

Halow Care Community Interest Company

The Halow Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The Halow Care Agency provides personal care and support to children and young adults. Services provided include support to young people in shared supported living houses or their own homes. This includes support to young people to access the community, develop life skills and achieve their goals. Staff known as buddies provide the personal care and other support.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were 12 people using the service in supported living and 45 people using the buddy service although not everyone received the regulated activity personal care in their own homes.

People using the service had a learning disability or autism. The support service has been developed and designed in line with the values that underpin the Commission's Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The Halow Care Agency is a not for profit social enterprise, one of a number of services provided by a charity the Halow Care Community Interest Project. People using the Halow Care Agency have access to other project services that focus on social activities, employment preparation and life skills services providing wider opportunities and support for young people with learning disabilities and autism. CQC does not regulate these other related services but only the Halow Care Agency when personal care is provided.

At our last inspection in October 2016 we rated the service Good overall but found a breach of regulation in Well Led as there was a lack of effective systems to monitor the quality and safety of the service.

At this announced inspection on 8 and 9 November 2018 we found a breach of regulation in respect of training provided as buddies were not always provided with the specific training needed to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the report.

There had been some improvements made to the quality assurance and governance and a system for quality monitoring had been put in place. However, there were some aspects of the quality monitoring that needed improvement to ensure they were effective.

At this inspection there was not a registered manager in place as the previous registered manager had left the service at the end of May 2018. 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. A new manager had been appointed who already worked within the project. They had previous experience of being a registered manager and had applied to

CQC to register as the registered manager and their application was in progress at the time of the inspection.

Medicines were safely stored and administered. The medicines policy was out of date and did not reflect some aspects of medicines management. This was updated following the inspection.

We have recommended that the provider consults appropriate and up to date guidance on the management of medicines.

People told us they felt safe and were supported to be safe in the community. Staff received safeguarding training and showed an understanding of how to protect people from abuse or harm.

Risks to people were assessed and guidance provided to staff to reduce risk. There were processes in place to identify and share learning from accidents and incidents. Staff understood how to reduce the risk of infections

There were enough buddies to meet people's support needs. Buddies received supervision and support to fulfil their roles and responsibilities in a number of areas.

The service worked in an inclusive way and prior to joining the service people's needs were carefully assessed in partnership with service users, their families and health and social care professionals where relevant.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff told us and we saw they sought the consent of people before they delivered care and support.

People were encouraged and supported to meet their dietary and nutritional needs. The service worked with health and social care services and professionals to maintain the health and well-being of people they supported. The service supported people when they moved between services through effective communication to ensure their care and support were coordinated well.

People told us their buddies were kind and caring. People's care was personalised and they were empowered to be as independent as possible. The ethos and values of the service supported this. Buddies promoted people's right to choose and treated people with dignity and respect. People had individual support plans that were personalised. People were supported to socialise, build on skills, and maintain relationships. People and their relatives knew how to complain about the service should they need to. Information was available to them in a range of formats.

People and their relatives' views were sought about the service through regular surveys. Relatives, staff and professionals gave positive feedback about the management of the service and said their views were listened to. There was a clear ethos of working to provide person centred care at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were safeguarding and whistle blowing procedures in place and buddies had a clear understanding of the procedures. There were processes for investigating and learning from incidents and accidents.

There were enough buddies available to meet people's needs. Effective recruitment checks took place before staff started work.

Risks to people were assessed to ensure their needs were safely met.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Buddies were aware of the steps to take to reduce the risk of the spread of infections.

Is the service effective?

Requires Improvement 

The service was not consistently effective. Buddies did not always receive training appropriate to meet people's needs.

Buddies received supervision to support them in their roles.

People's care and support needs were assessed before they started using the service. Where required people were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

Buddies sought consent from people before they provided support and demonstrated an understanding of the Mental Capacity Act 2005 and its application in practice.

Is the service caring?

Good 

The service was caring and we received positive feedback about

the buddies and the service from people and their relatives.

Buddies were aware of the needs of the people they supported.

People were provided with appropriate information about the service and were involved in decisions about their care. Buddies enabled people to be as independent as possible.

