Care Quality Commission

Warrington Community Living

Ryfields Village

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

This inspection was announced and took place on the 16 and 18 May 2016.

This was the first inspection of Ryfields Village following a change of service provider. The new provider (Warrington Community Living) had only been responsible for the service for seven months having taken it over from a previous provider who had relinquished the contract.

Ryfields Village was developed in partnership with Warrington Borough Council, Arena Housing Association and Extracare Charitable Trust. The Village is a housing scheme that is situated in Orford, Warrington. It was purpose built in 2002 and is fully accessible to people with mobility needs. There are 243 properties in total (226 apartments and 17 bungalows).

The complex is equipped with a range of facilities for people to access such as health suite; hairdressing salon; restaurant; jacuzzi and steam room; licensed bar and coffee bar; craft and hobby room; village hall; shop; IT suite and laundry. A large accessible car park is located at the front of the building.

Warrington Community Living (the provider) is responsible for the provision of the regulated activity 'personal care' to approximately 49 people with a broad spectrum of needs.

At the time of the inspection there was a registered manager at Ryfields Village. 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.

During our inspection of Ryfields Village we were supported by the registered manager, newly appointed service manager (who was in the process of registering with the CQC), an acting service manager and an organisational development manager. The Chief Executive Officer also attended during day two of our inspection to answer questions and provide the inspection team with updated information on strategic, operational and human resource issues. All of the senior management team engaged positively in the inspection process and were helpful and supportive.

People told us that staff were generally polite and attentive in the way they undertook their duties. People were keen to emphasise the benefits of receiving individualised support at Ryfields Village. People also highlighted how the service had helped them to feel secure, maintain their wellbeing, preferred lifestyle and identity within a community setting.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found gaps in the agency's quality assurance system. Furthermore, we found that people were not adequately protected from the risks associated with unsafe medicines management.

Satisfactory recruitment and selection procedures were in place which met the requirements of the current regulations and offered protection for people receiving care and support from the provider.

Staff understood the importance of promoting healthcare and good nutritional intake and hydration within the context of person-centred care and respecting people's rights to choose what they eat and drink.

Systems had been developed to ensure complaints were listened to and acted upon and to safeguard vulnerable people from abuse. Although incidents of abuse had been referred to the local authority's safeguarding team, the provider had failed to notify CQC via the statutory notification process. We have written to the provider regarding their failure to notify the CQC.

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.

People were not adequately protected from the risks associated with unsafe medicines management.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

Although staff had access to training in the Mental Capacity Act (MCA), they lacked knowledge of this protective legislation and how to work within the framework of the MCA.

Training and associated records were in need of review to verify and ensure that staff were appropriately inducted and trained in all key areas relevant to their roles.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GPs and to involve other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People using the service and / or their representatives were generally complimentary of the service and confirmed people were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although the provider was in the process of introducing person centred approaches to care planning, the majority of information viewed within personal files, including risk assessments had been produced by the previous provider, contained basic information and was in need of review.

People reported that they did not always receive continuity of care as they received support from different staff.

Systems were in place to record feedback received from service users or their representatives and to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

CQC had not been sent statutory notifications in respect of safeguarding incidents.

Auditing systems were in need of development and review to ensure key aspects of the service were effectively monitored and developed.

The service had a registered manager who provided leadership and direction.

Care Quality Commission

Ryfields Village

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 was 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.

The inspection took place on 16 and 18 May 2016 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people requiring domiciliary care in their own homes.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Ryfields Village. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We also invited the local authority's contract monitoring team to provide us with any information they held about the service. We took any information provided to us into account.

During the site visit we spoke with the chief executive officer, registered manager, newly appointed scheme manager, development manager and an acting service manager.

We also spoke with 12 staff and undertook home visits by invitation to speak with 20 service users and 7 relatives. We made arrangements to speak with an additional relative via the telephone.

We looked at a range of records including six care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and

safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided at Ryfields Village to be safe. People spoken with confirmed that they felt safe.

Comments received from people using the service or their representatives included: "I don't live in fear. The carers provide safe support"; "If I was in a house on my own I would feel nervous, but here I know I am safe. There is always someone to help. I fell over once and someone heard me and got a carer"; "I feel very safe. I am well looked after" and "Sometimes there's a shortage of staff but they are all very good. They work hard these girls."

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We found that a medication policy had been developed by the provider to offer guidance to staff responsible for the administration of medication to people using the service. Separate medication administration guidance for staff working at Ryfields Village had also been developed. This included protocols for medication competency, medication errors and adverse reactions and the receiving and delivering of medication.

