Scenario Management Limited

Scenario Management - Riversmede

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 and 30 September 2015, with feedback on 12 October 2015 and was an unannounced inspection.

Scenario management - Riversmede is registered as a domiciliary care agency. The service provides personal care in a supported house for people with learning disabilities and behaviour that challenges. The three people who live in the supported house are either tenants or the landlord of the property. They have lived together for over 10 years. Staffing is provided 24 hours each day to support the people living in the supported house.

Summary of findings

The service was last inspected in June 2014. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. However she was in the process of cancelling her registration and the care manager was applying to become the 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 and their relatives whether they felt safe being supported by Scenario management - Riversmede. One person said, "Yes, I am safe and happy. I like the staff. They are kind, yes." A relative told us "[My family member] is so happy. I know he is safe. He is so happy and settled." However this did not always reflect our findings.

Risk assessments were in place to reduce risks to people's safety. Where potential risks had been identified the action taken by the service had been recorded. However some of the risk assessments were restrictive and had been in place for a long time. The assessments had not been reviewed to reflect whether the restrictive practice was still in use and still appropriate.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority.You can see what action we told the provider to take at the back of the full version of this report.

We looked at how staff supported people. There were enough staff during some parts of the day. However staff hours were not used flexibly and restricted choices. Staff were also working excessively long stretches at a time, which meant people were at risk of not receiving appropriate care.

Medicines were given as prescribed and stored safely. However a record of medicines returned to the pharmacy had only recently been introduced. This meant it was not clear when previously unused medicines had been disposed of.

People's health needs were met and any changes in health managed in a timely manner. We saw one person having a physiotherapy session and evidence of other people seeing health professionals as needed.

Staff did not have a full understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This meant people were deprived of their liberty unlawfully.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority. You can see what action we told the provider to take at the back of the full version of this report.

People told us they liked the staff and the staff were 'nice and good'. A relative told us, "[Family member] appears happy and comfortable with all his carers without exception. He likes them all."

We saw staff interacted frequently and enthusiastically with the people in their care, treating people with respect and patience. People were relaxed and comfortable with the staff team and staff were attentive, responding to any requests for assistance promptly.

People were encouraged to choose what they wanted to eat. Staff made sure that people's dietary and fluid intake was sufficient for good nutrition and where possible a healthy option.

Care records contained personal information to assist staff to make each individual's care person centred. Risks were well documented but developmental strategies to extend peoples skills and choices were limited.

The staff team were experienced, and familiar with the needs of the people who they supported. Staff were aware of people's individual needs around privacy and dignity. They made sure people's privacy was assured when providing personal care and each person had the personal space they needed. Relatives felt they could trust staff and they were friendly and respectful. A relative told us, "We can trust the staff here. We know them and they involve us and keep us up to date with [Family member's] care."

Staff recognised the importance of social contact and activities. The activities people were involved in were

Summary of findings

varied and included swimming, trampolining, football, visiting restaurants and shopping. People said they enjoyed the activities. One person said "I like McDonalds and fish and chips. I go swimming sometimes."

We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. One person said, "Tell [one of the staff team or family]." Relatives said they knew how to make a complaint. A relative told us "We have a great relationship with staff and can talk to them about anything."

Systems in place to monitor the service were limited. The manager told us she was developing these systems so they were more rigorous.

The staff team had frequent informal chats with people and their families about what they wanted from the service. This meant that people's views were heard and relatives were kept up to date with any new information or changes with their family member.

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

People and their relatives told us they felt safe whilst living in the supported house. However, the provider was not appropriately managing risks and restrictive practices were in place.

The length of and limited flexibility of staff shifts and routines in the supported house could put people at risk of not receiving appropriate care.

Medication was given as prescribed but recording of disposal of medicines had only recently been introduced.

Is the service effective?

Requires improvement

The service was not always effective

Procedures were not in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. Senior staff did not have a working knowledge of them.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

Staff told us they had good access to training and support and were encouraged to develop their skills and knowledge.

Is the service caring?

Good

The service was caring

People we spoke with and their relatives told us staff were kind and patient. They told us they were pleased with the care provided.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Advocates were requested for important decisions, so that an independent voice was involved in decision making.

Is the service responsive?

Requires improvement

The service was not always responsive

Care plans were informative but developmental strategies to extend peoples skills and choices were limited.

Staff were proactive, in make sure that people were able to keep relationships that mattered to them. They were welcoming to people's friends and relatives.

