Blue Sky Enabling Limited

Blue Sky Enabling

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection over three days on the 7, 31 October 2016 and 16 November 2016. The inspection was announced. This was because the location provides a domiciliary care service. We wanted to make sure the registered manager, or someone who could act on their behalf would be available to support our inspection.

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's consent was not always gained before undertaking certain tasks, the agency's ethos of person centred care was not consistently applied in practice and there was some concern about the registered manager's practice. Following the inspection, the provider sent us an action plan, which detailed how improvements would be made. At this inspection, improvements had been made but further work was required to ensure a good service.

Blue Sky Enabling is a domiciliary care agency, which provides care and support to people in their own homes on a short and long term basis. The agency provides people with support on a sessional basis or staff can 'live in' the person's home, to provide 24 hour care. At the time of the inspection, the agency was supporting eight people.

There was a registered manager in post. 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. The registered manager is responsible for the day to day management of the agency and was available throughout the inspection.

There remained some concerns about the registered manager's manner and the way in which they interacted with those around them. The registered manager told us they had reflected on their practice and undertaken some additional training. However, they said it was very difficult to change something that was "built in". In response to the concerns previously raised, the registered manager had made changes to the structure of the agency. This meant they only worked with the younger adults who required a service. This had minimised further concerns about the registered manager but not necessarily addressed their practice.

The registered manager told us they had expanded the management team. This had enabled greater expertise and more individuals to share ideas with. Decisions were being made more collectively and there had been greater liaison with other health/social care professionals and the local safeguarding team. However, there remained some techniques which staff used with people, which had not been formally agreed.

There were sufficient numbers of staff available to support people effectively. Additional staff were being recruited for any new care packages. Whilst a recruitment agency was sometimes used to find the right

calibre of staff and check their suitability, records did not always demonstrate a robust recruitment process.

Staff felt well supported and received formal meetings with their manager to discuss their work. There had not been any incidents which required the agency's disciplinary processes to be initiated. Those incidents which had occurred were appropriately reported to the local safeguarding team. Relatives told us they had no concerns about their family member's safety. They said they had confidence in the staff who provided the support. Staff were confident when discussing how they kept people safe. They were aware of local safeguarding procedures and would immediately inform the registered manager if they had any concerns.

The registered manager and care manager had undertaken training so they could train staff in their area of expertise. A range of 'person specific' training and topics deemed as mandatory by the provider had been undertaken. This included safeguarding, Autism awareness and the safe administration of medicines. However, staff had not received training in positive behaviour management. This did not equip staff with the skills or confidence to keep them or the person safe during an incident which occurred. Following reflection, the registered manager confirmed this training had been arranged.

People were supported by a consistent member of staff or small team. This consistency enabled established relationships to be built. Staff knew people well and were aware of their needs. There was a strong emphasis on enabling people to be as independent as possible and achieve their goals. People's rights to privacy and dignity were maintained.

There were no concerns about people's safety. People had comprehensive support plans which they helped devise. The information was well written and contained a range of risk assessments, management plans and protocols. These documents gave staff added guidance to enable them to effectively meet people's needs. Medicines were safely managed and people had access to a range of services to meet their health care needs. People were supported to prepare their meals and to make choices about what they wanted to eat and drink.

People and their relatives knew how to make a complaint and were encouraged to give their views about the service. The use of surveys and checks on staff's practice were used to assess the quality of the service. Consideration was being given to how this evidence could be used to give a greater overview of the management systems in place.

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.

Whilst a recruitment agency was sometimes used to recruit staff, documentation did not always demonstrate the processes followed.

Systems were in place to protect people from harm.

There were sufficient staff to support people effectively.

Medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements had been made to enable people to make decisions. However, some restrictions were in place, which although had been agreed, did not demonstrate the person's capacity to consent.

Staff had undertaken a range of courses but had not undertaken positive behaviour management training. This did not equip staff to confidently manage an incident of challenging behaviour.

People were supported to have sufficient food and drink of their choice.

People received appropriate support to manage their healthcare.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the staff, their qualities and the support they gave.

Staff promoted people's rights to privacy, dignity and independence.

Staff were positive in their manner and valued the time they had available to ensure a person centred approach.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in directing their support and had a comprehensive support plan in place.

There were many compliments about the support staff gave.

