Pro Support Ltd

Pro Support Ltd

Inspection report

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Ratings

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

Overall summary

We inspected Pro Support on 07 and 08 October 2015. We announced the inspection two days beforehand to make sure the registered manager would be available at the office and so that the people using the service would know we were coming. The service was registered in July 2014 and this was our first inspection.

Pro Support Ltd is a care and support provider for people with mental health problems or learning disabilities and those with a dual diagnosis. The company is registered with the Care Quality Commission (CQC) as a domiciliary care agency as it provides support to people living in their own homes.

People using the service are either supported in one of three shared houses in the Salford and Rochdale areas where they have their own tenancy or in their own homes. The registered manager of Pro Support Ltd is also the landlord to the three shared houses. At the time of the inspection the service was supporting 10 people with tenancies in the three shared houses.

The service had 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.

We found that fire safety checks were not carried out properly. Fire extinguishers had expired and checks were not made on smoke alarms even though the registered manager knew that people using the service were known to remove the batteries when they were cooking.

We found issues with the way medicines were managed for people receiving support with their medicines. There were no protocols to tell staff when people could take 'as required' medicines safely and medicines administration records were not completed properly.

Behavioural risk assessments did not contain sufficient detail for staff to understand and manage people's behaviours that may challenge others.

We saw many documents that were not signed or dated. The support plans we looked at did not contain enough detail to understand the individual support needs of the people using the service.

Audit systems were not in place to assess, monitor and improve the quality and safety of the services provided and the registered manager had not realised that staff required training to undertake the checks that were delegated to them.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People told us they felt safe at both of the houses we inspected. Staff could explain the different forms of abuse people may be vulnerable to and said they would report any concerns to the registered manager.

The recruitment process the service used was robust. This helped to ensure only those applicants suitable for employment were offered work within the service.

There were enough staff to support people according to their care packages and the service could be flexible when people had appointments or needed transport. Staff told us they felt supported by the manager and that training opportunities were good.

We saw people had access to a range of healthcare services and there was an effective system in place to remind and support people to attend their healthcare appointments.

People were supported to shop for and cook healthy meals and were encouraged to cook for others in the house where they lived.

People and their relatives told us they thought the staff were caring and that they promoted people's dignity and privacy. We observed interactions between people and staff that were relaxed and friendly.

People were involved in planning and evaluating their care. We saw examples of when people had requested changes to their support and the service had made this happen.

People had access to and described using advocacy services. We saw that this was documented in people's care files.

People using the service and their relatives told us that if they had any concerns or complaints they would feel able to take these up with the registered manager.

People, their relatives and the support staff were in regular contact with the registered manager and operational manager and felt that they could get in touch at any time.

Team meetings were held regularly and staff were empowered to take ownership of the meeting content and use them as opportunities for professional development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

We found issues with fire safety. Extinguishers were out of date and smoke alarms were not checked.

Medicines were not always recorded properly and there were no written instructions for staff to make sure people received 'as required' medicines safely.

Recruitment procedures were robust which ensured people were kept safe. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us and records showed that staff were appropriately trained to care for and support the people who used the service.

People were supported to shop for and cook healthy meals and to socialise with others at mealtimes.

There was an effective system in place to maximise people's attendance at appointments with a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us that staff were caring and we saw staff interacting with people in a relaxed and friendly manner.

People were involved in planning their support and gave examples of when changes had been made based on their requests.

People were referred to advocacy services and told us that they used advocates. We saw documents to support this.

Is the service responsive?

Requires improvement

The service was not always responsive.

Support plans were not sufficiently detailed for staff to understand the support needs of the people using the service.

Assessments for people new to the service were detailed and procedures for when people moved into their tenancies worked well.

We saw from the records that complaints were responded to appropriately, that people knew how to complain and felt comfortable to do so, if required.

Summary of findings

Is the service well-led?

The service was not always well-led.

The registered manager did not audit aspects of the service such as medicines, health and safety and support plans.

People using the service felt confident to raise any concerns with the registered manager, operational manager or other staff.

People using the service, their relatives and staff were asked for their views about the service.

Requires improvement

Pro Support Ltd

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 7 and 8 October 2015 and was announced. We told the registered manager we were coming so that they would be available to meet us at the main office and could arrange for us to visit the people the service supported in their own tenancies.

