Brighton and Hove City Council

Brighton & Hove City Council - 83 Beaconsfield Villas

Inspection report

83 Beaconsfield Villas
Brighton
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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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 3 and 8 July 2015 and was unannounced.

83 Beaconsfield Villas provides accommodation and personal care for up to five people with a learning disability or autistic spectrum disorder. The service specialises in working with people whose behaviour is complex. The service is situated in Brighton and is in a large detached house. People's bedrooms are located over four floors and there are two one person self-contained flats within the building. Communal areas include a kitchen/dining room and a lounge. There is a large garden for people to use. One of the self-contained flats also has its own private garden. Four people were living in the service at the time of our inspection.

The service did not have a registered manager. A registered manager is a person who has registered with

Summary of findings

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. However, a new manager had been recruited and an application for a new registered manager for the service had been submitted to the CQC.

Since the last inspection staff members spoke of a significant period of change that they were still working through. There had been a complete change in the management team. There were a number of staff vacancies still being recruited to, which had led to a period of high use of the provider's bank staff or agency staff to help cover the staff rota. However, where possible staff who had worked in the service before had been requested to provide cover and ensure continuity of care staff.

There were systems in place to manage medicine safely. However not all the medicines had been stored and the recording of administration of medicines completed to meet current requirements. Where people had 'PRN' (as and when required medicine) guidance as to when this should be given had not been updated. Medicines had been administered by staff trained to do so. However, this training had not been updated in line with the provider's policies and procedures.

Systems followed had not all been maintained, for example quality assurance systems to identify areas in need of improvement. Work was in progress to review and update processes and procedures followed.

The premises were well maintained. There had been recent external works to the roof and windows. The environment was clean and spacious which allowed people to move around freely without risk of harm. Equipment and services such as gas and electric supplies had been checked by external contractors. However, regular checks of the fire system in between checks made by external contractors had not been consistently completed. Checks of the water temperature to ensure this was being delivered at a safe temperature to protect people had not always been maintained.

Some staff recruitment files were held at the providers head office, so were not available to view them at the start to the inspection. Therefore, it was not possible to establish how the manager had assessed that it was safe for these staff to work at the service, or that they had the skills and experience they needed to support the people that lived there.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. However, training records had recently been updated, and this highlighted that care staff had not all received training updates within the timescales detailed in the provider's policies and procedures. Where bank staff worked in the service there was no record of the training they had completed and if this had been updated as required.

People were supported to eat a healthy diet. However, records of what people had eaten and fluids consumed had not been maintained. This had not ensured care staff were fully informed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care and support provided was personalised and based on the identified needs of each individual. Where people were unable to make decisions for themselves staff had taken appropriate action to arrange meetings to make a decision in their best interests. People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One relative told us, "I would not want him to go anywhere else."

Relatives told us they felt people were safe. There were systems in place to assess and manage risks and to provide safe and effective care. People knew who they could talk with if they had any concerns, and felt they would be listened to. People were supported through a risk management framework to access a range of activities.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not consistently safe. Checks in relation to the fire safety system and the delivery of the hot water at a safe temperature had not been maintained.

Medicines were not all stored or administration recorded to follow current requirements. Care staff had not all undertaken all the required training updates.

Recruitment documents were not fully available for senior staff to access.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

There were sufficient staff numbers to meet people's needs.

Is the service effective?

Requires improvement 

The service was not consistently effective. People were supported by staff that had the necessary skills and knowledge to help them develop their life skills and independence. However, staff had not always received the required training updates to ensure they were following current guidance.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People had been supported to eat a healthy diet, to attend an annual health check with their GP, and to attend healthcare appointments when needed.

Is the service caring?

Good 

The service was caring. Staff treated people with compassion, kindness, dignity and respect.

People were treated as individuals. Where possible people were asked about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Care staff provided care that ensured people's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive. People had been assessed and their care and support needs identified. These had been regularly reviewed and any changing needs were responded to.

People had been consulted with as to the activities they would like to do.

Summary of findings

A complaints procedure was in place. Relatives were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led. There was not a registeredmanager for the service.