People and their relatives knew how to make a complaint and were confident any concerns would be satisfactorily addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There remained some concerns about the registered manager and the way in which they interacted with others.

To enhance service delivery, the management team had been increased and changes had been made to structure of the agency.

People were enabled to give feedback about the service they received.

Quality monitoring systems were in the process of being further developed.

Blue Sky Enabling

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 7, 31 October and 16 November 2016 and was announced. The inspection was undertaken by one inspector.

In order to gain people's experiences of the service, we spoke with one person and four relatives on the telephone. We spoke with the registered manager and a care manager in the office and five members of staff. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Records showed a robust procedure was generally followed when recruiting staff. The registered manager told us they asked each candidate for their curriculum vitae (CV) rather than completing an application form. They said they then discussed the CV's content with the applicant during an interview. The names of people who had agreed to provide an account of the applicant's performance and their character were not stipulated on the CV. This meant the capacity of the person providing the information was not clear. One written reference was not specifically addressed to the registered manager but was more like a letter of recommendation. This did not demonstrate the information's accuracy. There was only one reference within this personnel file. The registered manager acknowledged these shortfalls but told us people had been recruited from an agency. They said the agency undertook all recruitment checks so they were assured an appropriate, well qualified applicant who was safely able to work with vulnerable people. Whilst acknowledging this, it was the registered manager's responsibility to ensure the agency was following safe procedures. Documentation was required to evidence this. Another personnel file gave details of a staff member's health. A health condition had been declared but there was no evidence this had been discussed within the interview process. Records did not demonstrate any amendments to the staff member's work had been considered. The registered manager told us this had been discussed with the staff member but no amendments were required.

This was a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 13 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because a number of staff had been dismissed following incidents, which had not all been appropriately reported. The provider sent us an action plan, detailing how they would address the shortfalls.

At this inspection, the registered manager told us staff had not been subject to any disciplinary action. They said there had not been any accidents or incidents, as a result of poor practice by staff. The registered manager told us any incidents had been referred appropriately to the local safeguarding team. They said they had used social workers and safeguarding "to exhaustion" to ensure all agencies were fully informed of any issues with people.

All staff had received safeguarding training. Staff were confident when talking about the processes in place to safeguard people. The registered manager told us they had recently produced an 'easy read' document regarding safety. This gave people key information about safeguarding, how to raise a concern about their safety and what to do in an emergency. It was expected the registered manager, care manager or staff would go through the document with people and it would be incorporated into the annual review process.

The registered manager told us they aimed to create an environment for people, which was free from unnecessary danger. A range of detailed assessments were in place to minimise any potential risks and hazards. The registered manager explained they did not feel they were able to keep one person safe due to

the environment they were living in. They said they had minimised the risks as far as they were able and had shared their concerns with the relevant health/social care professionals. They said the person's support had been a learning curve and certain elements had been used as 'lessons learnt'.

One relative told us they had total confidence in the staff member supporting their family member. They said their family member was safe and they had no reason to worry about them in any way. The relative told us "I don't need to think about X [my family member] and what they are up to, as I know they are well looked after. The staff would let me know if there were any problems, so I don't have to worry. It's lovely". Another relative told us the registered manager focused on safety and minimised potential risk. They gave an example of the registered manager identifying that their family member would eat food, which needed to be cooked, if given the opportunity to do so. The relative told us various discussions took place and as a result, these foods were stored on a higher shelf in the refrigerator to minimise accessibility.

The registered manager told us focused work had been undertaken to ensure the 'right staff' were recruited to work with people. They said this had minimised potential difficulties from arising. One relative confirmed this. They told us "they do try and match staff so you have someone you will get along with. They are very conscious of getting the right staff so everyone gets on. It's our home so we do get a choice of who comes". The relative continued to tell us that whilst the staffing allocation worked well, there had been the occasional problem with staff covering leave. They told us "sometimes in the past, it's been difficult and the staff who provide cover when X [staff member] is away, aren't so good or experienced. It's ok when the usual staff cover but problematic if they don't". The registered manager told us they were aware that covering shifts, particularly with 'live in' staff, could be challenging. Due to this, they said they now had a more planned approach to ensure greater consistency. In the event of staff sickness at the last minute, the registered manager and care manager told us they would provide people's support.