People told us their privacy and dignity was fully respected.

Is the service responsive?

Good ●

The service was responsive.

The service provided personalised care and support that was flexible to meet people's individual needs.

The service promoted equality and diversity and empowered people to achieve positive outcomes.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

People and their relatives knew about the provider's complaints procedure and complaints were managed in line with the provider's complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There had been some improvements to the quality monitoring at the service and there was now a system in place with some internal and external audits. However, some further improvements were needed to ensure the system worked consistently across all aspects of the service.

There was no current registered manager in place but an application was in process.

People's views were regularly sought about the service. There was a clear chain of management in place with a distinct line of responsibility and accountability for buddies. the service worked in partnership with other organisations to help ensure people's needs were addressed.

The Halow Care Agency

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 comprehensive inspection took place on 8 and 9 November 2018 and was carried out by two 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.

Before the inspection we reviewed the Provider Information Return (PIR). This is information providers are asked to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information we have about the home such as notifications. A notification is information about important events the provider is required to send to us by law. We also contacted the local authority safeguarding teams and commissioners for their views.

We asked people using the service for their consent and choice to visit them at home, where this fitted or speaking with us at the office or by phone or email.

On the 8 November 2018 one inspector visited someone using the service at their own home, to gather their views and both inspectors visited the office. At the office they spoke with another person using the service by phone and a third person who visited the office. On the 9 November one inspector returned to the office and spoke with a fourth young person who visited the office.

We also spoke with three buddies and two lead buddies, the HR officer, the manager and the provider's representative and the external consultant. We looked at six care plans, five staff records and other records related to the running of the service such as minutes of meetings and audits. The provider had also sent people and their relatives a questionnaire prior to the inspection and we considered the responses.

Following the office visits the expert by experience contacted one person and four relatives by phone to gather their views about the service. An inspector contacted one person using the service by email which was their preferred contact method. A buddy also contacted us by phone to provide their views.

Is the service safe?

Our findings

All the people we spoke with or contacted told us they felt safe from harm or discrimination using the service. One person said, "I am definitely safe." A recent survey carried out with people just before our inspection showed people responded positively to feeling safe. One comment was, "Hallow makes me feel safe." People's relatives confirmed they thought their family members were safe. One relative commented, "We've had no concerns whatsoever and we have been using the service for the last four years."

There was information available to people on how to stay safe in accessible formats. We saw different aspects of safety was discussed regularly at the supported living house meetings to enable people to understand and develop confidence in how to keep themselves safe in a range of situations. Buddies were aware of their responsibilities under safeguarding and familiar with the provider's whistleblowing policy. The registered manager had raised appropriate safeguarding alerts in response to possible safeguarding concerns and worked with the local authority to ensure people were protected.

Risks to people were identified, assessed and monitored. Relatives told us they thought risks were carefully managed. One relative said, "They keep my [family member] safe by putting measures in place regarding any behaviours and running them past me before implementing them." Assessments were completed to reduce and monitor risks in relation to people's medical, health and support needs. These covered areas such as risk of falls, risks in the home environment, in the community and people's health or behavioural needs. For example, where buddies supported people with a diagnosis of epilepsy, there was guidance about potential indicators for seizures and possible risks were highlighted such as awareness of the risk of aspiration during a seizure if they were eating or drinking. A new risk monitoring tool to help monitor the level of risk had been developed since the last inspection and was in the process of being embedded into practice.

The service took a positive stance to risk taking to try to allow people to become as independent as possible for example through travel training so that people could identify and manage any risks when travelling alone.

Risk in relation to emergencies were managed. There was guidance in people's care plans to cover individual health emergencies. Records showed us buddies followed provider protocols to support a person who had a seizure, called emergency service and accompanied the person to hospital. On call staff contacted the person's family members as detailed in the support plan.

Buddies organised fire drills with young people at supported living houses to ensure people knew what to do in the event of a fire. Health and safety checks such as water temperature checks were conducted at supported living houses either by young people or buddies, these helped to identify any environmental concerns and put plans in place to address them.

