who advised that they would address this.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had completed training in the MCA, and understood the importance of gaining people's consent to the care and support provided to them, and giving people's choices where possible.

People had mental capacity assessments completed in relation to their care needs and finances. They also had decision specific assessments relating to a wide range of decisions including decorating their flats, dental treatment, a call bell system, holidays, and significant purchases. Where people had variable capacity in making decisions, staff advised that the views of their care managers, and people within their circle of support were sought when making significant decisions.

No people using the service were subject to a deprivation of liberty safeguard (DoLS) due to needing supervision to go out. However the service managers indicated that they had written to some people's care managers at their local authorities regarding the need for some people to be considered for DoLS due to their need for continuous supervision. For two people with a high level of needs, there was agreed staff support provided on a daily basis to ensure that they could go out every day.

Is the service caring?

Our findings

People who used the service were happy with the staff supporting them. They told us, “The staff are good,” “X [a staff member] is lovely,” and “they are very helpful.” All the people we spoke with said they were able to communicate effectively with the care staff.

We observed staff knocking on the door of people’s flats and waiting for permission before entering. People told us that their privacy and dignity were respected by care staff, with curtains and doors closed prior to personal care provision. We also observed staff giving people choices about the support they received such as what time they wanted to eat, and where they wanted to go.

People using the service told us they were involved in developing their care plans and identifying what support they required from the service and how this was to be carried out. The staff told us they tried to help people who used the service to remain as independent as possible, for example supporting them to carry out their own weekly shop online or in person and escorting them to social clubs .

People who used the service said that care staff understood their needs and their preferences. The service had a policy on ensuring equality and valuing diversity. The routines, preferences and choices of people were recorded in their care records. When people chose to attend a place of worship, this was supported in line with their wishes.

They were also supported to undertake a variety of activities of their choice such as attending college courses, workshops, a local choir, and horse riding based on their individual needs and wishes.

Tenants meetings were held on a monthly basis with the minutes from the meetings distributed to all people using the service. There were also ‘Voices to be Heard’ meetings held across all the services (without staff present), with one person using the service nominated as the representative (with support) to feed back people’s views to the provider organisation.

People’s flats were furnished and decorated in personalised manner, with pictures and paints tailored to each person’s individual taste. One person told us that they had a blue wall to help keep them calm. People were provided with pictorial staff rotas of the people due to support them each week. They also received a letter regarding any changes to the staff supporting them such as their key worker who supported them to meet goals of their choice.

Members of staff reported that whenever possible, and with the people’s consent, they worked closely with people’s family members. In one instance the family would ring staff regularly, and we observed staff speaking with them to ensure that they were up to date with current developments.

Care plans were personalised and written from the point of view of the person receiving a service, and with a view to maximising their independence. There were records of advocates being involved in supporting people to make decisions and ensure that decisions were in their best interests.

Is the service responsive?

Our findings

People told us that staff responded to their care and support needs appropriately, and encouraged them to maintain their independence. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff supported people to go out and minimised the risk of them becoming socially isolated.

At our inspection of the service on 24 April 2014, we found that they were not planning and delivering care in a way that met people's individual needs and ensured their welfare and safety. Following the inspection the provider produced an action plan to address this breach including improved incident monitoring, implementation of a new online assessment and support planning system. They also provided total communication training for staff to improve their understanding of non-verbal communication and improved complaints and stakeholder feedback procedures.

At our inspection on 28 July 2014, we found that care records were not kept securely in one supported living scheme, and it was not possible to locate all records promptly when needed. The action plan to address this included storage of all people's care records in their flats, and lockable storage for any personal information stored in communal areas. In one supported living scheme, a separate office was set up for managers to use to ensure confidentiality of information.