The inspection team consisted of two adult social care inspectors and an expert by experience who made phone calls to the relatives of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had supported family members with mental health issues and learning disabilities.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority and Healthwatch Manchester for information. Both the Local Authority and Healthwatch Manchester had no information about the service. We also contacted three mental health professionals involved in the care of the people using the service.

On the first day of the inspection we looked at records kept at the main office which is the registered address for the service and on the second day we visited two of the shared houses.

During the two days of inspection we spoke with three people who used the service, three members of the support staff, the registered manager and the operational manager. Our expert by experience spoke with two people's relatives over the telephone after the inspection.

In the shared houses we visited we looked around the buildings including in the kitchen, bathrooms and in communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment records and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, "I feel safe, I have no worries", another person said, "I feel safe, there's always somebody here day or night."

The people living in the three houses had their own tenancies and so were responsible for fire safety in their own rooms. As the registered manager is also the landlord for the tenancies, they must ensure that support staff receive fire safety training and the correct fire safety checks are made at the houses. We checked the training records and saw that all support staff had received fire safety training and the support staff we spoke with confirmed this. At both houses we inspected two fire evacuation drills had been recorded to date in 2015. This meant that staff were trained to respond to fires and the people using the service had been shown what to do in the event of a fire.

In both houses we inspected we saw that fire extinguishers were available in the kitchen; when we checked the expiry dates of both extinguishers we saw that they had expired in March 2015. We looked at the log of health and safety checks that were made monthly at two of the houses. We noted that in one house the expiration of the fire extinguisher had been noted for the last three months (July to September 2015). For the preceding three months (April to June 2015) it had been recorded as not expired, even though the expiry date was March 2015. This meant that not only had the fire extinguisher expired, but for three months after it had expired checks had not been carried out correctly. We raised this with the registered manager who said that arrangements had already been made with a company to service the fire extinguishers and that staff completing the health and safety checks would be retrained.

Staff and people described a kitchen fire that had occurred at one of the houses two weeks before our inspection; according to the description in the incident report it was a "huge blaze". Staff told us that the fire had been put out by a support worker with a fire blanket that was in the kitchen. We saw that the fire blanket had been replaced since the fire. One person told us that the smoke alarm in the kitchen had not sounded to alert those in the house about the fire. When we looked at the list of health and safety checks that were carried out monthly by staff we saw smoke alarm checks we not listed as required. We raised this with the registered manager who said that the smoke alarm batteries had been replaced and the lack of smoke alarm checks was an omission which would be addressed immediately.

The registered manager also explained that there had been incidences when the battery in the kitchen smoke alarm had been removed by people using the service because it went off regularly when they were cooking. The registered manager suggested that this was why the smoke alarm did not sound during the recent fire. This meant that people and staff at the house were put at risk because even though it was known that batteries were being removed from smoke alarms by people, regular smoke alarm checks were not being carried out.

The issues with the expired fire extinguishers and the lack of smoke alarm checks constituted a breach of Regulation 12 (1) and (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we looked at the systems in place for the management of medicines. We spoke with three people who used the service who told us that they managed their own medicines and got support from staff if they needed it. One person told us, "My medicines are locked in my room and I have the key." A support worker described how they had raised concerns to the registered manager when a person who self-medicated did not take their medicines for three days. We spoke with the registered manager who said that they had informed the person's hospital consultant immediately, as agreed in their support plan, and the person had an appointment to see their consultant. This meant that the service supported people to manage their medicines independently but took the agreed action if they did not.

We looked at the medicine folder in both houses we inspected. Each person who self-medicated had an individualised medicine care plan which clearly and concisely set out what support the person needed with medicines ordering and what staff should do if people ran out of their medicines, went away or did not take their medicines. In each person's section of the medicine file there was information for staff on what the medicines were, why people were taking them and possible side effects they might have. There were also booking in sheets where staff

Is the service safe?

recorded medicines when they were delivered, although this was optional for people who self-medicated. This meant that staff knew how to meet the needs of individuals' who self-medicated.

We looked at records for people using the service who were supported to take their medicines. Staff told us that when medicines were due, they would unlock the person's cupboard, hand the person the medicines they needed to take and record whether or not the person took the medicines by signing a Medicine Administration Record (MAR). We found that MARs had not been completed correctly. At the front of the medicine file in one house there was a list of the staff who gave people medicines; staff had written their names and full signatures but not signed their initials. In another house a MAR had been signed with initials but no staff member on the signature sheet in the file had those initials. This meant it was not clear which member of staff had administered the medicines.