Effective systems were not fully in place to assess and continually improve the care provided.

Leadership and management promoted a caring and inclusive culture, and there was a clear vision and values for the service, which staff promoted.

Brighton & Hove City Council - 83 Beaconsfield Villas

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 inspection took place on 3 and 8 July 2015 was unannounced and undertaken by one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. 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. This helped us with the planning of the inspection. From this information, following our inspection, we telephoned two health care professionals to ask them about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they were not all able to tell us all about their experiences due to their learning disability. We observed people's care and support in communal areas throughout our inspection to help us understand the experiences people had. We spoke with the manager, three care workers and with a relative who was visiting. After the inspection we also spoke with a further three relatives.

We looked around the service in general, including the communal areas, and one person showed us their bedroom. As part of our inspection we looked in detail at the care provided for two people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and five staff recruitment records. We also looked at the service's own improvement plan and quality assurance audits.

The service was last inspected on 25 October 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People appeared relaxed, happy and responsive with staff and very comfortable in their surroundings. Feedback from relatives and the health care professionals was that people were safe in the service. However, we found areas of practice which required improvement.

We looked at the management of medicines. Medicines policies and procedures were in place. However, these had not been reviewed to ensure current guidance had been considered. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. However, this had not been regularly updated. We looked at the storage and recording of administration of medicines. This was to ensure the safe storage and accounting for medicines in stock. In most instances medicines were stored appropriately and care staff had recorded any administration. However, there are some medicines which are required by law to be stored and managed in a certain way. We found that for one medicine the storage and recording of administration did not meet the requirements of the law. We discussed this with senior staff who acknowledged this was an area in need of improvement. We completed a spot check of three people's medicines. The quantity of medicines was the same as the records indicated it should be. Systems were in place to check and highlight with care staff should any omissions occur. Systems were in place to ensure repeat medicines were ordered in a timely way. An audit and stock check had been completed in April 2015 to ensure people received their medicines as prescribed. This was to help identify any discrepancies or errors and ensure they were investigated accordingly.

Not all medicines had been stored or administration recorded to meet the requirements of the law. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the premises were well maintained. The environment was clean and spacious, which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. However, we found that checks of the temperature to ensure that the hot water was being delivered to ensure people's safety had not been maintained. Equipment had been regularly checked and serviced for essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. However, regular checks of the fire safety equipment in between these external checks had not been consistently completed. We discussed this with senior staff who acknowledged that further checks were required, to ensure safety and told us staff were to receive training to complete these checks. Contingency plans were in place to respond to any emergencies, such as flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support, and care staff told us they knew who to contact if they needed any advice or guidance.

People were cared for by staff who had been recruited through a safe recruitment procedure. Senior staff had the support of the provider's human resources department when recruiting staff. New staff had been recruited internally from within the organisation, and had previously been through the recruitment process. Staff had completed a further application form and attended an interview. Each member of staff had a criminal records check completed and a further written reference was requested to support the application. However, recruitment records for the latest staff were kept with the provider's human resources department. It was therefore not possible to fully establish how the manager had assessed that it was safe for these staff to work at the service, or that they had the skills and experience they needed to support the people that lived there. We discussed this with senior staff in the organisation who acknowledged this had been highlighted as part of their own internal audit as an area or practice that required improvement. They showed us they had already requested this supporting paperwork from the organisations human resources department to ensure this was available as part of the recruitment process.

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of

Requires improvement

Is the service safe?

any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

To support people to be independent, risk assessments were undertaken to assess any risks for individual activities people were involved in to protect them from harm. Each person's care plan had an assessment of the environmental risks and any risks due to their health and support needs, and these where possible had been discussed with them. The assessments detailed what the activity was and the associated risk and guidance for staff to take. For example, supporting people to use transport to get to and from an activity. There was a regular review of the risk assessments, and staff told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. Staff had completed training in managing people's behaviours that challenged others. Staff members were able to tell us what was in place to support people and could talk about individual situations, and what they should do to diffuse a situation. Additionally staff from the behavioural support team had been contacted for support and advice. One staff member told us this was to help support people and, "To increase the quality of life and decrease challenging behaviour." They also told us reviews of peoples care and support were important as it enabled senior staff to have feedback from the care staff as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues.