Discussion with staff and examination of training records confirmed the majority of staff had received medication training.

We checked the arrangements for the administration of medicines at Ryfields Village with the newly appointed manager. We were informed that only staff that had completed medication training and been deemed competent following an assessment of competency were authorised to administer medication.

We noted that the majority of medication was dispensed by one local pharmacist. Medication delivery records had been established to record the details of medication received.

Medication was retained by people in their own properties. We requested permission to visit eight people in order to specifically review medication records and storage and to obtain feedback on people's experience of the management of medication within the service.

Two people spoken with reported that they had experienced running out of medication and one medication administration record checked indicated that a person had not been administered Warfarin on one occasion.

We checked the medication error report log for the service and noted that there had been 35 incidents since the provider had taken over responsibility for the service. The incidents covered a range of issues such as: missed medication; incorrect dosages; depletion of stock; missed signatures; incorrect administration; failure to administer; falsification of records; depletion of stock; pharmacy error and pain relief not being offered.

In all cases it was evident that the provider had identified and taken action in response to the incidents. However, the ongoing range and frequency of errors highlighted that medication management was not consistently safe. Effective auditing systems had also not been established to enable the management team to monitor medication management and recording issues.

This was a breach of Regulation 12 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure the proper and safe management of medicines, including the maintenance of sufficient quantities to ensure the safety of service users and their needs.

We looked at the personal files of six people who were receiving personal care from Ryfields Village. We noted that a range of risk assessments had been completed by the previous provider which covered a range of issues such as moving and handling; medication; housing related and individual risks. All records viewed were in need of review. This is discussed further in the "responsive" section of this report.

Systems were in place to record any accidents that occurred within the service. A log of incidents and actions taken had also been established. The provider information return confirmed that the logs were audited on a regular basis by the service manager to identify issues and develop learning across the team. We noted that the incident log did not consistently identify the property number or the person's name. We raised this with the manager who agreed to update the records so that the records could be cross referenced more easily.

The provider had developed policies and procedures to provide guidance to staff on the action they should take in response to accidents and incidents. Systems were also in place to record incidents and accidents electronically. This helped the provider to maintain an ongoing analysis of incidents and to identify any issues or trends.

The provider had a health and safety committee and environmental risk assessments; personal emergency evacuation plans and a fire emergency plan had been developed, to ensure an appropriate response in the event of an incident or fire. Likewise, a crisis management and business continuity plan had been developed by the provider and also the landlord (Your Housing) to ensure an appropriate response in an emergency.

This information helped staff to manage and control risks for people using the service and to safeguard people's health and safety.

At the time of our inspection Ryfields Village was providing personal care to 49 people with a diverse range of needs. People using the service had individual packages of care that were allocated a level from one to six. Each level also identified the number of eligible hours each person was entitled to receive. This ranged from less than one hour per week to a maximum of approximately 48 hours per week.

At the time of our inspection the service employed a large team consisting of one manager and four team leaders; 33 residential support workers (plus four relief); one acting service manager; one book keeper; one wellbeing advisor; six housekeepers and a dementia partner who all worked different contracted hours.

We raised feedback received from staff regarding staffing levels. We were informed by the management team that the situation had improved and that the service had only two vacant posts for residential support workers posts totalling 60 hours. We noted that the service had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences by offering staff additional hours or using agency staff.

The management team operated a two week rolling rota system which identified how staff were deployed and the number of shifts required during the day and night and any shortfalls. Following the production of the rotas, visit schedules were produced.

We found the staff deployment system complex to follow as it was difficult to verify that people using the system were receiving the correct number of commissioned hours without detailed analysis. We sampled two packages of support to check that people were receiving the correct hours specified on their individual support plans. We found that people were allocated the correct number of hours for their level of care on the rota, however some people expressed concern regarding continuity of staff and that staff had not always arrived on time or stayed for the correct amount of time.

We discussed the complexity of the current system with the senior management team and highlighted our concerns that there was the potential for oversight or missed visits. We also raised people's concerns regarding continuity of staff and arrival and departure times.

The chief executive officer told us that the organisation was in the process of exploring bespoke software systems in order to improve the efficiency and effectiveness of the current system in operation. We also received assurances from the manager that action would be taken to improve and monitor continuity of care and allocated visit times.

The incident log for the service detailed that one missed visit had occurred in the last twelve months. A record of the action taken in response to the missed visit was recorded.

