

Sheffield Health and Social Care NHS Foundation Trust







Supported Living Service

Inspection report

11, Mansfield View
Intake
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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

Our inspection visit was unannounced and took place on 9 December 2014.

This service is registered as Supported Living Service but is known as Mansfield View.

Mansfield View is a supported living service for 16 adults who have learning difficulties. Support is provided in six bungalows and one upstairs flat. The bungalows are arranged around a small courtyard area. Support is provided by a team of on-site staff who provide 24 hour

support, seven days per week. Staff provide the support people need within their own homes and also support people to access resources and opportunities within the community. The provider has an on-site office.

We visited three of the properties at Mansfield View during our inspection. We spoke with three people who lived at the service and also undertook some informal observations. These observations enabled us to see how staff interacted with people and see how care was

Summary of findings

provided. This was because some people had communication difficulties and were not always able to verbally communicate their experience of the service to us.

During our inspection visit we spoke with the acting manager, a team leader, four support workers and the registered manager. The registered manager oversaw the operation of Mansfield View and some of the provider's other services also visited during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected by the Care Quality Commission (CQC) in February 2014 in response to concerns raised with us. Mansfield View were non-compliant with two of the three regulations inspected at this time. These related to staff training and supervision and people's records. The service were compliant with the regulation relating to the care and welfare needs of people living at the service.

Following our previous inspection, the provider sent us an action plan to inform us of the changes they were going to make. During this inspection we checked that improvements had been made with regard to the areas we were previously concerned about.

We found that records were now in place to document staff training and staff received regular supervision as well as an annual appraisal. People's support plans had been re-written and now included clear information and risk assessments to support staff to safely support people. Support plans also contained information about people's preferences, dislikes and the people who were important to them.

We found that there were sufficient staff to meet people's needs and keep people safe. Conversations with staff, the acting manager and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

Mansfield View provided 24 hour support, seven days per week in people's own homes. In addition to the checks undertaken by the landlord in relation to the safety of the

premises, the provider also undertook a number of checks relating to safety aspects of the properties, for example, checks of water temperatures and fire safety checks. During our inspection we found that weekly fire checks had not consistently been taking place since August 2014. The lack of regular fire safety checks meant that people, staff and visitors could not be assured that the fire safety system in place was effective and fully operational. The registered manager had identified this shortfall during one of their monitoring visits and had asked the acting manager and staff to address this. They agreed to ensure that weekly fire checks were undertaken.

Our review of the training matrix together and our conversations with staff identified that some key training courses relating to the needs of people with learning difficulties had not been undertaken by all the staff working at the service. For example, a number of staff working at the service had not received training about supporting people with behaviours which may challenge. Additionally, staff had not received training about epilepsy and dementia. The registered manager and the acting manager agreed to provide training in the above areas.

People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting. Staff and the registered manager were up to date with current guidance to support people to make decisions. Any restrictions placed up on people were made in people's best interest using appropriate safeguards.

Mansfield View effectively met, responded and recorded any changes in people's healthcare needs. Staff were aware of people's differing nutritional needs and were able to explain how they safely assisted people to eat and drink. Our lunchtime observations confirmed that people received appropriate nutrition and assistance to eat and drink.

People were positive about the staff at Mansfield View. For example, one person said, "The staff are kind to me." We saw lots of positive interactions between people and staff throughout our inspection. Staff had a clear understanding of how people expressed their needs. Staff responded to people's needs and the way in which they

Summary of findings

communicated discomfort or distress in a timely way. People's support plans contained comprehensive, person centred information about people's individual health and support needs.

Mansfield View were proactive in supporting people to access meaningful activities to meet their differing needs and interests. A member of staff spent a day each week sourcing activities for people. This also involved ordering pieces of equipment to meet people's individual needs. For example, projectors had been ordered to project calming images on to the walls of the rooms of people who had hearing impairments. People's support plans provided information about the meaningful activities people enjoyed to do, such as painting and knitting.

People spoken with during our inspection had no complaints. An advocacy service was in place to support people to raise any issues and/or make a complaint. People's support plans contained information about how to make a complaint and the support they may require to do so.

Staff were positive about the acting manager and the way in which she, and the team leaders led the service. A system was in place to continually audit the quality of care provided at Mansfield View. We saw that this incorporated a range of weekly and monthly audits relating to all areas of the service.