On the day of our inspection there were sufficient staff on duty to meet people's needs. We looked at the staff duty rota, and staff told us how staffing was managed to make sure people were kept safe. A formal tool was not used to calculate the level of staff needed, but guidance was in place as to the minimum staffing levels which the service could operate. The senior staff told us they looked at the staff skills mix needed on each shift, for example to ensure that there was always experienced care staff on duty with new care staff or agency/bank care staff. Also what activities were planned, whether people needed one to one, or two to one support for specific activities, and anything else such as appointments people had to attend each day to determine the level of staff needed to be on each shift. The manager and senior staff regularly worked in the service and so were able to monitor that the planned staffing level was adequate.

There were weekly staff meetings where staff were able to discuss how things were going in the service, what had worked well and not worked so well, and this could include the staffing levels. Staff told us there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained, but staffing was usually above this to ensure people could be supported to attend their chosen activities. There were a number of care staff vacancies, which the manager told us they were in the process of advertising and trying to recruit to. This had led to a high use of agency and bank staff, but this was improving as new care staff were being recruited. One staff member told us, "We always ask for someone who has been here before." There was continuity of senior staff who worked in the service. One member of staff told us, "A lot of senior staff have been here a long time, and know the residents inside out. I would sing their praises as to how shifts are managed since the new managers have been in place."

Requires improvement

Is the service effective?

Our findings

Relatives and health care professionals told us that the staff were knowledgeable and kept them in touch with what was happening for people. One relative told us, "Every carer looks after him well. He is quite content. He is rightly placed here." However, despite the positive feedback, we found areas of practice which needs to be improved.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities, behavioural support and their role in supporting people to increase their independence. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. Senior staff were in the process of updating the recording systems in place to ensure they were alerted to when care staff required any training updates. However, the recent audit of staff training had highlighted care staff had not received updates to this training within the timescale detailed in the provider's policies and procedures. This was to ensure that staff were following current advice and guidance. Senior staff were able to show us that requests for training had been made, but there had been a delay in being able to access and secure a place on the providers training required. There was also no record that it had been checked that bank staff who worked in the service had also completed the required training updates.

People were supported by care staff who had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The new care staff had been recruited from within the organisation and had completed an induction specific to working at 83 Beaconsfield Villas. There was a period of shadowing a more experienced staff member before new care staff started to support people. The length of time new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of the care staff told us they had been on an induction, which had provided them with all the information and support they needed when moving into a new job role.

People were supported to eat a balanced diet and drink enough fluids. People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions and review process. People's weight was monitored regularly with people's permission. There were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example, if people were putting on weight. The menu was set up to provide meals that people liked to eat. However, records of what people had eaten were not accurately maintained. This did not fully support care staff to give them a clear and full picture of whether people had received adequate food and fluids during the day to maintain their health. Following discussions with care staff we did not assess these shortfalls in recording had impacted negatively on people. We discussed this with the manager who acknowledged this is an area that they needed to improve upon. People were encouraged and supported to follow a healthy eating plan. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Staff were able to tell about the active support being offered to one person to help them make their snacks twice a day. One member of staff told us about the support being given to this person and, "By engaging this can improve his quality of life. This approach could then be transferred to other areas of daily routine. Staff were drawing up a list of activities this person could be supported with".

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA 2005 is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The manager told us that if they had any concerns regarding a person's ability to make a decision they ensured appropriate capacity assessments were completed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. Senior staff had completed this training and care staff told us they had completed or were due to complete this training and all had a good understanding of the need for people to consent to any

Requires improvement

Is the service effective?

care or treatment to be provided. We asked care staff what they did if a person did not want the care and support they were due to provide. One member of staff told us, "Our guys make it very obvious if they are unhappy." Another member of staff told us "It's obvious when people are happy." Another staff member told us how one person made care staff aware when they did not want to do something through their body language and gestures.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The manager told us they were aware how to make an application, and about the DoLS applications that had already been made. Care staff told us they had completed, or were due to complete, this training and all had a good understanding of what this meant for people to have a DoLS application agreed, or any actions they had to follow to support people where a restriction would be place on a person's freedom in order to keep them safe had been applied for.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They received supervision though one to one meetings and observations whilst they were at work and an annual appraisal from their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Additionally there were regular weekly staff meetings to keep staff up-to-date and discuss any issues within the service.