There were sufficient numbers of staff available to support people effectively on a day to day basis. Each person was allocated a small team of staff so they always knew who would be supporting them. This enabled continuity of care and established relationships to be built. In the event of a new person being referred to the service, new staff were specifically recruited to support them. This enabled the right calibre of staff with appropriate skills and experience to be deployed to the person. The registered manager told us they were in the process of recruiting a new, specialised team who would be supporting a person with complex physical care needs. They said they had learnt through experience that they would not accept the care package, until the right staff were in place and had been trained. The registered manager confirmed they would not restart a particular care package until all staff had received training in restraint and de-escalation techniques.

Staff told us they were not heavily involved in people's medicines. This was because the majority of people administered their medicines themselves. They said some people required support to remove their medicines from the monitored dosage system, into their hand or small pot. One person was given their medicines but took them later, at a more convenient time. Staff had appropriately signed the medicine administration record to show they had assisted people with their medicines. Appropriate records were in place regarding the person who took their medicines without observation from staff. All staff had received training in the safe administration of medicines. There were comprehensive policies and procedures about medicines for staff guidance when needed.

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 11 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because the registered manager had not always respected people's wishes and had undertaken tasks without consent. This went against the principles of the Mental Capacity Act 2005 (MCA).

The registered manager and staff had undertaken up to date training regarding the Mental Capacity Act. The registered manager said they had reflected upon their learning and how this would influence their practice. In addition, the registered manager told us they had devised a new document to record when they or the staff team had been unable to carry out a person's wishes and why. One member of staff told us that previous concerns about not gaining a particular person's consent had been resolved. The person was being encouraged to make their own decisions. If potential risks were associated with the decisions being made, staff told us these were worked through and discussed with the person. They said they would give the person time to reflect on discussions before further conversations were undertaken.

Whilst improvements had been made to this area, records showed one person's preferences were sometimes restricted, without the appropriate processes taking place. For example, records showed the person needed support with their weight management and required a diet of reduced calories, to assist with their weight loss. This had not been formally agreed by a dietician although a referral had been made. When wanting a snack, staff would offer the person something healthy such as a piece of fruit rather than what they wanted. Details about the person's capacity to make decisions in this area, were not stated. Staff told us the person often asked for cheese but this was dissuaded because of its calorie intake. They said this was becoming increasingly difficult as the person often became agitated when they did not get what they asked for. Records showed one member of staff had raised their concerns with the registered manager about the person "pushing the boundaries of eating". Staff told us the person found healthy eating and dieting a challenge although felt happy with the outcome of losing weight. They said the person also enjoyed compliments about their weight loss. However, whilst positive outcomes were being achieved and the person's relatives were happy with the strategies being used, the principles of the MCA had not been applied. The registered manager told us following the consultation with the dietician, consideration would be given to the person's capacity and their personal wishes. Another support plan stated "if X [the person] asks for a sweet treat, such as hot chocolate, biscuits or a piece of cake, X [the person] should be encouraged to restrict such treats to only once a day". There was no information about who had made this decision or on what basis. Records stated staff were expected to share meals with the person, to make mealtimes a sociable event. In addition, it was stated "staff must assist X to write a meal plan for the week". Whilst the registered manager stated this related to budgeting, documentation did not evidence if these aspects were the person's choice or whether decisions were being made on their behalf.

One relative told us staff and the registered manager encouraged their family member to make decisions. They told us "they are 'very up' on what decisions X can make and this is where it needs to be. If it's beyond what decision X can make, they will hold a best interest meeting to discuss the way forward". Another

relative told us staff enabled their family member to make as many decisions about their life as possible.

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 18 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because the majority of staff training was undertaken 'on line' or facilitated by the registered manager, who had not been trained in these areas. This presented a risk that staff could be given inaccurate information.

Shortly before this inspection, a person who used the service displayed challenging behaviour and assaulted staff who were supporting them. Staff told us whilst they were very well supported by management after the event, they did not feel they were sufficiently prepared for the severity of the person's potential behaviour. In addition, records showed staff had not received physical intervention training prior to working with the person. This did not inform staff of techniques to use to protect themselves and the person from harm. The registered manager told us they had not arranged restraint training for staff, as they did not feel it would be beneficial. This was because in previous placements, the person had responded better to de-escalation techniques rather than restraint. The registered manager told us they felt staff had been equipped to manage the person's behaviour, as they had witnessed it during the person's transition to the service. In addition, they said they had discussed various techniques with the staff and had deemed them competent. The registered manager told us they had reflected on the incident and felt that staff may have felt more confident in their abilities to deal with the situation had they had physical intervention training. The registered manager told us they had enrolled staff on a two day restraint and de-escalation training course.