The provider had developed a recruitment policy to provide guidance for staff responsible for the recruitment and selection of staff. Disciplinary and grievance procedures were also in place.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, proofs of identity including photographs and interview notes which included questions regarding any gaps in employment and the applicant's health.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Ryfields Village. This helped protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on safeguarding adults and how to whistle blow. A copy of the local authority's safeguarding adults procedure was also in place for reference.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the 12 months prior to the inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Discussion with the management team and staff, together with a review of training records confirmed staff working within the service had access to 'safeguarding adults and / or children' training.

We viewed the electronic safeguarding log for Ryfields Village. This indicated that there had been 16

safeguarding incidents in the last 12 months.

Records confirmed that safeguarding concerns received by the agency had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures to ensure the protection of vulnerable people.

We noted however that the provider had not notified the CQC of any incidents or allegations of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

Management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

Staff spoken with reported that they had completed infection control training and had access to policies and procedures on infection control. Personal protective equipment was also provided to staff responsible for the provision of personal care.

Requires Improvement

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Ryfields Village to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people using the service or their representatives included: "Sometimes the staff have the skills and experience. The ones from Warrington Community Living are okay but the agency staff aren't very good"; "I am quite confident that the staff have the skills and experience to support me"; "The staff are punctual and sociable. You are never short of staff if you require them. I have a card around my neck with a buzzer"; "If I am unwell, I feel confident the carers would know what to do. They are a wealth of information. They seem to have the answer to everything"; "They are very good carers. They are very helpful and very sociable" and "I go to Bingo and Quizzes, Knit and Natter and participate in trips out. There is plenty going on. I am very included. It's a very nice place with a good atmosphere. There is the hairdressers, the gym and the library. They should build more places like this."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether Ryfields Village was working within the principles of the MCA. We saw that there were corporate policies in place relating to the MCA and Best Interests and DoLS. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity in the event this was necessary.

The management team demonstrated an awareness of the need to liaise closely with care management teams, formal appointees and relatives in the event a mental capacity assessment was required for a person using the service.

Ryfields Village was developed in partnership with Warrington Borough Council, Arena Housing Association and Extracare Charitable Trust. The Village is a housing scheme that is situated in Orford, Warrington. It was purpose built in 2002 and is fully accessible to people with mobility needs. There are 243 properties in total. 226 apartments and 17 bungalows. Responsibility for maintaining the building and equipment such as fire alarms; extinguishers; portable appliance testing; electrical wiring and passenger lifts belonged to the landlord (Your Housing).

Examination of training records and discussion with the management team and staff confirmed the provider had established a programme of induction, mandatory; qualification level and service specific training for staff to access. This was delivered via an external training provider using a range of methods including face to face and on-line training.

We were provided with a copy of the training matrix for staff working at Ryfields Village. The provider

information return highlighted that all transferring staff had completed induction however the training matrix was not up-to-date and did not identify whether staff had completed induction training that was compliant with skills for care national standards. Likewise, no information on the qualifications held by staff had been recorded on the matrix or in the provider information return. We requested to view the Skills for Care National Minimum dataset for social care (NMDS-SC) to access this information. The NMDS-SC is an online database which holds training information and other data on the adult social care workforce such as national vocational qualifications. This highlighted that 31% of the staff team had completed a NVQ level 2 and 17% a NVQ level 3 in either health and social care or care.

Records indicated that the majority of staff had completed mandatory training topics including medication; MCA and DoLS and equality and diversity.

Significant gaps were noted for topics such as: fluids and nutrition; awareness of mental health, dementia and learning disabilities; lone worker training; challenging behaviour and communication training. Staff spoken with also provided mixed feedback regarding the completion of training in the Mental Capacity Act 2005 and lacked awareness of this protective legislation and the need to protect the rights of people who may lack capacity. The provider should therefore review staff competency and knowledge of this subject.

Refresher training was also needed for safeguarding vulnerable adults and children and care plan / handling information. We noted that training dates had been scheduled to provide this training later in the month.

Staff spoken with lacked awareness of induction programmes including the Skills for Care Common Induction Standards or Care Certificate. We were informed by staff that they had completed the majority of their training with their previous employer and that this tended to focus on mainly mandatory training topics.

We noted that the provider coordinated monthly 'keep in touch' meetings for staff to attend in order to receive and share information. Staff supervision sessions were also provided for staff. We noted that the majority of the staff team had participated in a recent supervision session and that they were due to be facilitated every two months.

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

Staff spoken with demonstrated an awareness of the importance of balancing people's rights to have choice and control over their dietary intake against the need to also encourage people using the service to maintain a healthy diet.