People were supported to maintain good health and received ongoing healthcare support. People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Care plans contained multi-disciplinary notes which recorded contact with healthcare professionals such as GPs, nurses or dieticians and when referrals had been made. Feedback from the healthcare professionals we spoke with supported this. Care staff told us that they knew the people well and if they found a person was poorly they would report this to the manager. One member of staff told us, "We do a lot of monitoring for any changes in people's wellbeing." Another member of staff told us staff used non-verbal communication to help ascertain when people were not well, they said, "It's obvious when people are happy. It's knowing the individual."

Good

Is the service caring?

Our findings

We observed care being given during the inspection. People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Feedback from the relatives and the social care professionals was that staff were very kind and caring. People were listened to and enabled to make choices about their care and treatment.

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in their care and support. The relatives were aware of the keyworker for their relative and commented the keyworkers and staff were excellent. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of them, and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals, such as working towards being more independent and improving their quality of life. These had been discussed where possible with people and their family, and their progress towards their goals was discussed as part of their reviews of care.

Information was provided to people in a way they could understand. Staff demonstrated an understanding of non-verbal communication needs and how to interact with people who could not verbally communicate. They told us, when offering choice to people who could not verbally communicate; they used facial expression, body language and gestures to communicate which staff used to understand peoples likes and dislikes. They could also tell when a person was not happy with the care being provided. We saw symbols (a visual support to written communication) and objects of reference were used to support people, communication boards and staff were also available who could use Makaton (a language system of hand signs and symbols) to communicate with people. This showed us that people's communication needs were met.

People were treated with dignity and respect. Staff responded to people when spoken to and listened to what people had to say. We noted staff showed patience and understanding when communicating with and supporting people. People were not rushed and were given the time they needed to complete tasks themselves without being put under pressure, for example to eat their food. Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they did this. One staff member told us," It's primarily around personal care. When (person) goes out I always ensure (person) has a clean top on, trousers are pulled up and (person) has a clean face."

The atmosphere in the service was calm and relaxed, but there was also a general hum of activity.

People had their own bedroom and ensuite facility for comfort and privacy. This ensured they had an area where they could meet any visitors privately. Where possible they had been able to bring in personal items to make their stay more comfortable. One person showed us their room which contained items specific to their individual interests and likes and dislikes. People had been supported to keep in contact with their family and friends. One relative we spoke with told us they and their wife visited daily and joined in one of the daily activities their relative participated in. People all had the support of their family, and had not had the need for additional support when making decisions about their care from an advocacy service. Senior staff were able to confirm advocacy services had been used previously to support people and they had information on how to access an advocacy service should people require this service again.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. People also enjoyed a range of leisure activities, for example listening to music. Relatives and social care professionals confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided.

Senior staff were able to tell us about the pre-admission assessment that took place. This enabled senior staff to identify if people's individual care and support needs could be met in the service, and that people were happy to move in. Staff and relatives told us that care and support was personalised and confirmed that, where possible, people and their relatives were directly involved in care planning and goal setting and any review of their care and support needs. One relative told us, "I feel if I say something they will take it on board." People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking and support required with medicines. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. These had been reviewed and audits were completed to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence.

Staff told us they knew what people's current care needs were and received verbal updates from each other when people's needs changed and read about them in people's daily records. We asked the manager and staff how relevant information about people's care was communicated to staff coming on duty. We were told a handover took place between every shift to ensure continuity of care. There was a shift plan in place which described tasks that needed to be undertaken either 'am' or' pm' and also recorded the staff member allocated to complete it.