The registered manager told us they regularly spoke to staff about the strategies to use before they started working with people. They said all staff had a thorough induction and spent time working with people in their previous placement to ensure a comprehensive transition. One relative confirmed this. They told us the registered manager ensured a smooth transition when their family member started using the service. They said staff worked with staff from the previous agency who had supported their family member. This enabled them to learn about the person's preferences and the best way to support them. The registered manager confirmed that all staff undertook "service user specific training" during their shadow shift period.

The registered manager told us they had undertaken training, which enabled them to design and deliver any training to staff, where they could evidence their knowledge of the subject. They said the agency's care manager had also completed this training so could facilitate staff training sessions. Staff told us they had undertaken the majority of their training 'on line' but had received person specific training from the registered manager and the care manager, in the person's own home. This had included how to move a person safely using a hoist. The registered manager told us the initial training regarding moving people safely had been undertaken by an occupational therapist. This information was then cascaded to staff before they started to support the person.

Records showed each member of staff had a training profile. The profiles showed areas of training staff needed when working with the people they supported. This included topics such as self-harm and Autism awareness. Staff told us they had undertaken a range of training the provider deemed as mandatory. They said this included safeguarding people from harm, infection control, person centred care and self-harm. However, one member of staff told us whilst they had undertaken a range of training, they felt some topics could be explored in more depth. Another member of staff told us "I've done loads of courses since being here. I've probably got around 29 certificates. The training is very good". They told us they felt the "person specific" training helped them to do their job more effectively. Another member of staff told us they had completed a dementia awareness course, which they had found very useful.

The registered manager told us they had an excellent staff team who all worked well, did their best and were committed to their work. They said they tried to ensure all staff had a career path and could develop their skills. One member of staff had been recruited as a trainee deputy manager. The registered manager and the member of staff were clear about what the trainee role consisted of but this was not clearly documented.

Staff felt supported in their role. One member of staff told us the registered manager had an 'open door' policy and could be contacted at any time. They said the registered manager was willing to answer any questions and was supportive if they had difficulties outside of work. Another member of staff told us "X [the registered manager] is very good at getting inside people's heads. They're like a therapist and are good at giving advice. X gets my head in gear. She's very motivating. I definitely feel supported". Another member of staff told us they would rather go to the care manager for support rather than the registered manager. They said this was mainly because of personalities and they found the care manager easier to talk to.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff and the support they gave. One person told us "I love X [staff member]. It's a shame I can't see her all the time. We get on really well. The others are good but she's my favourite and very special to me". A relative told us "X [staff member] is fantastic and gets on really well with X [family member]. She gives focused attention and tries to enable X to do as much for themselves as possible". Another relative told us "X is incredibly helpful and very quick to learn. They adapt really well to different situations and are not fazed by anything. They have learnt the routines of the house and are respectful to these. I'm very happy with how things are going". The relative continued to tell us the member of staff was very much considered a part of the family. Another relative told us "the success of the support package is purely down to the staff member. They're marvellous, very dedicated and really care about X. We would really miss her if she was to leave". They continued to tell us "it's down to her [staff member] that X is so happy and relaxed. She's so kind and caring and tends to [my family member] so well. X always looks well-presented and takes a pride in her appearance and her flat. Her flat is so much cleaner and like a normal home. It's all due to the relationship X [staff member] has with her".

People and their relatives told us staff worked in a way, which promoted values such as dignity, respect, privacy and independence. One person told us "they respect this is my home and enable me to do what I want to do. They are there for me when I want them but they also leave me on my own when I want that". A relative told us "X deals with any issues that arise with X [family member] and would never dream of interrupting me unless they really needed me". They told us they continued to enjoy undertaking some of their family member's care and this was always respected. Another relative told us "they really tune into X and what they are feeling or thinking. They try to enable X to do what they enjoy and enable opportunities. I'm really pleased with how it's going". The relative told us staff encouraged their family member to take a pride in their appearance which had helped their dignity and self-esteem.

