

Valley Supported Living







Valley Supported Living

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

We carried out an announced inspection of Valley Supported Living on the 21 and 22 October 2015.

Valley Supported Living is a small registered charity providing care and support to adults with learning difficulties who live in their own homes. The people using the service and/or their families are members of the charity and the organisation is run by a group of parent trustees. The aim of the service is to promote independent living through a range of services including

assistance with personal care. The office premises are located in Rossendale, within the geographical area served. At the time of the inspection the service was providing support to eight people.

At the previous inspection on 14 November 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they felt safe and had no concerns about the way they were treated or supported. They said, "I have no problem with any of the staff" and "I'm safe here; they make sure I don't come to any harm." A relative said, "I am reassured that my relative is safe, happy and looked after." Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

We found people's medicines were not always managed in accordance with safe procedures and improvements were needed. You can see what action we told the provider to take at the back of the full version of the report.

We noted a number of checks had been completed before staff began working for the service. We were told aspects of the recruitment process were being improved to ensure the process was safe and robust.

We visited three houses and found them to be clean. People told us they were given support and encouragement from staff to maintain this. Training was being planned for all staff in this area.

There were sufficient numbers of staff to provide support flexibly. People told us, "There are enough staff to be able to do what I want. They are really good even at short notice." There were systems in place to ensure staff received training, ongoing development, supervision and support.

People said they had been involved in discussions about the support they needed and wanted and were aware of

their support plans. Processes were in place to monitor and respond to people's health care needs and people were supported with eating and drinking depending on their individual circumstances.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. People told us they were given privacy when they wanted. One person said, "If I want to be on my own I can go to my room; staff always knock on my door." People were supported to maintain and build their independence skills both within their own home and as appropriate, in the community.

People were supported to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual and included attendance at football matches, church attendance, swimming, riding, dog walking, attendance at local clubs and shopping. People were also supported to attend colleges, universities and places of work.

People told us they were aware of who to speak to if they were unhappy and were confident they would be listened to. People told us, "Staff ask if I am happy. I know I can raise any issues and they would be sorted" and "If I have a problem I can ring the office or speak to the staff; I have the numbers in my phone." Relatives said, "I have a good relationship with staff and am confident to speak up" and "Things are dealt with at the time."

There were systems in place to monitor staff practice, review the quality of information in people's records and to obtain people's feedback about the service provided. However we found the monitoring and auditing systems needed further development.

People did not express any concerns about the management and leadership arrangements. They said, "The service is well managed and is heading in the right direction" and "The service has changed for the better and has been developed in a positive way." Staff said, "It is a really good service" and "They (the management) believe in caring."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not always managed in accordance with safe procedures. Not all staff who administered medicines had received appropriate training and checks on staff practice had not been undertaken.

There were sufficient numbers of staff to provide support flexibly.

The risks to people's health, safety and welfare had been considered, recorded and kept under review.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they were happy with the approach taken by staff.

Requires improvement



Is the service effective?

The service was effective.

People told us they were happy with the support they received and were encouraged and supported to make their own choices and decisions.

Policies and procedures and training for staff to underpin an appropriate response to the MCA 2005 were under review. There was clear and useful guidance available for staff and relatives.

People were supported as appropriate to eat and drink. People's health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring.

People made positive comments about the staff team. They said they got on well with management and staff and were happy with their approach. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement, safety and independence.

Staff were aware of people's individual needs, personalities and preferences.

Good



Is the service responsive?

The service was responsive.

People told us they were involved with the planning and review of their or their relatives support.

Good



Summary of findings

People said the service was flexible and responsive to their changing needs and preferences. People were supported to participate in a range of activities, hobbies and interests.

Processes were in place to manage and respond to complaints and concerns. People were aware of who to speak to and were confident they would be listened to.

Is the service well-led?

The service was well led.

The service had a registered manager who provided clear leadership and was committed to the continuous improvement and development of the service.

There were systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided. Parents and people using the service had a direct influence on how the service was run.

Arrangements were in place to monitor, review and develop the service. Further monitoring systems were to be introduced.

Good



Valley Supported Living

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 21 and 22 October 2015 and was announced. The registered manager was given 48 hours' notice of our intention to visit because the service was small and the registered manager was often out supporting staff or providing care. We needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. The provider sent us 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. Following the inspection visit we contacted a number of health and social care professionals for their views about the service.