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.

A recent audit by the registered manager identified that weekly fire checks had not been undertaken since August 2014. The registered manager had asked staff and the acting manager to address this.

There were sufficient staff to meet people's needs and keep people safe. Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse. An effective recruitment procedure was in place to minimise the risk of abuse.

People's medicines were safely stored, administered and recorded.

Individual risks, incidents and accidents were assessed and analysed.

Requires Improvement



Is the service effective?

The service was effective.

People's support plans contained detailed information about their healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate and reflected any advice given by healthcare professionals.

Our lunchtime observations demonstrated that people were appropriately assisted to eat and drink. Staff were aware of people's specific nutritional needs.

Staff received regular supervision and an annual appraisal. Staff received training; this included training about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good understanding of the DoLS and the Mental Capacity Act (MCA) and how these applied in practice.

Good



Is the service caring?

The service was caring.

People told us that the staff were kind and caring.

People's privacy and dignity were respected for the most part. Staff were compassionate, knowledgeable and caring about the people they supported.

An advocacy service was in place to support and enable people to express their views and promote their rights.

Good



Is the service responsive?

The service was responsive to people's needs.

Good



Summary of findings

Support plans reflected people's individual needs and preferences. Staff responded to people's needs in a timely way and were aware of the way in which people communicated their needs.

Mansfield View were proactive and committed to providing and sourcing a range of activities and opportunities to meet people's needs, both within and outside of the service.

Is the service well-led?

The service was well-led.

There was a registered manager and an acting manager in post. Staff were positive about the acting manager and the way in which she and team leaders led the service.

Systems were in place to ensure that the quality of the service was continually assessed and monitored. The home carried out regular audits to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

Mansfield View had commissioned a project with an external provider to ensure that they were actively seeking the views and people and their relatives in order to continually improve the service.

Good



Supported Living Service

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.

We undertook an unannounced inspection of Mansfield View on 9 December 2014. The inspection team consisted of two adult social care inspectors.

We visited three properties and spoke with three people in order to gain their views of the service. Other people living at the home were unable to verbally communicate their experiences to us. In order to gain their experience we spent time observing the care provided in the lounge and dining areas of two properties. Our observations enabled us to see how staff interacted with people and to see how care was provided.

We also spoke with the registered manager, the acting manager, a team leader and four support workers in order to ask about their experiences of Mansfield View.

A range of records were reviewed during our inspection visit, including four support plans, daily records of people's care and treatment, and policies and procedures related to the running of the home. These included safeguarding records, quality assurance documents and staff training records.

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. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

Is the service safe?

Our findings

During our previous inspection in February 2014 we identified a number of concerns about the records at Mansfield View and a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that records did not always adequately reflect people's care needs. For example, information within support plans was vague and did not provide sufficient information to support staff to provide safe, effective care. Additionally, records were poorly ordered, often contained conflicting information and had not been reviewed to ensure that information within them was accurate. We were concerned that these shortfalls meant that people may not be protected against the risks of unsafe or inappropriate care or treatment.

Following our inspection in February 2014, the provider submitted a plan detailing the actions they were going to take to ensure that people's support plans provided an accurate record of the support they required to meet their needs. Given the widespread issues identified and the complex needs of some people living at Mansfield View, the provider requested an extended timescale in order to thoroughly update each person's support plan. As a consequence of a fire which had occurred at the service, the provider told us that this had slightly delayed the completion of these plans. The provider informed us when these plans had been completed.

The acting manager had only been in post for a number of weeks at the time of our previous inspection and had agreed with our findings. During this inspection they told us that updating support plans had been a much needed, time-consuming task due to the amount of contradictory and missing information within people's plans. For example, they told us that the plans for some people contained scant information, whilst the plans for other people contained differing dates of birth and conflicting information about their specific needs. The acting manager said they had consulted people's relatives, as well as health and social care professionals from the local community learning disability team in order to obtain up to date information about people and their needs.

During this inspection we reviewed the support plans of four people and noted that improvements had been made. Each plan was well ordered and contained detailed, person

centred information about the support each person required to safely meet their needs. We noted that each plan was regularly reviewed and saw that plans had also been updated following any changes in need.