We saw an example of a weekly menu that had been designed for a person using the service who had a learning disability. The menu plan had been designed using pictures, signs and symbols to help the person understand and included key information on the person's dietary intake, health needs, likes and dislikes. This was good practice and demonstrated evidence of a person centred approach.

Staff spoken with confirmed that daily summary records were used to record information on any meals or refreshments prepared for people and to monitor any changes in the wellbeing and needs of people they cared for on an ongoing basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Good

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided at Ryfields Village to be caring. People spoken with confirmed the service the received was caring.

Comments received from people using the service or their representatives included: "They (the carers) are caring and kind. We have some pretty good laughs together. I find everyone okay. They get me up in the morning to get me washed and dressed and to put me in my hoist. There are no problems"; "Most of the carers are excellent. They are very friendly. They get to know your likes and dislikes"; "The staff have a very good attitude. They are always willing"; "Staff knock on my door and shout before they ask to come in" and "They (the carers) are very caring. They try their best to help you in any way they can."

Due to the service being a domiciliary care agency we were unable to undertake observations of the standard of care provided to people using the service. However, people spoken with told us that the staff understood how to help them and confirmed they were treated with dignity, respect and privacy.

Staff spoken with were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; monitoring wellbeing and providing care and support flexibly in accordance with people's routines, preferences and needs.

The registered provider had developed a 'promise' and 'respect statement' in partnership with people using the service and / or their representatives which outlined how people's rights, wellbeing and development would be promoted and the values and expectations of staff working for the provider. All staff working for the organisation are asked to sign the statements to confirm their commitment to working in accordance with the value base of the service.

We spoke with 20 service users and 8 relatives during our inspection. Overall, people spoken with told us that their personal care needs were met by the provider and that staff understood the importance of promoting independence and wellbeing.

People told us that staff were generally polite and attentive in the way they undertook their duties. People were keen to emphasise the benefits of receiving individualised support at Ryfields Village. People also highlighted how the service had helped them to feel secure, maintain their wellbeing, preferred lifestyle and identity within a community setting.

The provider employed a 'Dementia partner' and a 'Wellbeing advisor' that had responsibility to undertake assessments, coordinate support and respond to the needs of people with cognition or other health related issues. This ensured other support was available to people in addition to their personal care needs and provided evidence of an holistic approach to meeting people's needs.

Staff spoken with confirmed they had been given opportunities to familiarise themselves with information

on the needs of people receiving assistance with personal care such as their assessments; daily support plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided at Ryfields Village to be responsive to their needs. People spoken with provided mixed feedback on the responsiveness of the service.

For example, comments received from people using the service or their representatives included: "There are no problems with what I do and what I want to do, especially when I am in my wheelchair. I still have my freedom to choose. Coming here is the best thing I have ever done. I was on my own in my bungalow. I really like being here"; "I have no complaints about my care. I don't like men to give me my personal care. They respect that"; "I have never been unhappy, but if I was I would get in touch with the Team Leader. If it didn't improve my daughter would sort it out, but it has never come to that"; "The carers always ask how you are and if you feel all right"; "I have not noticed any unreliability. They may be five or 10 minutes late but that is when they are helping someone else"; "The care isn't consistent but in the main they are caring" and "My mum can have four different carers in a day but she likes consistency because of her Alzheimers. The care plan has inaccurate information and a lot of the paperwork is in another company's name."

We requested permission to view the personal files of six people using the service. This is a file stored at the office or kept within each service user's home.

We noted that files contained information on the needs of people using the service and daily support plans which outlined: access arrangements; level of care; time allocated for weekly and daily support; support diary; approximate visit times; length of visits and details of the care to be provided.

A range of supporting documentation included one page profiles; ability profiles; housing related assessments; reviews; 'This is Me' biography information; risk and medication assessments; agreements / consent forms and support summary sheets were also available for reference.

We noted that the provider was in the process of introducing new person centred documentation however the majority of information viewed within personal files had been produced by the previous provider, contained basic information and was in need of review. Furthermore, a number of support plans had not been signed by people using the service to confirm their agreement.

The registered provider (Warrington Community Living) had developed a corporate complaints procedure.

An easy read 'service user complaints procedure' and a 'complaints and comments' booklet had also been produced to provide people using the service and / or their representatives with information on how to provide feedback on the service provided. 'Easy read' formats include pictures, signs and symbols together with text to help people to understand information more easily.

Information on the complaints procedure had been detailed within the brochure / service user guide, a copy of which had been provided to people receiving input from the service.

We viewed the electronic complaints log for the service. We noted that the records had not been inputted in date order and that some entries were vague as they contained limited information.