Summary of findings

People were involved in a variety of activities. Staff took into account people's individual likes and dislikes when these were arranged.

People and their relatives were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Requires improvement

The service was not always well led

Although audits were carried out, the audit systems did not provide sufficient information for governance of the service.

Legal obligations placed on them by deprivations of liberties authorisations were only partially understood.

People who lived in the home and their relatives were encouraged to give their opinions on how they were being supported. They told us staff were approachable and willing to listen.

Scenario Management - Riversmede

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 24 and 30 September 2015 with feedback on 12 October 2015. It was an unannounced inspection. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived in the supported house and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the supported house had been received.

We spoke with a range of people about the service. They included the registered manager, four members of staff, all three people who lived at the home and four relatives.

We looked at care and the medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the service.

We spoke with health care professionals, the commissioning department, remodelling team and the safeguarding team at the local authority. We spoke with the local independent advocacy service involved with people in the supported house. We also contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living in the supported house.

Requires improvement

Is the service safe?

Our findings

We asked people and their relatives whether they felt safe being supported by Scenario Management - Riversmede. The three people who lived in the supported house had limited communication, but were able to tell us they felt safe and were happy. One person said, "Yes, I am safe and happy. I like the staff. They are kind, yes." A relative told us "[My family member] is so happy. I know he is safe. He is so happy and settled." Another relative said of their family member, "In all the years he has been there we have never seen him unhappy and he has never been reluctant to return home (to Riversmede) when he has been out with us. " However we found the service was not consistently safe as risks were not always managed appropriately.

The local authority informed us prior to the inspection there had been recent safeguarding concerns raised about care practices in the supported house. Staff were co-operating with the investigation into the safeguarding concerns. Two were found to be safeguarding issues by the safeguarding team and appropriate action was taken by the Scenario's management team.

The local authority told us staff had been unaware of what constituted a safeguarding concern and how to manage this. The safeguarding team had provided the staff team with relevant information and advice. Staff we spoke with had learnt about safeguarding concerns and knew what action to take. They gave examples of how people might experience abuse and how a safeguarding concern should be managed. This showed us they had taken note of the information and advice provided by the safeguarding team and reduced the risk for people from abuse and discrimination. Records seen confirmed safeguarding vulnerable adults training for the staff team was to be carried out shortly after the inspection.

Staff told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

People used their own cars for most activities, which staff drove for them. However senior staff acknowledged high petrol and occasionally high food costs were incurred by each person. They accepted that less costly alternatives may sometimes be more appropriate. Systems to monitor car mileage or itemise activity costs were limited, which made monitoring less effective.

Risk assessments were in place to reduce risks to people's safety. The risk assessments we saw provided clear instructions for staff members when delivering their support. This reduced risks to people and assisted in protecting people from abuse and unsafe care.

Where potential risks had been identified the action taken by the service had been recorded. However some of the risk assessment were restrictive and had been in place for a long time. Staff had showed extreme caution for reducing the restrictions. For example, despite the support of two staff when each person was travelling individually in a car, all three people wore special harnesses to restrict them from moving from their seat. Staff told us they were looking at reducing the use of this for one person. However there was no evidence staff had looked at less restrictive ways of keeping people safe when travelling.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support people. We talked to staff about how they supported people whose behaviour may have challenged services. One relative said "[Our family member's] behaviour was a major problem in previous placements and he had to leave. Here the staff have been very successful in reducing these behaviours. He is happy and relaxed with them and has regained his self-esteem."

Staff described how they considered the best staff action to take in order to support people. However this often restricted their movements and activities. For example we were told two staff were always with each person when they went out of the house as the risk was too great for only one staff member to support each person. However there had not been support plans to look at whether individuals were safe in certain activities or situations with one member of staff for support.

Staff records showed staff were occasionally using physical intervention without specific agreements of physical intervention to be used and without having up to date training and knowledge of physical intervention. Records were informative about particular incidents and how long this lasted overall but where physical intervention was

Requires improvement

Is the service safe?

used, the type of and the time used was not usually recorded. However in discussions with staff we found the intervention was minimal. Staff were gently guiding a person away from a situation, a to diffuse this, rather than restraint. Despite these issues relatives felt staff supported their family member safely.

Senior staff made changes while we were at the service, to the record template so this information would be captured in future records. They advised us a senior member of staff was completing nationally recognised physical intervention training early in 2016. This would equip them to train other staff. This training had been postponed from August 2014 due to health issues.