On one MAR a medicine had not been signed as taken by the person for the 10 days prior to our inspection and there was nothing to explain why this was. Not signing the MAR to confirm a medicine was taken or entering an explanation as to why it was not taken meant that it was not possible to tell if the person was receiving their medicines as prescribed by their GP from their MAR.

One person received three medicines 'as required'; this meant they were prescribed to be taken when they needed them. When people receive full support to take their medicines, staff need the guidance of a medicine protocol; a medicine protocol is a set of written instructions which explain the circumstances when the medicine should be given, the dose and how often it can be taken. If protocols are used correctly they ensure that a person gets medicine when they need it and they also prevent people from receiving too much of a medicine or having it too frequently. We found that this person had an incomplete protocol for one of the medicines and no protocols for the other two. This meant that the person may not have received their prescribed medicines safely or when they needed them.

The issues with medicines recording and the lack of 'as required' medicines protocols constituted a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service had varied mental and physical health histories and needs. We looked at four people's care files to see how risks were assessed and managed. We saw that behavioural risk assessments were in place but they were not detailed or clearly laid out. Risk assessments did not contain the information staff members would need to understand what behaviours might be anticipated, how to recognise triggers and how best to manage situations that might arise.

This was a breach of Regulation 12 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that support staff had not received training in breakaway and de-escalation by looking at training records. Breakaway training teaches staff how to get away if a person is attempting to restrain them and de-escalation training teaches staff how to calm people down when they get angry or upset. Lack of breakaway and de-escalation training meant that staff might not be able to manage behaviour that may challenge others. We raised this with the registered manager on the first day of our inspection and they had made arrangements for the training of all staff by the end of the day.

The service employed seven full time and seven part time support workers to support ten people in three houses. Five people lived in one house, three people lived in a second house and two lived in a third house. Each of the three houses had staff that only worked at that house and there were other staff that worked across all of the houses according to need. The house for five people had at least two support workers during the day and one overnight. The two smaller houses had at least one support worker day and night, with two when activities were planned or people had appointments.

The registered manager told us the staffing system worked well as it allowed the service to be flexible. One person said, "We mainly see the same staff. If they aren't the regular ones I still know them", another person said, "90% of the time it's the same staff."

People we spoke with thought they received the support they needed. One person said, "There are enough staff for the people here, at least two or three in the day". Relatives we spoke with said they thought there were enough staff.

Requires improvement

Is the service safe?

All the people we spoke with told us that extra staff would come in if they needed help to get to appointments or wanted a support worker to come with them to see other healthcare professionals.

Staff we spoke with thought there were enough support workers to meet the needs identified in people's care packages. One support worker said, "I think we have enough staff", another said, "There are enough staff for everyone in the house." By speaking with people using the service, their relatives, staff and the registered manager and by looking at staff rotas, we found there were enough staff to provide the support people were funded for and that the service was sufficiently flexible to meet people's needs if extra support was required.

We looked at the recruitment procedures in place to ensure only staff suitable to work in the caring profession were employed. When we checked the records for three members of staff we saw that all three had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. There was a record of each support worker's job application, job interview including a full employment history, copies of their photographic identification, a medical fitness assessment and two written references were obtained before the staff started work. This demonstrated that the recruitment process was robust and protected people using the service.

Staff disciplinary procedures were in place and we saw a documented example of how the disciplinary policy had been followed when an incident involving a member of staff had occurred. The incident had been thoroughly investigated and documented and appropriate actions had been taken. This helped to ensure standards were maintained and people were kept safe.

We checked training records which showed that all support staff had received safeguarding training. Staff we spoke with confirmed they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Support workers could explain the forms of abuse that the people using the service might be vulnerable to. All the support workers we spoke with told us they would report any safeguarding concerns to the registered manager or operational manager. One said, "I would expect them to take action. If they didn't I'd tell CQC". Another support worker knew how to report issues to the local authority safeguarding board and a third said they would use the local safeguarding helpline number if their concern was about one of the managers. This demonstrated that staff were trained in safeguarding and knew how to report any concerns.