Most people had two care plans, one for staff involved and a person centred plan produced in a personalised way. Each person also had a financial folder, health action folder, and medicines folder. They were stored in people's flats. Assessments were undertaken to identify people's support needs and person centred care plans had been developed including pictures where this was helpful in communication outlining how these needs were to be met. Staff told us that they were kept informed about any changes to people's support. Records included information regarding people's past and present medical history, the cultural and religious background of people and their likes and dislikes. Risk assessments included those associated with medical conditions and people's disabilities.

Care plans had been signed by people using the service who were able to do so, to confirm that they had been consulted about the contents. People told us that they were consulted about their care at reviews, to ensure that their changing needs were noted. Care reviews took place approximately annually, but more often when changes had occurred. People with communication difficulties had communication passports in place. Each person was allocated a key worker who supported them to work towards goals of their choice, such as losing weight, improving concentration skills, staying healthy, and going out more often. Key working reports were recorded approximately monthly, as a brief review of people's care that month.

Body maps were used to record any changes in people's skin condition, including bruises or red marks as appropriate, with medical advice sought when needed. Where these were unexplained they were escalated as an incident or safeguarding alert if needed. There was clear learning from incidents and near misses recorded. For example, following a fall, one person's care plan was changed to ensure that they were assisted to use the toilet. Fluid intake records were completed to ensure that people were not at risk of dehydration, and there were clear guidelines for monitoring blood sugar levels for people with diabetes.

Positive behaviour support guidelines been put in place for people whose behaviour could challenge the service. Staff were aware of triggers to avoid, and helpful ways in which to diffuse a difficult situation, and advised that they now had a debrief session after any challenging incident. There was clear monitoring of people's state of mind, when this was needed to ensure that particular triggers were reduced before they escalated into a challenging episode. For one person it was noted that the absence of a relative who usually visited, had been a trigger, and this was addressed by producing a 'social story' for them explaining that their relative had gone abroad and would keep in touch by telephone when possible.

It was clear that care provided was responsive to people's needs, for example one person whose needs had recently increased significantly was provided with extra support to that agreed in their care plan, whilst a referral to a medical professional was chased up. Sturdy furniture attached to the walls was being installed for a person who had a history of destroying furniture in their flat when unhappy.

Is the service responsive?

Daily care records were being completed by staff of all care provided. However due to the comprehensive recording in people's care records, and some variability in where information was recorded for different people, it was sometimes difficult to find important information quickly. We discussed this with the service managers and operations manager, who advised that they were implementing a new format for care records, and would ensure that this issue was addressed at the same time.

People told us about a wide range of activities they enjoyed within their homes and the local community. On the day of our visit several people were attending a local choir practice in the evening, with support from staff. One person told us they were looking forward to going to a Christmas pantomime and staff were supporting them to carry out their Christmas shopping. Other activities people told us about or that were recorded included, music therapy, craft work, a local employment project, educational courses, a music club, drumming circle, and cinema, pub and restaurant trips. Some people had been on holiday with staff support and showed us photographs told us about their trips.

A complaints policy was available for the service, and details were provided about how to make a complaint in an easy read format 'making things better'. People who used the service and their relatives had contact details for the office if they had any concerns. They told us they would speak to staff or one of the managers if they had a complaint. Records of formal complaints were stored electronically, and these were generally addressed within four weeks in line with the provider's policy. However we noted that it was not always easy to tell when a complaint had been fully resolved, and we discussed this issue with the operations manager who undertook to ensure that this information was clarified on the system.

There were also 'grumbles books' in place for some of the supported living services, where people could make informal complaints. These were a recent development and we observed that the small number of issues raised had been addressed swiftly. Concerns and complaints were also on the agenda at all tenants meetings, monthly key working meetings, and stakeholder feedback surveys.

Is the service well-led?

Our findings

At our inspection on 24 April 2014 we found insufficiently accurate records about people using the service and staff members. Following the inspection the provider produced an action plan for a review of all records to ensure that they contained accurate information. We found an improvement in this area during the current visit.