We used a number of different methods to help us understand the experiences of people who used the service. With permission we visited and spoke with five people in their own homes. We spoke with three family members. We also spoke with three support workers, the registered manager, the deputy manager and office based staff.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment, induction and supervision records, minutes from meetings, complaints and compliments records, medication and financial records, policies and procedures and audits.

Is the service safe?

Our findings

People spoken with did not express any concerns about the way they were treated or supported. People told us, “I have no problem with any of the staff” and “I’m safe here; they make sure I don’t come to any harm.” A relative said, “Staff speak kindly to people” and “I am reassured that my relative is safe, happy and looked after.” During the inspection visits we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

We looked at how the service managed people’s medicines. Most staff who administered medicines had received training. However we found checks on one staff members’ practice had been completed as part of their induction but they had not yet received training in medicines management. Checks on staff practice, to ensure they were safe and competent in this area, were recorded in only one of the three staff files that we looked at. This meant staff competence in the safe management of medicines was not being monitored. Following the inspection we were told additional training to support staff with safe management of people’s medicines had been arranged.

Policies and procedures were available at the main office although copies were not available in the individual homes for staff to refer to. We noted there were no clear procedures to support staff with the ordering and receipt of people’s medicines and no procedures to support staff with managing people’s medicines when they were away from their home. This could result in errors being made. Information in the PIR indicated there had been a total of four medication errors in the last 12 month period.

We looked at two people’s MARs. We found the directions on one person’s MAR did not correspond with the medicine amount being administered; there was no clear information to support this change. We discussed this with the registered manager and following the inspection visit we were sent a copy of a letter from a health professional (dated July 2015) which supported changes to the prescribed dosage. However the changes to the prescribed dose had not been addressed as part of the ordering or receipt process which meant there was inaccurate prescribing information on the MAR and on the medicine

label. Medication records need to be accurate to reduce any risk of error. We discussed this with the registered manager who advised the GP practice would be contacted and the ordering and receipt of medicines procedures would be reviewed and shared with staff.

Where medicines were prescribed ‘when required’, guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. In September 2015 the community pharmacist had conducted a check on how the service managed people’s medicines and a number of recommendations had been made. They had noted homely remedies (over the counter medicines) were at times used in the houses but had not been discussed or agreed with people’s GPs or relatives. We noted this had not yet been actioned.

The provider had failed to protect people against the risks associated with unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service currently operated a monitored dosage system (MDS) of medication in each of the houses. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely with appropriate storage for refrigerated items. People had consented to their medication being managed by staff on admission.

We found appropriate processes were in place for the storage and disposal of medicines. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. Codes had been used for non-administration of regular medicines and handwritten entries had been witnessed. There were records to support ‘carried forward’ amounts from the previous month which would help to monitor whether medicines were being given properly. We were told some people’s medicines had been reviewed by their GP which would help ensure people were receiving the appropriate medicines. Our records showed a concern regarding failure to administer a prescribed change to a person’s medicines had been investigated earlier this year by the local authority. The local authority told us this had prompted a change to the provider’s policies and procedures.

Is the service safe?

We looked at the arrangements for keeping the houses clean and hygienic. We visited three houses and found them to be clean and odour free. Relatives confirmed the houses were always clean and tidy and people living in the houses were given encouragement and support to maintain this. From looking at records we noted there had been concerns about cleanliness raised at one of the houses. The registered manager had taken appropriate action and had introduced cleaning schedules which were being monitored.

Basic infection control policies and procedures were available. The registered manager told us policies and procedures were being reviewed to reflect current guidance. Staff had not yet received infection control training and there was no designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping other staff up to date. The registered manager told us infection control training had been arranged for all staff and that she would be the designated lead person in this area.

We looked at the recruitment records of three members of staff. We noted that a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, and an identification check, checks on nursing qualifications and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Face to face interviews had been held and a record of the interview and the applicant's responses had been maintained. This helped to show a fair selection process had been used. However, we noted none of the recruitment records included information about the health of the applicant. This meant it was difficult to determine whether staff were medically fit to perform the role they were employed for. We discussed this with the registered manager who was aware of this shortfall following a recent audit of staff records. We were told health questionnaires would be completed by all staff and used for future applications.

Staff spoken with confirmed the appropriate recruitment checks had been carried out prior to them commencing employment. Staff received job descriptions and contracts of employment. People using the service told us they were

involved in the recruitment and selection process and were able to meet with applicants. One person said, "I can ask them questions and find out a bit about them." However, we found this was not recorded on the applicant's record. The registered manager told us she would include people's views as part of the next interviews.