People's support plans included detailed, person centred risk assessments relating to possible risks at Mansfield View and in the community. Each risk assessment included information about the possible risk and the measures and action needed to reduce risk. Risk assessments were regularly reviewed and updated, or created following any accidents, incidents or changes in need.

Prior to our inspection, we were aware that there had been a serious fire at Mansfield View which had damaged some properties. This had resulted in two people having to move into alternative accommodation whilst repairs were undertaken. We therefore looked at a range of records relating to fire.

The acting manager told us that they had regularly met with the fire service after the fire. They said that the landlords of the property had upgraded the fire safety system and other fire safety measures within the properties in use to reflect the recommendations of the fire service.

In addition to the checks undertaken by the landlord in relation to the safety of the premises, the provider also undertook a number of checks relating to safety aspects of the properties, this included fire safety checks. The provider's fire book stated that weekly fire safety checks should take place. Our review of the fire book and our conversations with staff identified that consistent weekly checks had not been taking place since August 2014. Only one check had taken place in October 2014. Two checks had taken place in August and November and three checks had taken place in September.

The lack of regular fire safety checks meant that people, staff and visitors could not be assured that the fire safety system in place was effective and fully operational. We fed back our concerns to the registered manager who said that they had noted this during one of their monitoring visits to the service and had asked the acting manager and staff to address this. They agreed to ensure that weekly fire checks were undertaken.

A fire evacuation plan was in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency

Is the service safe?

plans (PEEP's). Each document was individual to the person concerned. For example, one person's PEEP detailed their mobility needs and the additional support they required in the event of a fire occurring.

Our review of records and our conversations with staff and the acting manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk to individuals. The acting manager told us that they had arranged incident reporting training for each member of staff to ensure they were aware of the types of incidents to report and how to complete incident forms. Staff spoken with were clear about the incident reporting processes in place. The registered manager undertook a monthly review of completed incident forms in order to identify any recurring patterns and take action to reduce any identified risks. For example, following a fall, we saw that one person had been referred to an occupational therapist in order for adaptations to be put in place to reduce the risk of further falls.

We spoke with four members of staff about how they safeguarded people who lived at Mansfield View. Each member of staff told us about the different types of abuse and were clear about the actions they would take if they suspected that any form of abuse had taken place. Their responses demonstrated that they had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

Our conversations with the acting manager and members of staff, together with our review of completed safeguarding alerts, showed us that Mansfield View followed local procedures in order to safeguard people. Staff were also knowledgeable about whistleblowing and said they would whistle blow in order to report any unsafe practice observed. We saw that the acting manager kept detailed records of whistleblowing concerns and, when necessary, reported these to the local authority safeguarding team.

Mansfield View supported some people to manage their finances. We observed the team leader undertaking a

weekly audit of people's finances. Our observation demonstrated that appropriate systems were in place to safeguard and manage people's finances. Financial risk assessments were in place when needed. For example, some people's support plans included risk assessments about their vulnerability to financial abuse and the measures needed to safeguard their finances.

We spoke with one person about their medicines. They told us that their medicines were stored in a lockable safe within their room and said that they were supported by staff to collect their medicines from the local chemist. They said that staff administered their medicines and informed us that any additional medicines were provided in a timely way. For example, they commented, "If I've got a headache, I'd tell staff and they'd get me some paracetamol straight away."

Mansfield View used a 'medi-dose' system'. This is a system where people's medicines were dispensed into pre-sealed pots. Medi-dose trays containing the pre-sealed pots were stored in lockable safes in people's rooms together with the person's medication administration record (MAR). We observed staff supporting two people to take their medications. Our observations and our review of records provided evidence that medicines were safely administered and recorded. Appropriate arrangements were also in place for storing and recording controlled drugs. These are medicines which are subject to regulation and separate recording.

People's support plans contained detailed information about their medication. Some people were prescribed 'as and when needed' (prn) medicines. A number of people living at Mansfield View had communication difficulties and we noted that clear plans were in place to support staff to identify when people may require these medicines. For example, support plans contained detailed information about the signs, facial expressions and body language which may indicate a need for these medicines, as well as the action to take should these medicines not be effective.

Is the service effective?