Staff were positive in their manner when talking about their work. One member of staff told us "I love my job and what I do. I like the people and the enabling side of things. It's very rewarding and every day is different". Another member of staff told us "I really enjoy what I do and I like the people I'm working with. I like the fact Blue Sky is really person centred and provides individualised care. I think they do that really well. It's all about the person". Another member of staff told us "the agency is really committed to the Well Givens approach, which focuses on wellbeing. We don't just pop in and do tasks for people then leave without getting to know them. It's all about enabling and promoting people's quality of life. It's really different from your usual care agency. We take things slowly and gradually develop people's confidence or their skills. It's really good to see people developing".

Requires Improvement

Is the service responsive?

Our findings

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 9 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because the support undertaken was not always what the person wanted and the agency was therefore not consistently responsive to people's needs. In addition, strategies had been introduced without the direction of a clinician. After the inspection, the provider sent us an action plan stating how they would make improvements.

At this inspection, the registered manager told us they had learnt from their experiences and now regularly referred any concerns or strategies to assist a person, to their care manager. They said they would not implement any therapy or therapeutic activity. One member of staff confirmed this and said the registered manager now worked more closely with health and social care professionals to ensure the most appropriate care for people. They confirmed the registered manager wanted the best for people and "would fight for what they needed". Two people's care records showed specific practices, which were documented and approved with care managers. However, discussions about them being the most effective strategies to use and the person's consent, were not evident. For example, one person who undertook self-harm was given a covered ice pack, which they could safely use to experience the sensation of pain. Staff used an egg timer to assist another person to eat in a more planned manner rather than wanting food on a regular, spontaneous basis.

Enabling was a key attribute to each person's care. This was emphasised within comprehensive support plans. People had been involved in their plan's development. There was detailed information about people's goals and aspirations, preferred routines and preferences. Detailed, well written management plans and various protocols which gave staff guidance about the support people required, were in place. Comprehensive records demonstrated any accidents, incidents or discussions with other health/social care professionals.

Some support plans contained difficult concepts that required a detailed explanation to fully understand. For example, in one support plan it was stated "it is up to you to remember to separate X [the person] from their behaviour. Their behaviour may become challenging but they are not challenging". Another record stated "use inclusive language" and "when you do X it means Y, until you learn to do Z". One member of staff told us it was often difficult to "get your head around things" especially if there were distractions such as challenging behaviour. Another record encouraged staff to enable the person to express their feelings and any anger in a safe way. Information about how staff should do this or how they should manage the outcome was not stated. Within the support plan it was documented "X can become anxious in new surroundings and meeting new people. Staff need to be aware of this and to help X adjust to new surroundings". The information did not inform staff how they should do this. The registered manager told us whilst people's support plans were comprehensive and contained concepts and techniques, these were discussed with staff on a regular basis. They told us staff supported people well, were aware of their needs and applied the best approaches to use.

There were many positive comments from people and their relatives about the support staff provided. One person told us staff enabled them to live in their own home and access the local community when they wanted to. They said staff ran their house well and would do tasks that were asked of them. The person continued to tell us staff provided good care. A relative told us the staff's support was invaluable in maintaining their family member's wellbeing. They told us the consistency of staff had enabled positive relationships to be built, which in turn had had a stabilising, calming effect on their family member. They said their family member's mobility and their physical and mental health had improved as a result. The relative told us their family member had "upped" their personal care and now cleaned their teeth regularly, which is something they did not do before. They said their family member had recently required surgery, which they "sailed through". They said this was due to the work the staff member did with their family member beforehand. The relative told us "it's all going really well. I'm really happy. She has a good quality of life now and an awareness of her surroundings. It's lovely to see". Another relative told us staff had developed a "lovely" relationship with their family member. They said the staff member knew them well and recognised potential triggers with behaviour, which were minimised to prevent escalation. The relative told us the staff member took all challenges "in their stride" and adapted their way of working, when responding to their family member's mood or individual preferences. They said the staff member was very good at diffusing situations.

One person told us they were able to contribute to the development of their support plan. Relatives confirmed this. One relative told us "I'm always given it to read and can make amendments or suggest changes, as I see fit". Another relative said "they take our views on board. I'm always asked to read anything before it becomes a final document. You can say if you don't agree". They told us regular reviews took place to ensure the service continued to meet their needs.