Accidents or incidents, complaints, concerns were recorded and discussed at monthly key worker and staff meetings and evaluated for lessons learnt. Any changes to care needed were made to reduce risks but less restrictive practices were not always considered.

We looked at how the supported house was being staffed. We did this to make sure there were enough staff on duty to support people. We talked with people, relatives staff and other professions. We also observed whether there were enough staff to provide safe care. Relatives were positive about staff and felt there were enough staff to provide care and activities.

We saw from rota's there were enough staff during the morning and afternoon so people could go out each day. However staffing was not used flexibly and was reduced each day mid-afternoon. Everyone went out individually but at a similar time, rather than flexibly at a time of the person's choosing. Staff told us activities could be arranged in the evening and staffing rearranged. However this did not routinely happen and reduced people's choices.

Staff were working excessively long stretches at a time. We saw from the rota's one member of staff worked from 10am – 11pm followed by the sleep in, followed by a sixteen hour day and a further sleep in, followed by a seven hour day. Staff were also working up to 66 hours some weeks according to the rotas. This put people at risk, particularly where people had behaviour that challenged.

Records showed there were occasions where people were awake during the night and staff on a sleep in were disturbed. Where staff had worked long shifts the day before and the day after the sleep in their ability to support people effectively could be reduced. We discussed this with the manager who told us that the rotas were being altered to reduce the length of staff shifts.

Staff told us a recent cut in the commissioned staff hours had reduced the length of time people could go out. However they did not use the remaining hours flexibly to have a mix of longer outings and some more local activities. Everyone went out at similar times and were back in the supported house at the same time. This meant people rarely had time in the house without the other tenants. The manager informed us that rota's were being changed to be more flexible to people's needs and with shorter lengths of staff shifts.

We looked at how medicines were managed. Medicines were ordered appropriately, and given as prescribed. We spoke with relatives about the management of their medicines. They told us they felt staff supported their family member with medicines well. We observed part of a medicines round and saw medicines were given to people safely and recorded after each person received them.

Senior staff told us they had only recently starting recording checks on receipt of medicines and disposal of these, after concerns were raised with them. They said they had until recently had a large quantity of medicines stored but these had now been returned to the pharmacy. They had introduced regular audits to monitor medication procedures, check compliance with procedures and learn lessons where any errors were made.

We looked at the recruitment and selection procedures for the service. There had not been any recent staff appointments as all staff had been in post for a long time. However senior staff explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff.

Requires improvement

Is the service effective?

Our findings

People who lived in the supported house and their relatives felt people's needs were being met and confident of the staff team. They felt staff were knowledgeable. They said, in their view, staff were properly trained and supported people well. One relative said, "We can't thank the staff enough for how they have supported [family member]. He has come on leaps and bounds. We are confident they all know what they are doing."

Specialist dietary, mobility and equipment needs had been identified in care plans and updated regularly. People also had health passports and other informative records relating to the health needs of individuals. Senior staff told us of regular health care visits. They said they acted on any health issues and monitored these. Records reflected this. We saw staff had referred one person to a physiotherapist for support with deteriorating mobility. The physiotherapist made the initial visit during the inspection.

People said they enjoyed their meals and snacks. Relatives spoken with were in agreement with this. One relative said, [my family member] is always fed properly with lots of choices." Staff made sure people's dietary and fluid intake was sufficient for good nutrition. People were able to choose the meals and drinks they had. One person had some types of drink limited, although they were able to have other drinks as they wished. A token system was in operation, with drinks given at set times. Staff told us this was because the person wanted to drink very frequently and focussed on this without the token system. However this could reduce flexibility and choice.

Staff encouraged people to have mainly healthy options although they also enjoyed 'fast food' takeaways. It was clear people had choices of food and were involved in shopping for some of the food. Staff told us of the varied diet they served. There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs.

We were told people were encouraged to get involved in assisting with the preparation of meals where possible and the setting and clearing of the tables. We did not observe this as we were not in the supported house at mealtimes.

Staff told us they had good access to training and were encouraged to develop their skills and knowledge. One member of staff told us, "We have all had a lot of short training courses recently and some of us are also doing some lengthier courses." All staff had completed national qualifications in care with most staff also having higher level qualifications. They had also recently completed food safety, health and safety and infection control. Medication administration, safeguarding, epilepsy and mental capacity act training was planned for soon after the inspection. This meant staff had, or were developing, the skills and experience to care for people.