Our findings

Our previous inspection in February 2014 identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had failed to maintain an accurate record of the training staff had received. Similarly, a record of staff supervision and appraisal was not maintained. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. Staff supervisions were occurring every five to six months. This was less frequent than the provider's expected timescale of every six to eight weeks. At that time there was no evidence to demonstrate that staff had received an annual appraisal.

During this inspection we reviewed records relating to staff training, supervision and appraisal and spoke with staff and the acting manager in order to assess if improvements had been made in relation to this regulation. A training matrix was now in place to record the training staff had undertaken, or were due to undertake. This provided evidence that staff had received a range of relevant general training courses. For example, training undertaken included courses about safeguarding, food safety, emergency first aid and fire safety.

Our review of the training matrix together with our conversations with staff demonstrated that some key training courses relating to the needs of people with learning difficulties had not been undertaken by all the staff working at the service. For example, 18 of the 45 members of staff listed as working at the service had not received autism training. The Autism Act (2009) states that NHS Foundation Trusts should provide autism training for all staff.

Some staff said they had not received training about supporting people with behaviours which may challenge. 'Respect' training, a person centred model of preventing and managing behaviours which may challenge was listed on the providers training matrix. However, 22 of the 45 members of staff had not received this training. We also identified that staff had not received training about epilepsy. Staff told us that they knew how to respond to these needs due to information within people's care plans and knowledge from supporting people for a number of years.

Whilst there was no evidence to suggest that the lack of training had negatively impacted upon people who used the service, we were concerned that the lack of these key training courses may mean that staff were not aware of up to date information and best practice relating to the management of these issues. The registered manager and the acting manager agreed with our findings and agreed to provide training in the above areas.

Our conversations with staff and our review of records evidenced that staff now received regular supervision as well as an annual appraisal. Staff were positive about their supervision sessions. One member of staff described the acting manager as, "Supportive and accessible," and said they felt able to speak with them should they require support or guidance between scheduled supervision sessions.

New staff received a comprehensive induction to familiarise themselves with their role. An established member of staff was allocated to new members of staff to support them through their induction. New staff accessed mandatory training, the provider's induction course as well as an on-site induction course to ensure they were familiar with all key aspects of the service. An induction checklist was in place to record this. It listed the areas staff needed to cover and was signed by the worker and their line manager once they were confident that each area had been sufficiently covered. New staff also shadowed established staff for two weeks in order to get to know people's needs and how the service operated.

People were positive about the support they received and frequently told us that they liked living at Mansfield View. One person stated, "I'm happy with things here." Another person told us, "There's nothing I don't like."

Our review of records demonstrated that people were appropriately supported with their health care needs. In addition to plans about specific needs, such as autism, plans were also in place for a range of other health needs, such as how to meet people's optical and dental needs. Staff said they received information about people's healthcare needs within daily handovers and were familiar with information within people's support plans.

Referrals were made to healthcare professionals such as occupational therapists and physiotherapists when needed. Visits from these professionals were recorded in people's support plans and the plans were also updated to

Is the service effective?

reflect any advice given. People's support plans also contained a Health Action Plan; these are recognised good practice documents which ensure that people with learning disabilities access a range of services to meet their health needs. Each person also had a 'hospital passport' which contained clear, accessible information to enable people's needs to be met should they need to be admitted to hospital.

The Mental Capacity Act (2005), (MCA), promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. It applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests.

We spoke with the acting manager and staff about the MCA and reviewed a range of records relating to this. Staff had received MCA training and our conversations provided evidence that they were aware of how the MCA applied within their day to day practice. Our review of records showed us that capacity assessments were undertaken when required and were followed by best interest meetings if needed. We saw that people's relatives, staff and relevant health professionals were involved in these meetings. Our findings demonstrated that Mansfield View followed the MCA in order to support people to make decisions, act in people's best interests and protect people's rights.

Observations throughout the day of our inspection showed us that, wherever possible, people were empowered to make choices and decisions about their support. People were involved in a range of day to day decisions and we noted that the staff adapted their communication to meet the needs of the person they were supporting. For example, staff presented two different soft drinks bottles to one person. The person then pointed to the choice they wanted.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a

way which does not inappropriately restrict their freedom. Following a Supreme Court ruling earlier in the year, the acting manager had completed DoLS applications for each person.