There was a detailed complaints procedure in place. This was given to people when they first started using the service. The registered manager told us people were also asked at their monthly and yearly review if they had any concerns. One person told us they would inform staff if they were not happy with any element of their support. A relative told us they would speak to the care manager in charge about their family member's support. They said this member of staff always gave them time and would discuss any matter in a calm and compassionate manner. The relative was confident any concern would be quickly resolved without reprisal. Another relative told us "they want to get it right so if anything were to go wrong, I know it would be quickly sorted". Another relative told us they would initially raise any concern with the registered manager by email. They said this would then be followed up by phone or in person.

Staff told us they tried to immediately resolve any issue that was brought to their attention. One member of staff told us they often accompanied a person into town for a coffee. They said the person often felt more relaxed in this environment so was more able to talk freely and discuss any concerns they might have.

Records of compliments and concerns were clearly maintained. There were specific formats to document details of the complaint, its investigation and outcome. This information demonstrated complaints were taken seriously. The registered manager told us they met with people to discuss their concerns if at all possible and to agree a way forward. At the bottom of the complaint form, there was a box which was to be ticked if the complainant was satisfied with the outcome of their complaint. The box had not always been completed. The registered manager told us they were in the process of producing an 'easy read' complaints and compliments form. They said it was intended the form would be made up of visual prompts to assist those people with a learning difficulties.

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 13 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because we had received concerns about the registered manager, their practice and manner. After the inspection, the provider sent us an action plan stating how they would make improvements. Within the action plan, the registered manager stated they would undertake a two day course on brief therapy strategies and language skills. They said they would use what they had learnt to reflect upon and implement changes to their communication with vulnerable people and their families.

At this inspection, the registered manager told us they had worked hard and reflected upon their interactions with people. They said whilst they were trying to be conscious of the way they came across, it was difficult to change the way they were. They said this was because some attributes were "built in" and part of their makeup. The registered manager told us whilst these factors were seen as negative, they were attributed to the clear leader, they felt they were. The registered manager told us they would continue to endeavour to reflect on their practice and undertake training to assist where possible. They told us they were in the process of developing a 360 degree feedback format. This was a system whereby people who used the service, their relatives, other staff and health/social care professionals would be asked to comment on their performance and that of each member of the management team. The registered manager told us the tool would be used to further develop the skills and performance of all managers within the management team. They said an action plan would be developed for any shortfalls identified.

Feedback about the registered manager at this inspection was variable. One relative told us the registered manager was "fine unless there was criticism". They told us they often became stressed when needing to discuss anything about their family member's care, as the registered manager could be "very defensive". The relative told us "I'm made to feel it's my fault but when she's calmed down, its fine. Her heart is in the right place". A member of staff told us "X [the registered manager] can be very abrupt and direct. She doesn't mean it. It's the way she is so it just comes out that way. Once you know that, it's fine". Another member of staff told us "she has a heart of gold and 100% has the client's best interests at heart but if you don't know her, she can be intimidating and seem rude". The staff member continued to tell us "I don't want to make it seem as if I'm complaining and be too critical as X [the registered manager] is totally committed and wants the best for people but sometimes it's like you're talking to a lawyer and she can be condescending". The staff member told us when they got to know the registered manager, they understood their manner. Another member of staff did not feel there had been any changes in the registered manager's approach. They said they did not believe the registered manager had received any updated leadership training and there were often heated exchanges, which were not particularly well managed. The member of staff told us they felt the registered manager displayed a culture of superiority and was not as approachable as they could be.

Within one person's record, it was documented there had been an incident and the emergency services had been called. Following behaviour that challenged, the person had placed their hands around their neck and said they were attempting to end their life. Records showed the registered manager used humour to de-escalate the situation. They told the person if they wanted to kill themselves, they needed to squeeze really

hard and close their eyes so they could experience what it felt like. This was not appropriate and did not promote good practice for staff to follow. The registered manager told us they had worked in this way, because they knew the person responded to humour and it was not possible to end your life through such means. They said they were aware however, that those people looking on may not have fully understood the interactions.

Other comments about the registered manager included "X is very hands on and not removed from people. I suppose it's her business but she knows what's going on. She really concentrates on wellbeing and safety". The relative continued to tell us "sometimes X [the manager] will step in and does creative activities and art with X [family member]. She's also taken her to hospital appointments, which is good".