We looked at the staff rotas. Staff were allocated to each of the houses and to the people living there. There were enough staff available to flexibly provide the level of support people needed and to keep them safe. At the time of the inspection eight people were receiving support. There were eighteen support workers including bank (casual) staff. The registered manager and deputy manager also provided support. The registered manager told us new staff would be recruited to cover for holidays and sickness and provide greater flexibility within the team.

Staff considered there were enough staff to provide support and staffing was flexible in line with people's needs, preferences and individual contractual arrangements. Any shortfalls due to leave or sickness were covered by existing or bank staff which ensured people were supported by staff who knew them. One member of staff told us they would not be asked to provide support for someone they had not supported previously until they received a full induction. Another member of staff said, "We are able to provide a really good and flexible service."

There was an on-call system in place which meant a member of the management team could always be contacted for support and advice. One staff member told us, "The managers are always available for help and advice." People told us, "There are enough staff to be able to do what I want. They are really good even at short notice" and "We know the staff and they know us and know what we want to do." A relative said, "There are always the same staff providing good continuity" and "They never let our relative down. They always manage to find someone."

Staff spoken with expressed a good understanding of safeguarding and protection matters. They had an awareness of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting concerns. They were clear about what action they would take if they witnessed or suspected any abusive practice. Most staff had received training and guidance on safeguarding and protection matters; we were told further training was planned. The management team was clear about their responsibilities for reporting incidents and

Is the service safe?

safeguarding concerns and had experience of working with other agencies. There had been one safeguarding alert raised in the last 12 months relating to management of medicines.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. However, we noted an out dated policy was maintained at the office which may create confusion and the contact details of the agency's that staff should refer their concerns to were not included in the whistleblowing procedure. We discussed this with the registered manager

who assured us it would be acted on. There were arrangements in place to help protect people from financial abuse and to provide accountable and safe support with their money.

We looked at the way the service managed risks. We found individual risks were recorded in people's care records and reflected people's specific needs, behaviours and preferences. Staff spoken with were aware of the process to follow in the event of any accidents and emergencies. There had been a recent visit from the fire and rescue team when areas for improvement were highlighted. As a result of this staff had attended further training and fire safety and evacuation systems had been reviewed.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the service they received from Valley Supported Living. People said, “I am very happy; I get a very good service” and “Staff know what they are doing.” Comments from relatives included, “I am very happy with the service”, “The staff are trained and competent”, “Nothing is too much trouble” and “It is a very family orientated service.”

We looked at how the service trained and supported their staff. Everyone that we spoke with said the staff were competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation’s policies and procedures and working with experienced staff to learn from them and gain an understanding of their role. Two people using the service told us new staff would ‘shadow’ experienced staff until they were confident to work as part of the team. However we noted there was no standard induction checklist. This made it difficult to determine whether all staff had covered similar topics and whether key policies and procedures had been covered. Staff told us their induction had been ‘useful’ and ‘brilliant’. The registered manager told us she was responsible for all new staff induction but that consideration would be given to standardising an induction checklist.

Staff told us about the training they had received and confirmed they received ongoing training, supervision and support. One member of staff told us, “I get enough training. I have the training I need to do my job.” Some people receiving a service had participated in training. This would help to improve their awareness of good and poor practice.

Records confirmed staff received training in moving and handling, health and safety, food hygiene, fire safety, first aid, food hygiene, safeguarding and safe management of medicines. Specialised training was arranged as needed in response to people’s specific needs and included management of epilepsy. Most staff had achieved a recognised qualification in health and social care. We noted there were gaps in the training matrix and it was not reflective of the PIR information. The registered manager was aware of the current gaps. We noted staff had not received infection control training, equality and diversity

and the Mental Capacity Act 2005. We also discussed the need for training in relation to supporting people with learning difficulties. The registered manager told us they were currently trying to source further training for staff.

People were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake and liaised with healthcare specialists. People told us they were involved in planning weekly menus, shopping for food and basic food preparation. One relative described how everybody worked together to develop a healthy eating plan for one person.

We looked at the way the service provided people with support with their healthcare needs. People using the service told us their health care appointments and health care needs were co-ordinated by themselves or by staff. People’s records included contact details of relevant health care professionals, including their GP, so the staff could contact them if they had concerns about a person’s health. Records showed staff had liaised with health and social care professionals involved in people’s care if their health or support needs changed. Staff were able to describe the action they would take if someone was not well, or if they needed medical attention.

People told us they had been involved in discussions about the support they needed and wanted and had agreed to the support provided. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. They told us staff checked whether they were happy with the support they received.