Buddies were aware of the need to complete accident and incident reports when needed and these were monitored to ensure appropriate action was taken. Incidents and safeguarding were monitored for learning

and identifying any trends. For example, the provider had identified the need for further staff training in relation to positive behaviour support following some incidents in relation to behavioural issues for one person.

Medicines were safely stored and administered. Most people had been assessed as safe to manage and administer their own medicines. Where medicines were administered by buddies, they showed us how they managed medicines safely. Buddies completed an administration competency assessment before administering medicines and completed training in medicines management to ensure they had the appropriate skills. Medicine Administration Records (MAR's) were fully completed. Lead buddies audited the MAR's and these were also checked as part of audits carried out by the manager and by an independent care advisor. A relative said, "Everything is documented and medication is very carefully managed."

We were told there was nobody currently being administered as required medicines but there was no available system to record details of when to administer as required medicines if the need arose. The provider's medicines policy was out of date and did not reflect best practice or systems that the provider had in place such as the medicines competency arrangements for buddies. The manager sent us information following the inspection to show these issues had been addressed and the policy had been updated and systems put in place.

We recommend the provider continues to consult best practice guidance on the safe management of medicines in the community to ensure its policy and all its processes continue to reflect current guidance.

We checked the buddy roster and found there were enough suitably trained staff in place. The provider told us they had permanent buddies and flexible buddies who could cover periods of sickness and holidays. Most people and their relatives confirmed there were enough buddies to meet their needs. Buddies told us there were enough of them to support people when needed.

The provider operated safe recruitment practices to reduce the risk of unsuitable staff. Buddy records we checked contained the required criminal records, health, employment, identity and right to work checks.

Buddies received training on infection prevention and were aware of how to reduce the risk of infection. People were encouraged or supported to keep their accommodation clean.

Is the service effective?

Our findings

We found a breach of regulation in respect of staff training as staff were not always provided with suitable training to carry out their roles. Some buddies had attended challenging behaviour training as well as training on relevant health needs such as epilepsy. Buddies also attended first aid training which we confirmed from records. One buddy told us they had not been provided with suitable training on first aid, epilepsy or behaviour that may challenge but they were allocated to support people with these needs. There had been an incident where the buddy supported a person with behaviour that may challenge in which the buddy had been hit. This posed risks to the buddy and person using the service.

The provider told us this training had been offered but the buddy had not attended. However, no steps were in place to ensure the buddy only supported people with needs for whom they had received the relevant training. Other buddies told us there was enough training to meet their needs, except in relation to behaviour that may challenge, where they had received some training but they felt further training was required.

The provider told us they had identified the training they provided in relation to people's behavioural needs needed to be improved. They had been trying to source positive behaviour support training (PBS) as a priority but they had difficulty locating a training provider. PBS is person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. Some buddies advised behaviour support strategies had been discussed at a recent buddy meeting which we confirmed from records. However it meant that buddies who joined the service in the last six months had not received any training in this area but may be allocated to work with people with these needs.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff were not always provided with relevant training to meet people's needs and there was therefore a risk of inappropriate or unsafe care.

Following the inspection the provider told us they had booked positive behaviour support training for January 2019 and would include behaviour that may challenge and epilepsy training as part of the induction.

Relatives told us they thought buddies received suitable training, one relative said, "The buddies are well trained." People told us their buddies knew what to do to support them. New staff told us they completed the Care Certificate, the benchmark for staff new to health and social care. We confirmed this from records. This included shadowed shifts until buddies were ready to work alone. They said this helped them to learn about people's individual support needs.

Records showed there was a programme of regular refresher training to cover a range of support needs. Training had been provided on learning disability and autism and previously on challenging behaviour and the management and prevention of aggression (MAPA). Buddies also completed training organised through other agencies such as Skills for Care and the local authority as they became available. The provider was

supportive of staff attending training. One buddy told us they were currently undertaking a Level 3 diploma in health and social care supported by the provider.

Buddies confirmed they received regular supervision and an appraisal and they found this helpful and supportive. Supervision records we saw were detailed and included areas such as, 'concerns, safeguarding updates, health and safety updates, suggestions about how to 'do things better, activity plans (for people) and training and development'. Buddies told us they had recently attended a provider arranged away day which had included informing staff about positive risk taking, safeguarding and Director Updates."