Supervision and appraisal were provided regularly to staff. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and the regular staff meetings. They said this was one of the ways the management team supported and encouraged them. They also said as a small team they worked very closely together so discussed any issues regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the management team to check their understanding of MCA and DoLS. The management team had only partial understanding in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). As people lived in a supported house any applications were to go to the Court of Protection. There was evidence senior staff were liaising with the local authority over the restrictions in place for people and applications to the Court of Protection but the applications had not yet been made.

Requires improvement

Is the service effective?

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people were not deprived of their liberty for the purpose of receiving care without lawful authority.

Staff determined people's capacity to take particular decisions, but did not always follow this in practice. Staff consulted people regarding day to day decisions. However they did not always consult or ensure their best interests were taken into account when making some more complex decisions. For example, although people had limitations regarding their capacity, they had signed tenancy/landlord agreements, without advocate involvement or best interests meetings. Also an additional tenant had been placed in the supported house for a short time, contrary to the tenancy agreement and without agreement of people or their advocates.

Until recently the staff team did not always involve external agencies, families or advocates in best interests decisions. They said this was because no one was available from external agencies but they had not recorded this or asked for alternative input. They had involved advocates and other professionals in the most recent decisions being made.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and the staff were 'nice and good'. We observed people were relaxed and comfortable with the staff team. Staff interacted frequently and enthusiastically with the people in their care, treating people with respect and patience. People were not left without support and staff were attentive, responding to any requests for assistance promptly.

We saw any questions or requests by people were handled appropriately and in a kindly way by staff. We saw staff explaining what they were going to do before attempting any care or support. A relative told us, "[Family member] appears happy and comfortable with all his carers without exception. He likes them all."

We spoke with senior staff about how they developed care plans when people moved into the supported house. They told us care plans and risk assessments were completed soon after admission. They explained the three people had lived together for over 10 years. We looked at the care records of all three people. Each person had informative care records and risk assessments in place that gave details of their life history, likes and dislikes. They also contained the care and support people required. We saw these were regularly reviewed.

Care records contained personal information to assist staff to make each individual's care person centred. From the care records it was evident staff were knowledgeable about people but uncomfortable about providing a less restrictive environment. Risks were well documented but staff did not look at ways to extend peoples skills and choices. Daily records were in place. These were informative and along with care plans gave a clear picture of each person's lifestyle.

We saw people making choices from a number of photographs staff showed them. This helped them choose the activities they wanted to be involved in, the food or drink they wanted or the staff they wanted to support them in particular activities. We observed a person was becoming anxious and unsettled. Staff calmly and sensitively supported them and distracted them from their anxiety by offering alternative choices.

Where possible people were matched to staff who had similar interests to them. A member of staff who enjoyed walking supported two people who liked long walks in the countryside on these activities. Another member of staff who liked sport supported a person who enjoyed watching football to attend football matches.

Staff supported people with personal hygiene and support. People looked groomed and cared for. A relative told us, "[My family member] is always suitably dressed for the occasion. The staff look after him well."

Staff were aware of people's individual needs around privacy and dignity. They made sure people's privacy was assured when providing personal care. We saw staff talking to people in a respectful, polite manner. They made sure each person had the personal space they needed.

Staff knew and understood people's life and medical history, likes, dislikes, needs and wishes and were familiar with people's needs. Relatives felt they could trust staff and they were friendly and respectful. A relative told us, "We can trust the staff here. We know them and they involve us and keep us up to date with [Family member's] care."

Information about independent advocates was available. Advocates had been involved in the most recent decisions and best interests meetings. Staff had contacted the advocacy service to provide an independent voice to advocate on behalf of the people who lived in the supported house. We spoke with an advocate who was involved in assisting with making an important decision about people's lives and care support. They informed us staff had been helpful and co-operative throughout the process.

Relatives had also been involved in these discussions. One relative told us, "We want [our family member] to remain at Riversmede. He has been here for over ten years and is happy. He finds change very hard to deal with. I am absolutely certain it would be disastrous if he were to be moved elsewhere. We want him to remain here."

Requires improvement

Is the service responsive?

Our findings

There was a relaxed atmosphere when we visited with good and frequent interactions between staff and people who lived in the supported House. We saw questions or requests by people were handled calmly and patiently by staff. Staff encouraged people to make choices about their food and activities. People told us they were able to choose the things they wanted to do and showed us pictures of activities they were involved in. We saw they were able to choose from a selection of activities what they would like to do each day.

There were elements of person centred care. We saw staff discussing activities and food choices with people. They were knowledgeable about what people liked, disliked, their preferences in care, their background and family members. Although staff took into account people's individual likes and dislikes for activities, routines were worked around the staffing rather than around each person. This limited people's choices. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for.