The service had a risk taking policy and procedure which described how people would be supported by an approach which balanced their protection and the promotion of their independence. The registered manager said that the purpose of the service was to support people to live independently in the community so that they could eventually move on and live totally independent lives. We asked two people if they felt in control of their lives. One told us, "I feel independent and in control of my life", the other said, "The staff make suggestions but I'm in control of my life." Two relatives of people using the service told us that they felt that their relatives could exercise choice within reasonable limits. This showed us that the service tried to minimise restrictions on people's freedom and to give people control of their lives.

The people living in the three houses the service supported were responsible for cleaning their own rooms and there was a rota system whereby people took turns to clean the communal areas. The registered manager told us that staff helped people to keep the houses clean by demonstrating cleaning skills and by prompting. A support worker told us that people were expected to clean up after themselves in communal areas but if mess was left, the staff would tidy up. On the day of our inspection we looked in bathrooms, the kitchen and other communal areas in two of the three houses and found them to be clean, tidy and odour-free.

Good

Is the service effective?

Our findings

One person using the service told us, "I think the staff are well trained", another said, "Staff here know what they're doing". Staff told us they had received training on health and safety, fire safety, medicines administration, infection control, safeguarding, mental health and food hygiene. Records showed that staff had also attended mandatory courses on moving and handling, safeguarding adults and children, fire safety, first aid, medicines administration, food hygiene and infection control. Two support workers had a National Vocational Qualification (NVQ) at level 2 in health and social care and four staff were currently studying for an equivalent qualification. Two staff members told us that they could request additional training if they wanted it. This showed us that staff were trained appropriately to meet the needs of the people they supported.

We spoke with a staff member about their induction and they told us they had shadowed other staff members and received training and orientation to each workplace. Another support worker described their induction as "brilliant". We looked at induction documentation for one support worker; there was a three week plan of the shadowing, mandatory training and orientation that had taken place and all was signed and dated correctly. This meant that new staff joining the service were trained and prepared to support people during their induction.

Support workers said they received regular supervision sessions with the registered manager. Records of these meetings were detailed and comprehensive and included a discussion of individual staff needs and issues. One support worker said, "I have supervision with the manager every month and I can discuss any other issues with them in between". This demonstrated that the service was supportive of staff's personal and professional development.

The service had not yet started providing appraisals for staff as it was still relatively new and most support workers had not worked at the service for more than 12 months. The registered manager said that annual appraisals were being planned for the staff that needed them.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which can apply to supported living arrangements in some circumstances by application to the Court of Protection. DoLS protect the rights of people who are unable to make decisions for themselves. The people using the service all had capacity to make their own decisions and none were subject to DoLS.

The people using the service were responsible for shopping for and cooking their own food. Some people were supported to do this by the support workers who also provided advice on aspects such as healthy eating. One person told us, "The staff know what foods are best for my diabetes". A support worker described how they had accompanied a person to an appointment with the diabetes nurse (with the person's permission) so that they could learn more about the person's specific needs and how to support them better. This showed that the staff tried to understand and support people's individual nutritional needs.

One of the support workers described how they had supported another person to eat a better diet after they were diagnosed with diabetes. They had helped the person to create weekly meal plans and shopping lists for the food they would need. With the support of staff the person had invited their family to the house for a meal and then cooked healthy food options for them. Another support worker described how they had encouraged people living in the house to take turns to cook a weekly communal meal; people told us that this was an event they looked forward to. This demonstrated that staff encouraged people to socialise at mealtimes and provided opportunities for their families to get involved.

People we spoke with said that they had access to a range of healthcare professionals, including social workers, GPs and specialist diabetic nurses. One person told us, "I ask the manager to come with me to certain appointments. They advocate for me." In the care files we looked at we saw people had visited GPs, opticians, specialist nurses and the various mental health professionals who were involved in their care. Relatives we spoke with told us that staff monitored the health of their relatives on an ongoing basis and would involve other healthcare professionals if they were needed. This showed us that the service made provisions to help the people it supported to meet their own holistic health needs.