The MCA 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The service was developing policies and procedures to underpin an appropriate response to the MCA 2005 and there was clear and useful guidance available for management, staff and relatives to read. From looking at records and from discussions with the registered manager we found they had an awareness of MCA 2005 including how they would uphold people’s rights and monitor their capacity to make their own decisions. The registered manager told us she would liaise with families and the local authority if there were any concerns regarding a person’s ability to make a

Is the service effective?

decision. The registered manager had attended training on this topic but staff had not. This meant the rights of people assessed as being without capacity may not always be recognised or upheld by staff. The registered manager gave assurances that training would be provided for staff.

Is the service caring?

Our findings

People spoken with made positive comments about the staff team. They said they got on well with management and staff and were happy with their approach. They told us, “They are great” and “They are very good.” Relatives were also happy with the staff team and said, “Everyone works as a team” and “They are always smiling and friendly.” Staff told us, “We have a brilliant team” and “There have been some changes but our team is fantastic now.”

We spoke with people about their privacy needs. They told us staff gave them privacy when they wanted. They said, “If I want to be on my own I can go to my room; staff always knock on my door” and “Staff know this is my house and they respect that.” Policies referred to people’s rights to have suitable locks on doors to private areas, for staff to knock on doors and for people to be ‘alone, free from intrusion or disturbance’.

We asked people if they were supported and cared for in a way which promoted their involvement and independence. People told us they were supported to maintain and build their independence skills both within their own home and as appropriate, in the community. One person told us, “Staff let me do things for myself. Some days I go shopping. I’m not good with money so they help me with that. I go to

the shop and then they go through it with me to help feel more confident.” Another person said, “They let me make my own decisions and take time to listen to me and explain things.”

From our discussions, observations and looking at records we found staff understood their role in providing people with person centred care and support. They said they gave people choices and encouraged them to do as much for themselves as possible. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They were familiar with the content of people’s support plans. This helped them to meet people’s needs in an individual way. During our visits we noted caring and friendly interactions.

We were told people were not provided with an information guide about the service. This meant people were not provided with information on the service’s visions and values, how to raise their concerns or provided with the details of other local health and social care organisations who could be contacted for support. We discussed this with the registered manager. We were told the provision of an information guide and updating of the web site had been discussed at the last meeting of trustees and that this was being progressed.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs and preferences. People said, “They know about me and what I like to do”, “If I don’t feel like doing something I can change my mind”, “I can ask for the staff that I want if I am going somewhere” and “They give me encouragement when I need it.”

We looked at the way the service assessed and planned for people’s needs, choices and abilities. The registered manager described how a recent assessment had been completed. Initial assessments were undertaken to identify the person’s support needs. Staff met on a number of occasions with the person and their relatives in their own home to ensure a continuity of care and support. The person visited the house at different times and was introduced to staff and the other people living there. Support plans were developed outlining how the person’s needs were to be met. The plans were kept under review in discussion with the person using the service and with their relatives. One person said, “I was able to meet people first; I found it very useful as I knew what to expect.”

We looked at three people’s support plans and other related records. Records identified people’s support needs in all aspects of their lives and provided guidance for staff on how to respond to them. The support plans included information about people’s routines, likes and dislikes and aspirations. There were details about when and how they wished their support to be delivered. Detailed daily records were kept of the care and support delivered and of what went well. This helped staff to monitor and respond to people’s wellbeing.

We found reviews of people’s needs and levels of support were regularly being carried out. People confirmed they had been involved with the review process. They told us they were aware of their support plans and confirmed they had been involved with them. They said, “I am involved in my support plan with my parents”, “I can say whether I am happy with things or not” and “They really do listen to what I have to say; I feel I am involved.” Relatives commented, “There is a support plan. I am involved in discussions about it. They take on board what we say” and “I am asked if I want to be at the review; they ask for my advice and ideas.” However, we found people’s involvement was not clearly

recorded in the support plans. This was also noted at the last inspection visit. We discussed this with the registered manager and deputy manager who agreed to review how this information was recorded.

Staff told us the support plans were useful and said they referred to them during the course of their work. Staff confirmed there were systems in place to alert the management team of any changes in people’s needs. This meant processes were in place to respond to people’s needs in a timely manner. We looked at a sample of the records and noted people were referred to in a respectful way.

From our discussions and from looking at records it was clear people were encouraged to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual and included attendance at football matches, church attendance, swimming, riding, dog walking, attendance at local clubs and shopping. Where necessary staff supported and encouraged people to access the local community. This helped them to participate in their local community, and to improve their confidence.