When needed, we saw that referrals were made to the alternative to restraints team, part of the local Community Learning Disability Team. These referrals were made to ensure that the least restrictive alternatives were considered prior to restraints such as lap-belts and seat harnesses being put in place to safeguard people. We saw information about these restraints within people's care plans and noted that these were regularly reviewed to see if they were still required.

People were positive about the food at Mansfield View. One person described their lunch as, "Nice." Another person told us, "I had lemon curd on toast for my dinner. It was my choice. I'm having chicken for tea."

The acting manager told us that a new member of staff was also a fitness instructor. They said this member of staff was going to provide information sessions for both people and staff in order to promote and inform them about the benefits of healthy eating and exercise.

We observed lunchtime in one of the properties. The three people present were appropriately supported by the two members of staff on duty. The support observed corresponded with the nutritional information in people's support plans and risk assessments. For example, a different meal was provided for each person in order to meet their different nutritional needs and preferences.

One person had a visual impairment. In order to inform them that their lunch was ready, a member of staff took their meal to them so they could smell it. The person then stood up and as guided to the dining table by the member of staff. The staff member then sat beside the person and provided verbal prompts and physical support when needed.

Appropriate aids such as plate guards and large handled cutlery were in place to promote people's independence when eating. A number of people living at Mansfield View had swallowing difficulties. Staff were knowledgeable about how to meet these needs and were able to explain how they prepared softened diets, thickened fluids and how people should be positioned to ensure safe swallowing.

Is the service caring?

Our findings

People spoken with during our inspection were positive about the staff at Mansfield View. One person said, “The staff are kind to me.” Another person stated, “I get on well with the staff here.”

Staff spoke in a fond and caring way about people living at Mansfield View and told us that they enjoyed working at the service. One member of staff commented, “I enjoy my job. I’m here to do what I can for the residents.”

We spoke with staff about how they promoted and respected people’s dignity. Their responses demonstrated a holistic approach. For example, one member of staff talked about the importance of providing people with opportunities to make choices. Staff also provided practical examples of the way in which they ensured people’s privacy and dignity. Examples provided included, ensuring people were appropriately covered when supporting them with personal care needs and knocking on people’s doors before entering their rooms.

We observed one instance where people’s confidentiality was not respected. This was because the staff handover, where people’s needs were discussed, took place in the presence of three people who used the service. We also noted that the daily notes in one property included some standard statements and inappropriate language which did not respect or reflect people’s differing needs. For example, the daily notes for one person frequently contained an entry stating, “Supported with personal care, medication and dietary needs and has eaten well.” We also noted that one person’s daily notes made reference to them, “Pinching food.”

The acting manager acknowledged our findings and said that they would reiterate the need for staff to respect people’s confidentiality. They also told us that they were encouraging members of staff to write more detailed records to reflect activities, interactions and how people had been throughout the course of the shift.

Our review of Mansfield View’s training matrix showed us that a number of training courses were provided to enable staff to deliver appropriate care and respect the diversity of people living at the service. For example, we saw that courses were provided in equality and diversity and care and compassion.

We saw lots of positive interactions between people and staff throughout our inspection. For example, when supporting someone to go out, a member of staff encouraged the person to link arms with them for support. On doing so, the person smiled and gave a ‘thumbs up’ sign. The worker reciprocated with a ‘thumbs up,’ this resulted big smiles from both the person and staff member.

A number of people living at Mansfield View had communication difficulties. We saw that the staff spent one-to-one time talking with people. They spoke in a kind, natural and inclusive way with each person, regardless of their communication difficulties. The staff provided choices and consulted and explained any care or support they provided to people. They had a patient approach; this was demonstrated by them giving people time to respond to the information and/or any choices presented to them. Staff were aware of how people communicated their needs and responded appropriately. For example, one member of staff was familiar with how one person who did not communicate verbally expressed their need for the toilet and their need for a drink.

We saw that people’s support plans included communication grids. These detailed how the person communicated, together with the meaning of non-verbal sounds, behaviours or gestures people used to express their needs. This is recognised good practice which assists staff to recognise and respond to people’s needs.