People supported by the service received notification of their healthcare appointments by post. Both of the houses

Good

Is the service effective?

we inspected had a system in place whereby people were encouraged to tell staff when an appointment notification was received so that the letter could be copied for their file and the appointment written into an appointments diary. The appointment diaries we saw were used to remind people when their appointments were due and to highlight when additional staff would be needed to transport people to appointments or support them during appointments. One person told us, “I give the staff my letters and they remind me about my appointments”, another said, “They write my appointments in the book.” This meant that the service had a system in place to maximise people’s attendance at appointments and ensure that transport or staff support was provided, if required.

Good

Is the service caring?

Our findings

We asked people using the service what they thought about the staff. One person told us, "I get treated like an equal", another person said, "The staff are very friendly and they do their best to help you", and a third said, "It's the best place I've been." Relatives we spoke with told us that staff were caring and committed to supporting the people using the service.

The service had a keyworker system, whereby named support workers had oversight of individuals' support needs and plans. We asked support workers to describe the people they were keyworkers for. The three support workers we spoke with each provided detailed descriptions of people's histories, personalities, likes and dislikes, favourite activities and support needs. One person we spoke with said, "The staff know me well. They know when to help and when to leave me alone." Another person using the service described how the registered manager would take them to another part of the city to buy certain cultural food stuffs that were important to them. The person told us, "[The registered manager] is very caring. He doesn't have to take me but he does." This showed us that staff made an effort to get to know people well so that they could support them as individuals.

During the inspection we observed care staff interacting with people using the service in a warm and friendly, yet professional, way. In one house we saw three people sitting outside with two staff members; they were in relaxed conversation and laughing occasionally. In the other house we heard one person showing the registered manager a magic trick. During the inspection every person we spoke (the people using the service and staff) mentioned a pool competition run by the service and held regularly at the larger house. All the people supported in the three houses and all the staff were involved and it was something everyone looked forward to with anticipation. A support worker described how one person had been encouraged to teach another person how to play pool so that they could take part, which they now did. One person told us how the competition gave them the opportunity to mix with people they had things in common with. This showed us that staff had formed caring relationships with the people they supported and actively encouraged people to participate and make friends with those living in the other houses.

We asked people if they thought their privacy and dignity was promoted by support staff. Two people said they thought that their privacy was promoted. One person said, "The staff always knock on my door"; another person said, "The staff knock on my door and wouldn't come in even if it was open until I answered." Relatives told us they thought that people's privacy and dignity was promoted. We read the care files and daily care logs of four people who used the service. All of the entries written by support staff were done so using respectful language. This showed us that staff respected people and promoted their privacy and dignity.

We spoke to people about their involvement in planning their own care and support. Two people we spoke with said that they had been involved in their care planning and had seen and signed their support plans. They said that their keyworker asked for feedback on the support they received during regular one-to-one meetings and made any necessary changes to their plans. We checked four people's care files and saw that people had signed their care plans. We noted examples of changes to support plans following feedback to the staff from the people using the service. For example, one person told us that they used to have their medicines delivered to the house but had told staff that they would prefer to take their prescriptions to pharmacy and collect their medicines in person. The method of medicine request and collection was changed for this person and we saw that their medicine support plan reflected this. Another person using the service wanted to get a dog. The staff held a meeting for all of the people living in the house to discuss the idea and it was agreed that everyone was happy for the person to get a dog. This meant that the service listened to the people it supported and made changes according to their needs and wishes.

People using the service were provided with information on advocacy services on admission and helped to access advocates at MIND and at the Citizen's Advice Bureau. Advocacy services help people to access information, to make decisions and to speak out about issues that matter to them. Support workers we spoke with described how to refer people to an advocate and what advocates could do for people. We saw referrals to and correspondence from advocacy services in people's care files. Helping people to access advocates meant that the service was promoting their rights and independence.

Requires improvement

Is the service responsive?

Our findings

We looked at the care files of four people who used the service. We found that they were not easy to navigate and did not follow a standardised format. We also saw many documents that were either not signed by the staff member writing them, or not dated, or both; for example support plans, risk assessments and individual's progress reports. This meant it would be difficult for staff to see who was involved with planning the support people were receiving or how accurate or up to date the information was.

We looked at support plans in each of the four care files. The purpose of a support plan is to show people what support they will receive and how they will receive it. They also inform staff what support each person needs, who should provide it and how progress will be evaluated. People's support plans had a generic format and were brief but did contain some details about the person that made them individualised. Support plans contained sections on managing a tenancy, domestic skills, self-care, physical health, use of time, family and relationships, maintenance of mental and emotional health and managing finances. We found that the needs of the people were not clearly described, the methods of support were not clearly defined and evaluations of the support were not made.