People told us they were able to maintain relationships with friends and family. Records showed people stayed with their families for short periods at a time. One relative told us they were always made to feel welcome when they visited the house. One person told us about the job they were involved with. They said, “I love my work; it’s good to meet people.” Another person told us how they were involved in various advisory committees and attendance at university lectures and seminars. They said, “I can make a difference for people.”

We looked at the way the service managed and responded to concerns and complaints. The provider’s complaints process was available in the office but not seen in the houses where people lived and worked. However, people told us they were aware of who to speak to and were confident they would be listened to. People told us, “Staff ask if I am happy. I know I can raise any issues and they would be sorted” and “If I have a problem I can ring the office or speak to the staff; I have the numbers in my phone.” Most of the parents were also on the board of trustees. They were able to raise their concerns with the management team either individually with the registered manager or at regular meetings. Relatives said, “I have a

Is the service responsive?

good relationship with staff and am confident to speak up”, “Things are dealt with at the time” and “I can contact management and staff, and would do, if I was unhappy with anything.”

We looked at the compliments and complaints procedure at the office. The procedure included the action to be taken when raising concerns and expected time-scales for the investigation and response. Reference was made to other

agencies that may provide support with complaints. The procedure was also available in easy read and pictorial formats. This would help some people to understand the process. There had been one complaint raised in the past 12 months. We found the information had been recorded and appropriately addressed. The policy indicated people’s concerns and complaints were regarded as opportunities for improvement.

Is the service well-led?

Our findings

People were aware of the management structure at the service and did not express any concerns about the management and leadership arrangements. Relatives said, “The management team work really hard; nothing is ever too much trouble”, “The service is well managed and is heading in the right direction” and “The service has changed for the better and has been developed in a positive way.” Staff said, “It is a really good service” and “They believe in caring.”

There was a registered manager in day to day charge of the service. She was able to discuss areas for improvement and how the service would be developed. The registered manager was supported by a deputy manager. We were told the registered managers’ practice was informally monitored by a senior person in the organisation. There was no evidence to support the registered manager had received regular one to one support to ensure she was achieving the organisations required standards in the running of the service. The registered manager told us the trustees had been asked to become involved with monitoring her practice.

People told us the registered manager provided clear leadership and was committed to the continuous improvement of the service. The registered manager had developed links with other useful organisations and networks to help keep up to date with good practice and was undertaking further training to support her with her role.

There were systems in place to seek people’s views and opinions about the running of the service. Parents and people living in the houses had a direct influence on how the service was run through the (parent) board of trustees, from day to day discussions, from monthly meetings and from involvement in reviews. We looked at the minutes from a recent board of trustee meeting. Areas for discussion included operations, financial matters and any other business relating to the running of the organisation. One relative said, “I am involved and find the organisation to be open and transparent.” Another said, “They work closely with parents and make sure we are involved.”

Valley Supported Living was a small organisation and as such the registered manager and the deputy manager

worked regular shifts in each of the houses and visited the houses each day. This helped them to monitor staff practice, review the quality of information in people’s records and to obtain people’s feedback about the service provided. We saw financial records and daily records had been monitored. However we noted that the monitoring and auditing of systems was mostly completed informally. This meant it was difficult to determine whether shortfalls had been found and whether appropriate action had been taken to address the issues. We discussed how this could be improved with the registered manager.

Systems were in place for monitoring any accidents and incidents and checking they were recorded; outcomes clearly defined, to prevent or minimise any re-occurrence. The service was meeting CQC registration requirements.

There were clear lines of accountability and responsibility within the organisational structure and they were made aware of the provider’s vision, values and philosophy. Staff told us they enjoyed working for the service. They had been provided with job descriptions, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. However we noted whilst staff could look at policies and procedures in the office they were not always available in the places where they worked. We also noted some policies and procedures had not been reviewed for some time. The registered manager told us all policies and procedures were currently being reviewed and key policies would be provided for staff. We were told development of a staff handbook was planned.

Records showed that regular house meetings had been arranged. Staff were able to meet with the management team and discuss the care and support of the individuals living there and to raise any issues for discussion. Staff told us, “We have house meetings and have a chance to speak up”, “Communication is very good” and “We are listened to.” Staff confirmed the registered manager, deputy manager and office based staff were readily contactable for advice and support and were visible in the houses.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider’s commitment to good business and excellence in people management.

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
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage people's medicines in line with safe procedures. Regulation 12 (2)(g)</p>