At the following inspection on 28 July 2014 we found insufficiently rigorous quality assurance systems in place, to ensure that the service learned from incidents, and a failure to notify the Care Quality Commission of a safeguarding incident, and incident with police involvement. The provider's action plan included improved incident recording, monitoring by managers, review of relevant care plans and risk assessments, and guidelines on incident reporting for agency staff, and notifications for managers.

There was no registered manager in place for the service, however the operations manager was covering this role, deputised by three service managers. We were told that the agreed plan was to split the service, into three separate registered services, with a registered manager for each one. Since May 2015 the service had been restructured from eight to three teams, with a service manager in place for each of the larger supported living services. People using the service were positive about the impact of this change, and other improvements brought about since the last inspection. They told us that they felt that they were listened to more, and that the service was open and inclusive. Health and social care professionals described improvements in communication with staff from the service and the service's responsiveness to people's changing needs.

Staff were positive about the leadership of the service managers and operations manager, and felt able to contact them if they had any concerns. They told us, "The change has been immense," and "X [a service manager] is really clear and shows good leadership." Overall they felt well supported by the management, and attended regular staff meetings and supervision sessions. Staff meetings were held monthly and minutes indicated that these covered topics including outcomes from tenants meetings, safeguarding, incidents, health and safety, training and good practice.

In addition to tenants meetings which were organised by staff, one of the people using the service was a representative for the provider's Voices to be Heard group. They received training for this and were supported by a facilitator to arrange meetings for people using the service each month at a different supported living site. They attended the Voices to be Heard national meetings, where issues discussed included staff training, setting up a social media group, campaigning, employment, advocacy and keeping safe. Within the local services, issues discussed at recent meetings included consultation about security cameras, how to make a complaint, welfare reform changes, and paying for staff food. This showed people were involved and consulted about the running of the service..

The service managers met monthly, discussing the outcomes of tenants meetings, Voices to be Heard, and staff meetings and looking at compliance within the service, incidents, staff training, and particular topics such as weight recording, key working roles, the Mental Capacity Act 2015 and other relevant legislation.

The management monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They monitored incidents and accidents, and near misses to ensure that actions were put in place to reduce the risk of these issues reoccurring such as increased staff monitoring of particular people when needed. They also ensured that weekly health and safety and infection control checks were carried out, producing a monthly health and safety incident report.

An internal financial audit was carried out in April 2015, indicating that procedures were overall good but there was room for improvement in recording. The operations manager carried out spot checks at two of the larger supported living sites in May and June 2015. Actions implemented as a result of these audits included updating risk assessments and care plans, improved recording of consent regarding medicines, and providing accessible rotas for people using the service. She advised that she aimed to carry out spot checks of randomly selected people's care, quarterly at each service.

Following a self-assessment of the service by the operations manager, in October 2015 the divisional director, quality and improvement and operations managers conducted an audit of a selection of people receiving care in two of the three services. Their

Is the service well-led?

recommendations included improved recording of fire drills and fire risk assessments, epilepsy plans, review of Mental Capacity Act recording, and complaints and compliments.

Surveys returned from 13 of 48 relatives of close friends of people using the service included many positive comments about recent communication from staff at the service.

Areas suggested for improvement were included in the service's action plan including more information provision about people's finances, updating support plans, ongoing recruitment and providing more activities for people.

Three of 24 surveys for community professionals were returned which also confirmed recent improvements in the service's management, and willingness to work with a multidisciplinary team.

Improvements were suggested in staff autism awareness and communication, and activities.

The operations manager said they were aware of areas requiring further improvement, and had plans in place to address them. They were also planning ahead for foreseeable challenges including budgetary cuts, with the aim of recruiting volunteers to assist with activities support. Newsletters were produced quarterly for people using the service and their family members, and also an employee newsletter to keep people up to date with changes at the provider level. Staff across the organisation could be nominated for 'Fusion Awards' to celebrate outstanding contributions.