At the last comprehensive inspection on 16, 22 September and 15 October 2015, we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014. This was because there was little evidence the registered manager actively encouraged feedback, which could be used to improve the quality of the service provided.

Following this inspection, the registered manager sent us a Quality Report and Action Plan, which they had been in the process of coordinating. The report had been written as a result of feedback from questionnaires, which had been sent to people in July 2016. A clear action plan was in place as a result of people's feedback. This had clear timescales and identified who would be responsible for any follow up action required. However, within the text of the report, the feedback was not always valued and accepted as accurate. For example, one member of staff stated they did not feel they were sufficiently equipped to manage people's challenging behaviour. The report indicated staff had received training. This did not show a positive response to the staff member's view. This was discussed with the registered manager who stated they would be mindful of this when analysing future feedback. The report stated the agency's focus for the next year would be improving the experience of those, who felt the service could be improved upon. In addition, the report stated more attention would be given to ensuring the format of the questionnaires was conducive to people's needs. The registered manager told us it was also anticipated that sections of the questionnaire would be sent to people more often to enable continual development and for quality to be an integral part of the agency's culture.

Following the last inspection, changes to the management team were made and a human resources administrator and a trainee deputy manager were appointed. The registered manager told us the expansion of the management team was positive, as there was now greater expertise and more staff to share and discuss ideas with. The registered manager told us the expansion of the team did not make them feel they needed to make so many decisions on their own. They said there were now many more collective decisions. The registered manager told us they believed the management team was going through the stages of forming but was much stronger than before. They said specialists were also being used to work with the management team. The registered manager told us they were hoping strong relationships would be built upon further.

In addition to the development of the management team, the overall service had been divided into two divisions. One team consisted of the older people who used the service. The other team were younger adults with a mental health disorder and/or a learning disability. After the last inspection, a member of staff with the title 'care manager' was designated to the team of older people. They undertook responsibility for all such care packages and the staff who provided people's support. The registered manager undertook responsibility for the younger adults, as they were better related to their area of expertise and interest and were deemed less vulnerable. The registered manager told us the newly created division enabled "a better match" of managers and lessened the risk of complaint about their manner. One person confirmed this.

They told us they no longer had contact with the registered manager. They said this was unfortunate but they did not feel the registered manager showed compassion but "painted the blackest picture" and when they did meet, "sparks used to fly". A relative told us they no longer had any dealings with the registered manager but were very happy with the "way things were".

The registered manager continued to be fully involved in the day to day management of the agency and had clear expectations about the service provided. There was a clear ethos of enabling people to achieve their aspirations and to have a good quality of life. Staff shared this vision. The registered manager regularly met with those people they were responsible for and often provided their support. One relative told us they felt this was important as the registered manager was kept up to date with particular issues. Another relative told us "she's [the registered manager] has even taken X [family member] to hospital appointments. She knows X well so knows what to say and what to ask so it works well". Staff confirmed this. They told us the registered manager was aware of people's needs due to their contact with them. The registered manager told us that following the last inspection, they now worked closer with particular health and social care professionals. They said they no longer introduced ideas or therapies without discussion and authorisation by a clinician.

The majority of the auditing of the agency was undertaken by visits to people and observing staff whilst they were working. The registered manager said they tried to arrange for these visits to take place on a monthly basis. However, not all topics specified to be considered were checked on each visit. The majority of staff told us their practice was regularly assessed although one member of staff felt this was an area, which could be improved upon. They told us they had a lot of autonomy in their role and it felt they were "left to their own devices". Whilst the staff member believed this to be positive in one way, they explained additional feedback about their performance would enable them to further develop and improve. One relative told us staff were regularly assessed whilst supporting their relative. They told us "when they assess the staff, they're like a fly on the wall. They watch but don't intrude. They're very discreet so it doesn't cause X any anxiety". The relative continued to say they were able to share any feedback about staff if they were concerned. They said any issues were always addressed.

The quality of the service was assessed by gaining feedback and monitoring staff and their practice. For example, when visiting a person, a member of the management team would check various aspects of service provision. This included ensuring staff had signed the medicine administration records correctly and were wearing appropriate protective clothing. Records were maintained of each visit. However, there was not a clear overview of the different areas of provision including infection control and the safe management of medicines. The registered manager told us they would give consideration to how evidence gained could be used to demonstrate an overview of the systems in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Records did not consistently demonstrate a robust recruitment procedure.