People with physical health care needs, for example diabetes, did not have support plans put in place by the service. We also came across incidences of changes in people's support that had not been reflected in their support plans, for example, one person had agreed to a change in their behavioural support during a review meeting with their mental health team but this was not updated on their support plan for the support staff to see. This meant that the needs of the people using the service and the ways in which support should be provided and evaluated were not clearly documented. In addition, changes to the support required were not always documented; this meant that people may not be receiving the support that they need.

The failure to plan to meet people's care and support needs adequately constituted a breach of Regulation 9 (1) and (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that care files contained detailed information about each person's mental health history and there was a record of the assessment carried out by either the registered manager or operational manager prior to the person's starting to use the service. The assessment for new people was thorough and explored various aspects such as the person's accommodation preferences, their family involvement, any medical conditions, their medications and what assistance they would need with them, whether they displayed behaviours that may challenge others and the views of the staff currently involved in the person's care. This showed that individual's needs were fully assessed prior to starting with the service to ensure they could be properly supported.

One person's care file contained a one month transitional plan covering the move from the previous care facility to the service. This involved spending increasing periods of time at the house they would move to, being introduced to the staff and people at the house and spending occasional nights there prior to moving in permanently. This meant that service tried to ensure that the move to the supported house was as smooth as possible for the new person and for the people already living in the house.

All of the people we spoke with said that they had regular one-to-one meetings with their keyworkers to evaluate the support they were receiving. The meetings happened monthly or more frequently if required. The outcomes of the one-to-one meetings were recorded in the daily records for each person.

People we spoke with in one house said they thought they had enough to do. One person described how they watched TV, played pool and took part in the regular pool competitions, played darts and board games, went to the cinema and had been to the races. Another person said they had been out for meals, played music and enjoyed the regular communal house meals. One person said, "I have enough to do", another said, "You can do as much or as little as you want – they don't force you". Another person described having their relatives come to visit and how welcome they were made to feel by the support staff. Two people we spoke with said that they had asked for specific activities to be arranged and that the service had done this for them. One person was taking part in a theatre production to which all the people using the service and the staff would be invited. A member of staff told us that another person had asked to go to a pop concert; the staff encouraged and supported the person to make the

Requires improvement

Is the service responsive?

arrangements and to invite other people using the service which they had done. This showed us that people in this house had enough activities to do and could ask for more if they wanted them.

The other house we visited was in a less central location and it was more difficult to access shops and cinemas without using public transport. The house had a pool table in the garage which the people used to practice for the pool competitions as well as a TV and music system. The house also had a garden which we observed people using. One person we spoke with said that they went out to meet friends, ate meals with others at the house and went for a night out arranged by staff for their birthday. A support worker we spoke with told us that the people living in the house had asked the registered manager if they could convert the garage into a gym. One person we spoke with said that they and another person had asked the registered manager if they could have access to a TV channel which would allow them to watch certain football matches. We asked the registered manager about these requests and they said that both were currently being considered.

One person we spoke with in the second house said that they would like more activities to be arranged. A support worker we spoke with said that the atmosphere in the house was a bit quiet and they thought that there was not enough for the people to do. We raised this with the registered manager who said that the dynamic of the house was different to the other house we inspected in that people got on well but they were not as friendly with each and tended to keep themselves separate.

People using the service told us they would feel able to raise any concerns or complaints with the registered manager or other members of staff. One person described how there had been a problem with their bedroom which they reported to the registered manager. The person said that they were satisfied that the issue was dealt with quickly and appropriately. Relatives told us they knew how to raise concerns and how to make an official complaint but had never had any need to do so.

We looked at the complaints file. The issues it contained mainly related to broken equipment; there was a written record of each complaint along with the action and outcome. This meant that the service documented complaints and that action was taken and outcomes were followed up and recorded.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager. 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.

We asked people what the atmosphere was like in the house they lived in. One person said, "The atmosphere is alright. It's happy", another person said, "I don't think anything could make it better, it's perfect as it is now."