Our conversations with people together with our observations and review of records showed us that staff promoted people’s independence whenever possible. For example, one person told us, “I go shopping with staff to get milk, sugar and bread.” During our inspection we saw that people were supported to develop their daily living skills. For example, we saw that one person was supported to use the laundry room. People’s support plans also contained information about life skills and the support people needed to undertake tasks such as cooking and cleaning.

An advocacy service was in place to support and enable people living at Mansfield View to express their views and promote their rights. A worker from ‘connections,’ the provider’s advocacy service visited Mansfield View each week. They facilitated a weekly advocacy group and also visited people in order to ensure that the care and support

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people received was appropriate. These visits were recorded in people's support plans. Advocates were also appointed by the service to support people with specific issues when needed.

We found that Mansfield View supported people to maintain relationships with their families. The acting manager said that, historically, there had been a lack of engagement and communication with people's families. Since arriving at the service 10 months ago, the acting manager told us that they were, "Building bridges and

relationships," with people's families. For example, they told us that they telephoned one relative each week in order to provide an update about their family member. Staff told us that one person had not seen a sibling for a number of years. They were proud of the fact that they had identified where the person's sibling lived and now supported this person to meet with their sibling for lunch each week. Another person's care plans documented the importance of maintaining weekly visits to a relative.

Is the service responsive?

Our findings

People spoken with during our inspection told us that the staff at Mansfield View were responsive. For example, one person said, “Staff take me to the doctor if I’m not well.”

During our inspection we received lots of positive comments and examples about the way in which people were supported to access social and community resources and activities. For example, one person said, “I’m going to lunch-club today. I go every week in a taxi. I like it.” Another person told us, “I’m going to the pantomime next week and I go to Saturday Club in Ecclesfield.” On the day of our inspection some people attended day time activities with external providers.

A number of people were at home during the day of our inspection and we observed lots of activity and positive engagement with people in the properties we visited. For example, the acting manager had assigned one member of staff to visit each bungalow and support people to put up Christmas decorations. People were fully involved and encouraged in this activity; this resulted in lots of laughter, smiles and appropriate banter between people and members of staff.

Our observations were in contrast to our previous inspection when we noted that there were few activities, inside and outside of Mansfield View. The acting manager had only been in post for a few weeks at the time of our previous inspection. During this inspection, they told us they had undertaken a full review of people’s activities. This identified that few opportunities were provided for some people living at the service, particularly for people who had complex needs. One member of staff commented, “Things have improved in terms of activities. There’s still work to be done but people are getting out and about a lot more and aren’t as bored.”

Our review of records and our conversations with people, the acting manager and staff illustrated that people were provided with a range of opportunities to meet their needs, both within and outside of the service. For example, one person with complex needs now accessed a specialist day centre as well as a weekly hydrotherapy session. The acting manager told us that another person liked dogs and now volunteered at a local dog sanctuary each week.

People’s support plans also contained information about the meaningful activities staff could support people with

when at home, such as painting and knitting. The acting manager told us that they were continuing to develop activities and said that one member of staff had a protected day each week in order to explore activities for people. This involved finding and supporting people to attend new activities in order to gauge their reaction, exploring opportunities within the local community and ordering pieces of equipment to meet the needs of people with sensory impairments. For example, projectors had been ordered to project calming images on to the walls of the rooms of people who had hearing impairments. Similarly, different tactile objects, such as bean bags, had been ordered to meet the needs of people who had visual impairments.

Throughout our inspection we saw that staff responded to people’s needs and the way in which they communicated discomfort or unhappiness in a timely way. For example, two members of staff immediately responded to the vocal sounds one person used to express discomfort and repositioned them in their chair. Another member of staff responded quickly to lessen the anxieties of one person when they dropped an object they liked to carry with them at all times.

We saw that people’s care plans now contained person centred information about people’s individual health and support needs. A separate support plan was in place for each identified area of need. People’s support plans were easy to follow and provided detailed step-by-step descriptions of people’s individual routines. Images were included in some plans to ensure they were accessible to people. The acting manager told us that support plans were updated following any changes to people’s needs and were also reviewed and audited each month in order to ensure that they contained up to date, accurate information. Our review of support plans confirmed that this review took place.

People’s support plans also contained information about their preferences, likes, dislikes and the people who were important to them. Staff used this information to prompt their interactions and conversations with people. We noted that people responded positively to the range of ways staff used this information. For example, one person smiled when staff spoke with them about their favourite pop star.