Staff recognised the importance of social contact and activities. People were supported to go out to a variety of activities on a daily basis. However staff rotas and routines within the supported house meant that everyone went out each day in the morning and returned to the house mid afternoon. This restricted people's choices.

The activities people were involved in were varied and included swimming, trampolining, football, visiting restaurants and shopping. People said they enjoyed the activities. One person said "I like McDonalds and fish and chips. I go swimming sometimes." A relative said of their family member, "He has a lot of activities." Another relative said, "I like fishing. Staff bring [my family member] fishing with me. It is something we both enjoy. This has helped us have the best relationship we have had for a long time."

Staff supported each person to go on holiday. One person was on holiday on the first day of the inspection. They indicated they had enjoyed their holiday when we spoke with them.

Staff supported people to engage in some activities and interests in the house including Wii games, baking, TV, colouring and books. Senior staff told us they were looking at improving the variety of in house activities.

People told us their relatives were encouraged to visit and made welcome when they came. One person said; "I like to see my mum." Relatives told me they were welcome at all times. One relative said, "The staff bring [family member] to see us regularly. They have made every effort to ensure that the close bond he has with us, his family, is maintained." Another relative said, "The staff have made sure that [family member] can meet regularly with me and other family. It has made us all so much closer."

Records showed and relatives told us staff dealt with any health needs in a timely manner. Staff made referrals to other health and social care professionals as needed. They supported people with appointments and any treatments.

Each person had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. One person said, "Tell [one of the staff team or family]." Relatives spoken with said they had not any complaints with staff or about the care provided, but would be able to complain if they needed to. One relative told us, "We have a great relationship with staff and can talk to them about anything."

We had mixed responses from external agencies including the social services contracts and commissioning team, remodelling team, safeguarding team and independent advocacy service. Some professionals expressed concerns about the attitudes of staff to issues or concerns raised in being resistant to suggestions for improvements. These included elements of care, support and staffing provided to people. Other professionals told us they found staff co-operative, willing to accept help and to make changes where this would improve the service.

Requires improvement

Is the service well-led?

Our findings

People indicated the staff were good and they liked spending time with them. The staff team had frequent informal chats with people and their families about what they wanted from the service. This meant people's views were heard and relatives were kept up to date with any new information or changes with their family member. Relatives said the staff team were easy to talk to and encouraged their involvement. A relative said of their family member, "Riversmede is the best place for him."

The senior team regularly spent time talking with people and checking they were comfortable. People's wishes were listened to and acted on but staff were not always proactive in extending people's social and leisure activities. People were not often involved in new or different activities.

The current registered manager who was also the nominated individual was in the process of cancelling her registration as registered manager when we inspected. The care manager had started the process to apply to CQC to become the registered manager. Staff told us they found her supportive and approachable and willing to make changes where needed.

There were limited procedures in place to monitor the quality of the service. Systems to monitor the management of people's money did not provide necessary information or safeguards. Other audits were being completed. These included monitoring equipment and care plan records. Issues found on these audits or changes recommended by other professionals were quickly acted upon. Senior staff told us they were in the process of introducing more rigorous checks and audits.

Legal obligations, including those placed on them by deprivations of liberties authorisations were only partially understood. The proposed registered manager said they were 'getting to grips' with the management side of the job and would ensure they had the necessary knowledge quickly.

The service had a clear management structure in place. The staff team were experienced, and familiar with the needs of the people who they supported. A member of staff said, "We are happy to work with others to improve things for people. We want to get things right."

Staff said the senior staff team were approachable and available and willing to listen. One member of staff said, of the manager, "She is very good, willing to listen and anything personal is confidential if you want it to be. She is open to new ideas. Another member of staff told us, "She is very approachable and has updated polices and developed a good management structure."

Staff meetings were held frequently to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. Staff told us the team worked well together and regularly discussed how to improve care and support. A member of staff said, "We are having staff meetings to discuss any ideas we have. "Another member of staff said, "[The manager] involves us and is proactive about making changes and moves things forward."

We saw staff could use an anonymous email to whistle blow any concerns if they felt unable to discuss these openly. However staff we spoke with said they would be comfortable discussing any concerns directly with the manager. Staff had recently completed anonymous surveys about the service they provided and the support they received. Comments were positive which showed staff felt well supported and enjoyed their work.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Staff had had deprived people of their liberty for the purpose of receiving care without lawful authority. Regulation 13 (4) [b] (5),

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.