Records indicated that there had been 12 complaints in the last 12 months. The majority of complaints concerned the standard of care provided by staff. Appropriate action had been taken by the provider for each incident and this confirmed that complaints were addressed in a timely manner and that the service acted upon feedback received.

No complaints, concerns or allegations were received from the people using the service during our visit. People using the service and / or their representatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to.

Ryfields Village is equipped with a range of facilities for people to access such as health suite; hairdressing salon; restaurant; jacuzzi and steam room; licensed bar and coffee bar; craft and hobby room; village hall; shop; IT suite and laundry.

People using the service were observed to take advantage of these recreational and social facilities during our inspection.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided at Ryfields Village to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service or their representatives included: "Staff are very open. It is well managed"; "The Managers listen and the carers listen if I have a problem"; "When I went to the office to complain I felt listened to. They are very efficient in that way"; "I may have spoken to the managers but I can't remember. It appears to be a well organised care company. I don't really think anything could be done better"; "I have not had much to do with the managers but they seem nice enough" and "I've got some lovely friends in the office."

Conversely, the majority of staff spoken with reported concerns regarding the management of the service. The concerns covered a range of issues such as leadership, staffing levels, support and low morale. We noted that the chief executive officer and senior management team had made significant efforts to communicate, engage, support and manage staff and any identified performance issues through a challenging period of transition to a new organisation which had different values, standards and expectations to the previous provider.

Ryfields Village had a manager in place that had been registered with the Care Quality Commission since October 2015 pending the appointment of a new manager. At the time of our inspection a newly appointed manager was in the process of registering with CQC.

Warrington Community Living (The Provider) had been commissioned to provide the service in October 2015. The majority of the staff team had been transferred to work for the provider from their previous employer under a 'Transfer of Undertakings' (Protection of Employment) agreement.

In order to assist in the initial period of transition and to support the new manager to develop the service and implement the organisation's policies and procedures, the provider had deployed additional management support.

We noted that the newly appointed manager had extensive experience in the delivery, management and training of staff in adult social care having worked in a variety of settings. The manager also had qualifications in health and social care and had attained the NVQ 4 in Leadership and Management.

The management team were present during the two days of our inspection and engaged positively in the inspection process. The Chief Executive Officer also attended during day two of our inspection to answer questions and provide the inspection team with updated information on strategic, operational and human resource issues.

We observed the management team to operate an open door policy to staff and people living at Ryfields Village. Interactions were seen to be positive, caring and inclusive.

Monthly 'resident meetings' had been coordinated by the provider and 'street meetings' by the landlord (your housing) to seek feedback and share information with people using the service.

We asked the management team to share with us information on the organisation's quality assurance processes and systems.

We were informed that quality assurance surveys had not been distributed to people using the service or their representatives at the time of our inspection. This was planned for later in the year.

We noted that a 'quality assurance framework' and a 'medication action plan' had been produced earlier in the month however the records did not provide assurance that effective audit and management information systems had been implemented to monitor key documentation and practice such as care records, infection control standards or medication administration on a regular basis. We were provided with a medication plan that had been produced earlier in the month however this listed only general themes and was not linked to individual records.

We also noted that the provider was still using a large number of care planning records that had been produced by a previous provider, many of which had not been updated or kept under review.

This was a breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.

We noted that a detailed 'service improvement plan had been developed which set out what the organisation wanted to achieve over the next 15 months. The plan highlighted areas for improvement, what actions needed to be taken and timescales for completion. We noted that the plan was being kept under review and included RAG ratings. The RAG system is a popular project management method of rating for issues or status reports, based on Red, Amber and Green colours used in a traffic light rating system.

Periodic monitoring of the service is also undertaken by Warrington Borough Council's Contracts and Commissioning team (this is an external monitoring process to ensure the service meets its contractual obligations). Monthly 'allocations meetings' were also coordinated by the local authority to review voids, applications, the needs of people using the service at Ryfields Village, safeguarding issues and any other significant issues.

Information on Ryfields had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service.

A brochure / service user guide had also been produced which contained comprehensive information on a range of topics for example: the registered provider; registered manager; value base, service promise and respect statement of the organisation; services provided; packages of support; charges; how to get involved; other services and other key information such person centred planning and how to complain. A copy of the brochure was available in the office and had been given to each person receiving support.

The registered manager of Ryfields is required to notify the CQC of certain significant events that may occur. We found that the provider had not notified the CQC of any incidents or suspicion of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure the proper and safe management of medicines, including the maintenance of sufficient quantities to ensure the safety of service users and their needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service.