Is the service responsive?

During our observations in one property, we noted that the staff made sure that one person's favourite TV programme was on at an appropriate volume. This corresponded to the information within this person's support plan.

Our conversations with staff demonstrated that the service took a person centred approach to the placement of staff. For example, we noted that the staff rota was titled, "Who's in my house." Additionally, the acting manager voiced their commitment to matching the skills and interests of staff to people's needs by stating, "We match staff skills to people's needs; not staff need to people." Our conversations with staff further demonstrated this commitment. For example, during our inspection, staff told us that the staff team from Mansfield View were supporting the two people who were staying elsewhere following the fire at the service as well as

a person who was in hospital. Staff told us that, whilst there were a number of new staff at the service, only staff that were known to these individuals supported them. One member of staff commented, "It wouldn't be fair for them to be supported by people they don't know."

People told us they had no complaints with the service. For example, one person stated, "I'm not unhappy with anything here. There's nothing I don't like." The acting manager confirmed that there were no current complaints and informed us that the provider's advocacy service would support people to raise any issues and/or make a complaint. People's support plans contained information about how to make a complaint and the support they may require to do so.

Is the service well-led?

Our findings

Throughout our inspection we received a number of comments from staff about the way in which the acting manager and team leaders led the service and the way in which this promoted an open culture. For example, members of staff frequently referred to them being, “Approachable.” When talking about the acting manager and team leaders, one member of staff stated, “You can go to them about anything. Even if you disagree with you. They’re very open. They’re doing their best and have got a lot of work to do.” Another member of staff told said, “I feel listened to and supported by management.”

During our inspection, we heard about and saw evidence of the improvements the acting manager had made. The acting manager was also clear about the future improvements they wished to make and the way in which these would benefit the support people received at Mansfield View. The acting manager said that the registered manager and the provider’s head of service regularly visited and were supportive of them, and the changes they had made and wished to make.

We found that the acting manager was knowledgeable and had up to date information about the needs of people living at Mansfield View, as well as any issues relevant to the service. They told us that they attended the daily 7am staff handover when on duty in order to gain this information. Following this, they then met with the team leaders in order to plan the day ahead and ensure that any issues identified during the earlier handover were addressed.

Our conversation with the acting manager also demonstrated their commitment to ensure that staff received up to date information about the service. A staff meeting had been scheduled for January 2015. As a consequence of events which had happened at the service, the last team meeting had taken place four months ago. In order to ensure that staff received up to date information, the acting manager told us that they attended each handover over a period of three days to ensure that as many staff members as possible received the same information.

Our review of records demonstrated that there was a system in place to continually audit the quality of care provided at Mansfield View. This incorporated a range of

daily, weekly and monthly checks relating to all areas of the service. For example care staff undertook daily equipment checks as well as the medication and money checks undertaken during staff handovers. Weekly health and safety checks were also undertaken by care staff and included more detailed equipment checks as well as a number of checks relating to the premises. We saw evidence of how these checks were effective in practice. For example, we saw that areas of some properties were in need of decoration and noted that these issues had been reported to the landlord of the properties.

A range of additional audits and checks also took place. For example, team leaders undertook monthly monitoring checks and the registered manager also visited in order to undertake and review checks relating to running of the service.

A staff questionnaire had recently been undertaken. 23 of 40 members of staff working at Mansfield View had completed the questionnaire. The acting manager provided us with the results of the survey and said that further analysis and an action plan had yet to be completed. They informed us that one of their key actions would be to focus upon engaging a greater number of staff in order to gain their views. This showed us that the service were keen to receive and listen to feedback from staff working at Mansfield View.

In order to gain and understand the experiences of people who used the service and their relatives, the provider had commissioned a project from Sheffield Mencap Sharing Caring Project, an external, impartial organisation. Mansfield View mentioned this project within their provider information return.

We contacted the person leading this project prior to our inspection. They told us that they were in the process of scoping the project and developing a steering group involving people who used the service and their relatives. They were positive about the forthcoming project and the services wish to work in partnership with them in order to understand people’s experiences of the care provided and look at any areas of improvement. They also told us that there was a commitment from the provider’s senior leadership team to make sure that, “Outcomes are embedded in practice.”