People's needs were assessed before they started to use the service to ensure these could be met. Information was gathered from health and social care professionals, the young person and families in line with best practice guidance. The provider told us there was a matching process in place where people were supported with specific activities in the community. A relative remarked, "They come out and complete forms, discuss the family's needs as well as the service user, do risk assessments, ... it's an excellent service."

People were supported to be as independent as possible in relation to their dietary requirements and menu planning, shopping and cooking. The level of support people needed was detailed in their support plan alongside any dietary requirements and any allergies. A buddy showed us how they supported a person to plan their menu for a week. On the day of the inspection one person was making their own pizza and was delighted by this. The provider told us that people could be supported to meet any cultural needs in relation to their diets. A relative remarked, buddies, "Support my [family member] to prepare and cook food. Dietary needs are well met: they discourage sugary coke."

People were supported to access health services to ensure their health needs were met. Buddies told us they supported people with their health and wellbeing, for example through support to attend healthcare appointments, where this was part of their identified needs. We saw from records that support plans were updated with any relevant information from these appointments to ensure any recommendations were followed; for example, any changes in prescribed medicines made by health professionals.

The provider worked effectively across other organisations to ensure consistency of support. People had hospital passports in an accessible format that reflected their health and communication needs. This helped to ensure these needs were met appropriately and consistently when they used other services and that hospital staff had important information in a timely way. Where people's changing needs had been identified we saw the provider tried to involve the support of appropriate health and social care professionals and they engaged with the local authority in any planned reviews of support. A social care professional informed us they found the service, "helpful, accessible and responsive." A buddy described how they had successfully advocated for appropriate health treatment with health providers for one person who used the service.

People told us their consent was sought before support was provided and buddies told us they understood the importance of this. We saw signed consent forms in place in relation to people's care and treatment. Relatives confirmed they or their family members were asked for consent for example in relation to the use of any photographs.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In the community this is through application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Buddies told us they received training on MCA, which we confirmed from records. Records showed the provider enquired of people if they had someone appointed to manage their finances or health affairs and which type of authority was granted and consulted with the relevant person appropriately.

The provider told us people using the service had the capacity to consent to day to day decisions about their support needs. Support plans showed buddies assessed a person's capacity where this was needed and support was planned in line with current legislation. Referrals were made to independent mental capacity advocates where this was appropriate. The manager and provider were aware of the circumstances in which they might need to make a referral to the local authority for consideration of an application to the Court of Protection to restrict a person's liberty for their own safety.

Is the service caring?

Our findings

We received complementary feedback from all the people and relatives we had contact with about the way the buddies and service cared for and supported people. A person said, "Buddies are great, I like the buddies." Another person remarked, "Buddies are really caring and jolly." A third person commented, "Buddies are nice and kind." A relative told us, "Buddies are really nice; my [family member] can laugh and joke with them."

Our observations were that buddies were caring and kind, and promoted people's dignity and independence. They could describe the needs of people they supported well and their likes and dislikes and what they needed to facilitate their well-being. They were aware of people's individual's daily routines, preferences, interests and the people that were important to them. Buddies told us of the importance of knowing the people they supported and how this helped them to develop good relationships. A relative said "Communication is really good, e-mails are responded to quickly and updates sent via e-mail."

Support was planned with the needs of people as a priority. People told us they were encouraged and supported to make choices. One person told us, buddies, "listen to me," A relative said, "They [buddies] were introduced to our [family member] slowly so they could build a relationship before taking them into the community." Any preferences in relation to the support people requested, for example, if they wanted male or female buddy support was identified. Records showed us staff made detailed records of people's participation in activities daily. Records were person centred and focused on the person's choices on a given day as well as a record of events during the day for example participation in personal care or going out. Staff told us they were responsive to people changing their mind and supporting their decisions.

People were involved in decisions about their care. Records showed us, where people were able, the person signed their own support assessments. They were provided with information about the service in the form of a Welcome pack.

We were struck by the way the buddies expressed their belief in the importance that people they supported were empowered and enabled to be as independent as possible and that their well-being was promoted and we observed some of this from interactions.