The service undertook a series of monthly checks on various aspects of the service, but these checks were not always carried out properly and were not audited by the registered manager. For example, support staff completed monthly health and safety checks of each of the two houses we inspected looking at aspects such as fire safety, but these checks were not audited by the registered manager to look for issues or trends. A medicines audit was carried out monthly by support staff in each of the houses we inspected but they were not carried out correctly and had not been completed for many months. For example, staff had recorded 'yes' to questions such as 'are covert medicines given' and 'are excessive quantities of medicines stored', neither of which were true for the service. As there was no audit of the medicines checks by the registered manager, this issue was not identified by them. We saw that the service had a checklist of when support plans needed to be updated but there was no formal audit of support plan quality by the registered manager. This meant that the registered manager did not audit the checks made by the support workers in order to identify any issues or trends or to obtain an overview of the quality of the service delivered.

The lack of effective audit systems meant that service was in breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the quality and safety of services provided were not assessed or monitored in order to identify any required improvements.

The service held residents' meetings for the people that used the service with the staff. People we spoke with told us that the managers attended these meetings. In the larger house that we inspected meetings were held monthly and were minuted. Aspects discussed included activities and any equipment that might be needed. At the other house we inspected there had only been two house meetings to date in 2015; a support worker we spoke with did not know why meetings had not been held more frequently. Holding residents' meetings is one way of seeking the opinions of the people using the service in order to identify areas for improvement.

We read some of the policies and procedures Pro Support Ltd used to direct the service, including safeguarding, disciplinary and whistleblowing. Policies and procedures were available in hard copy and electronically at the administrative office and at the two houses we inspected. All of the support staff we spoke with said they had read the policies and procedures, knew where they were located and that they were available in both formats.

The current manager had been the registered manager of Pro Support Ltd for one month but had been involved with setting up and managing the service since its beginning. The previous registered manager was now the operational manager. The people using the service we spoke with felt confident that they could raise any problems or issues with the registered manager, the operational manager or any of the staff. One relative told us, "I have no criticism whatsoever about the service the company provides. The management is excellent and the system runs very well." A mental health professional involved in the care of the people using the service described the registered manager and operational manager as professional and accommodating and actively involved in the support of people using the service. They also said that both managers assisted the clinical team to manage the care and support of the people placed with the service.

We saw that the registered manager was visible in both of the houses we inspected. According to the people using the service and support staff, the registered manager worked from the larger house most weekdays and visited the other houses about two or three times a week. We noted the registered manager's manner was informal and approachable when they interacted with people and observed them chatting in a relaxed and familiar way. People told us that they had the phone numbers of the registered manager and the operational manager and could ring them at any time. Support staff said that they

Requires improvement

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could ring the registered manager or operational manager with any problems or queries any time of the day or night. On the first day of our inspection at the office we noted that the phones of both the registered manager and operational manager rang frequently and they spoke with support staff, people using the service and other health care professionals. This showed us that both managers were accessible to the people using the service and to their staff and that the culture of the service was open.

People using the service received a survey about the service from the registered manager on a quarterly basis. Results had been compiled by the registered manager into a report which showed overall satisfaction in all aspects of support provided. Relatives of people using the service received an annual survey from the registered manager. Responses to the most recent survey were all either 'good' or 'very good' for the various aspects of the service people were asked to feedback on. One relative had commented, "I am very happy thank you." Surveying the people using the service and their relatives for feedback about the support provided showed that the service was interested in what their stakeholders thought and actively sought ideas for improvement.

We looked at the minutes of staff meetings which were held every six to eight weeks. Meetings included discussion of relevant good practice, service policies and procedures and any incidents that had happened recently. Support staff we spoke with said that they could raise concerns or discuss any issues at the team meetings. Meetings were held at different times and on different days so that as many of the staff as possible could come and staff took turns to chair the meetings and take minutes. This meant that staff were encouraged to take ownership of their team meetings and to use them as an opportunity for professional development.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Fire extinguishers were out of date and smoke alarms were not checked.** **Regulation 12 (1) and (2) (e)**

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines were not managed properly or safely.** **Regulation 12 (1) and (2) (g)**

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Behavioural risk assessments were not sufficiently detailed.** **Regulation 12 (1) and (2) (a)**

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The service did not plan to meet people's care needs adequately.** **Regulation 9 (1) and (3) (b)**

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have effective audit systems in place. Regulation 17 (1) and (2) (a) (b) (f)