People were actively encouraged to take part in daily activities around the service such as meal and snack preparation. Each person had a weekly timetable of activities they participated in. They detailed activities such as, going out for a walk, playing with a ball in the park, a car drive, or going out to the local shops. One healthcare professional told us, "They are a very creative team as well as managing risk. They are always looking forward to improve people's quality of life." When asked what the service does well one staff member told us, "We are very willing to get our service users engaged in activities even when it seems against the odds sometimes. We are innovative. We do all the risk assessments and use experienced staff to try ideas out. We are a good team. We will change the rota, so a person can do this. If you want to achieve you have to go to some lengths to achieve this."

The compliments and complaints system detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. We asked care staff how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. Relatives told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. We looked to see how complaints had been dealt with. However, no complaints had been received this year. One relative told, "I get a prompt response to concerns."

Requires improvement

Is the service well-led?

Our findings

Staff and relatives told us they thought the service was well led. They told us they felt included and listened to, heard and respected. One healthcare professional told us, "They have made some really positive changes for people living in the service." However, we found areas of practice which needed to be improved.

The service had not had a registered manager in place since October 2014. A new manager had been subsequently recruited and an application to register the manager had been made to the CQC. They told us they were being supported by their line manager and they were receiving the support they needed to undertake the role. They told us they had identified a number of areas that needed improving and were working with senior staff to address these shortfalls. For example, the allocating of lead roles in the staff team and the development and maintenance of systems.

The provider's representatives had also undertaken periodic quality assurance visits to look at the quality of the care provided. We looked at their last report following their visit in April 2015. This detailed where it had been found the service was working well and where it was felt further improvements could be made, and the timescale for this to be implemented. However although work had been completed work had not been fully completed within the timescales, and were still being worked on.

The manager and the senior staff also undertook audits on a number of aspects of the service, for example completion of care records, health and safety and medicine administration records. We found these had not been fully maintained. Where this had not been maintained it had not always ensured that all areas for further improvement had been highlighted and an action plan drawn up to address this. We discussed this with senior staff who were able to show us the work they had completed to help ensure these would now be maintained.

The manager and senior staff promoted an open and inclusive culture. Staff confirmed they operated an 'open door' policy. One member of staff told us, "The management team is very approachable." There was a clear management structure with identified leadership roles. Staff members spoke of good team spirit. All the senior staff regularly worked in the service. Staff members told us they felt the service was well led and they were well supported at work. They told us the managers knew the service well and would act on any issues raised with them. One staff member told us, "It's really good. It feels very collaborative." Another member of staff told us, "They are always willing to help. They often come off their administration days to cover a shift to help people. That has been really helpful to us." Another staff member told us,"It's a well led service. It wasn't last year, but that has been acknowledged. To be well led is essential when you are dealing with challenging behaviour. Support for the person and also support for the staff, so they are looked after."

Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the community learning disability team. Staff had been working to actively support people. One member of staff told us, "They like to keep progressing with all the service users and moving them forward and improving their lifestyle." Relatives confirmed they or their family were involved in the review of their care and support. Relatives and social care professionals told us they were able to comment on the service through these reviews. However, there were no other formal systems to receive feedback and help inform the quality assurance processes in the service, such as regular quality assurance questionnaires and relatives meetings. This is an area of practice that needs to be improved.

Receiving feedback on the care and support provided is a key part of a services quality assurance practice. We recommend that further guidance is sought with regard to how feedback can be sought.

Staff told us they were asked for their views about the service. Staff meetings were held each week throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss people's progress towards their agreed goals. We looked at staff meeting minutes which recorded where issues had been identified, these had been discussed with the wider staff group and how improvements could be made. An action plan detailing work to be completed was then used to inform the next staff meeting of actions taken.

Requires improvement

Is the service well-led?

The aim of staff was based on everyone having, their rights as citizens, inclusion in their local community, choice in their daily life, real chances to be independent, and control over choices and decisions made about their lives. Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, and diversity and understood the important of respecting people's privacy and dignity.

The manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, complaints and the maintenance of the premises. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. The manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

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This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured that effective storage and recording of medicines to meet the requirements of the law.