We observed the people we met at the office and the person we met in their own home appeared relaxed and comfortable with buddies. They asked for support from staff when they wanted. The person in their home showed us their bedroom which was personalised and their photograph board of family and significant others. They told us about the activities they enjoyed, other buddies and names of staff they visited in the head office. A relative remarked, "I have very good relationship with all the staff, they are very good at raising awareness, very pro-active, they promote independence and they are passionate about what they are doing. They are very caring."

People told us their privacy and dignity was respected and buddies knocked on their doors before entering and protected their dignity when they were supported with personal care. Staff told us how they would

support people for example to close their curtains during personal care. Support workers were aware of the need for confidentiality about people's information and respected people's wishes to spend time alone in their rooms or speak privately with a buddy.

Is the service responsive?

Our findings

People had individualised support plans that detailed the support they required. These were reviewed every six months or sooner if a person's needs changed. These covered all aspects of their support including health, communication and emotional or behavioural needs.

People confirmed they had a support plan and relatives told us they thought the support plans were person centred. One relative commented, "All activities are planned according to people's needs, they are all person centred. They do regular reviews and discuss things that went well and things that aren't going well. They set regular goals as to what to look forward to into the future." For two people their goals were not clearly recorded and the provider told us they had identified this and were working to ensure that all plans clearly detailed included the support people needed with goals.

Information was available for people in accessible formats in line with the Accessible Information Standard. This standard requires services to identify, record, share and meet people's information and communication needs. People's communication needs were assessed before they joined the service. There was easy read information about staying safe, and how to raise a complaint. Other documentations such as hospital passports were also easy read. We saw communication cards had been identified to support one person's communication needs. The manager told us people did not currently have any other communication needs but these would be assessed if they arose.

People's diverse needs and characteristics were identified and supported. Buddies had training on equality and diversity and told us how they would support people's needs in relation to their cultural, religious, gender, age, sexuality and disability where these were identified. For example, they told us how they could support people to cook food relevant to their culture or talk with people about expressing their sexuality in positive ways, promoting their dignity and safety.

We saw positive behaviour support plans (PBS) were put in place where people had difficulty in expressing their emotions and risk assessments identified this could escalate to behaviour which challenged the safety of the person or others. A relative said, "If they assess and feel there needs to be some behaviour plans put in place, then this is discussed with the individual and the family." The support assessment included guidance to minimise risks in agreement with the person and their significant others. The plan referred to previous health professional advice and an 'emotions card communication aid' for use with the person. Record showed us the person had agreed to use this aid.

People told us their needs for stimulation and social activity were met. In line with the Commission's Registering the Right Support guidance the manager told us how they were working to ensure people were engaged positively and supported to be active in the community.

People could access a range of social activities through the project and socialised among themselves. We had positive feedback from relatives about the difference the service had made to their family members in relation to their confidence and outcomes. One relative advised, "Halow is brilliant, my [family member] had

lots of social and anxiety issues, and they slowly introduced them into clubs." Another relative remarked, "They are all very professional and we couldn't have done without Halow. They have really worked hard with [my family member] to enhance their life and IT skills." Other people were supported to learn to manage their money, travel independently and learn other life skills. A buddy told us how they had worked with a person who had not travelled alone before and now the person took two buses independently to visit other people.

The provider told us how people using the service could engage with other aspects of the project. This provided a network for support they could utilise across all aspects of their lives. Some people were engaged in work experience opportunities or had moved successfully into their own independent tenancies.

Most people and their relatives told us they had not needed to make a complaint. One relative said, "We have never had any major concern, therefore, have never ever complained." We saw information about how to complain was available to people in an accessible format. Six complaints had been received this year and were logged and managed in line with the provider's policy and monitored for any learning or trends.

There were arrangements to support people with end of life care, where this might become appropriate. The provider told us people and their families would be consulted about their wishes and preferences. No one was in receipt of end of life care at this inspection.

Is the service well-led?

Our findings

At the last inspection in October 2016, we found a breach of regulation as there were no effective quality monitoring systems in place. At this inspection we had positive feedback about the service and found some improvements had been made. However, there remained some areas we identified that still required improvement to ensure quality improvement mechanisms were effective. For example, systems to ensure buddies had the necessary training to support people were not always effective.

We also found that some policies lacked sufficient detail and guidance or did not reflect current practice or requirements. These included for example the provider's lone working policy, complaints policy, duty of candour and medicines policy; although the medicines policy was updated after the inspection.

Some people's records did not always include information on support they received elsewhere in the project or communication between the provider and relatives, for example. Arrangements to ensure that office records matched those held at people's homes and that daily records were returned promptly for review were not always in place and while this had not impacted on anyone currently using the service there was a possibility that could mean issues were not communicated or promptly identified. These areas required improvement.

There was no registered manager at this inspection. The new acting manager had applied to register as the registered manager and was going through the assessment process at the time of the inspection. They understood their role and responsibilities as a registered manager and had submitted notifications as required to the Commission. They were aware of the need to display their inspection rating.

The provider and the manager told us there had been some challenges to addressing actions as promptly as they wanted as the previous manager had left and they had been without a deputy manager for some time. The current manager was new in post and a new deputy manager had just been appointed. They told us that some buddies had found the expectations and changes to the quality monitoring of the service difficult. But that progress was being made to ensure changes were embedded. They told us they would address the issues found. We will check on this at our next inspection.

Feedback from people using the service and their relatives was complimentary. One person said, "Brilliant organisation great people to work with." Another person told us, "Halow is great." A relative told us, "Halow ask for regular feedback and communication is very good, we receive regular e-mails and they are accessible on the phone too, so if I have any worries I can pick up the phone and speak to a person and not a machine."

People and their relatives' views about the service were sought through an annual survey and questionnaires. Supported living services held regular house meetings to ensure people had an opportunity to express their views about the running of the service. Agenda items included health and safety, keeping safe, support and the running of the service.

Since the last inspection the provider and manager had made improvements and implemented a quality monitoring system to address the breach of regulations found. They had appointed an independent care advisor to help support them with changes. This consultant carried out regular external audits at the supported living services. We saw these audits covered many areas including support plans, health and safety and medicines and where issues were identified we tracked to see that the outstanding action identified had been completed. For example, where fridge temperatures had not been recorded or the legionella risk assessment needed to be reviewed. The manager carried out monitoring visits to each house. They told us they planned to increase the frequency of the visits when the new deputy was in post.

Learning from safeguarding, complaints and accidents and incidents was identified, monitored for trends and discussed at the provider's new quarterly quality subcommittee. We saw that committee meetings minutes identified that areas such as professional boundaries, positive behaviour support training and data protection had been discussed. A pattern of concerns in relation to the management of people's own finances had led to an audit of the provider's processes to ensure risk assessments were sufficiently robust.

Buddies were aware of the responsibilities of their role and who to report to. Buddies who worked in the community had a lone working kit and there were emergency contact numbers and an on-call manager to support people. There were house manuals to support buddies in relation to their roles at supported living locations. There were no concerns found in relation to call delivery and the provider told us they had sourced a call monitoring system which they were looking to implement next year to help identify any concerns about support delivery.

The service worked in partnership with the local authority and health professionals and referred people appropriately for support where this was needed. We saw how the service had advocated effectively with health professional to ensure someone's needs were met.

There was a visible positive culture led by the provider. Since the last inspection they had revised their recruitment processes to introduce a values based recruitment, which they told us was effective in recruiting the right staff. The provider had established core values and these had been discussed with buddies. The provider told us they focused on "nurturing and establishing independence for people with a learning disability to lead independent meaningful fulfilled lives with the person and the family at the centre of everything we do."

Regular handover meetings were carried out to ensure the consistency of support. Team and buddy meetings had been introduced to enable staff to communicate about people's care and support needs and reflect on any issues. Buddies were also expected to read and sign any policies or new documentation introduced to the service to ensure they were knowledgeable about any changes. One buddy told us, "It's a well-run organisation, they do things properly here."

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 18 HSCA RA Regulations 2014 Staffing Appropriate training was not always provided for staff to meet people's individual needs. Regulation 18 (1)