

Hertfordshire County Council

Hixberry Lane

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

The inspection took place on 02 and 03 March 2016 and was unannounced. At our last inspection on 06 December 2013, the service was found to be meeting the required standards that we looked at. Hixberry Lane is a residential care home that provides accommodation and personal care. It is a specialised service that provides short break respite care for up to four people who live with learning disabilities. At the time of our inspection three people were at the service on short breaks.

There was a manager in post who is registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Most of the people who stayed at the service during our inspection were unable to communicate with us verbally so we spoke with relatives, staff members and observed how care and support was provided in communal areas, for example in the lounge and kitchen.

People told us they felt safe when staying at Hixberry Lane. Relatives were confident that staff helped their family members stay safe, both at the service and when out and about in the community. Staff received training about how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns.

Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs.

Plans and guidance were available to help staff deal with unforeseen events and emergencies in a safe and effective way. Where necessary and appropriate, people were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who used the service and their relatives were positive about the skills, experience and abilities of staff who received training and refresher updates relevant to their roles. Staff also had regular 'one to one' meetings with managers to discuss and review their personal development and performance.

People were encouraged and helped to maintain good health and were supported to eat a healthy balanced diet that met their individual needs when staying at the service.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. In the case of people who were non-verbal, consent was sometimes implied based on staff member's experience and thorough understanding of their needs and how they communicated. However, this was not consistently or accurately reflected in people's care and support

plans. Some people lacked capacity to make certain decisions for themselves but again this was not always made clear in their plans of care.

We saw that staff supported people in a kind and caring way that promoted their dignity and independence. Staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support, and their relatives wherever possible and appropriate, were involved in the planning and reviews of the care provided. The confidentiality of information held about people's medical and personal histories was maintained at the service.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue interests and take part in meaningful activities relevant to their needs while staying at the service.

Relatives told us that managers and staff listened to them and responded positively to any concerns they had. They were encouraged to raise any concerns they had and knew how to make a complaint if the need arose.

People, their relatives and staff were all very complimentary about the registered manager and how the service was operated. The registered manager and other senior staff monitored the quality of services and potential risks in order to drive continuous improvement.

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.

People told us they felt safe at the home.

Sufficient numbers of suitable staff were available to meet people's needs at all times.

Safe and effective recruitment practices were followed.

People were supported to take their medicines safely and when they needed them.

Potential risks to people's health were identified and managed safely and effectively.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff obtained people's agreement and consent to the care and support provided. However, this was not always reflected in their plans of care.

Some people lacked capacity to make certain decisions but this was not always clear in their plans of care.

Staff had regular supervision meetings and training which meant that people's needs were met by competent staff.

People were supported to eat a healthy balanced diet.

People's day to day health and support needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were fully involved in the planning,

delivery and reviews of their care.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of people's medical histories and personal information had been maintained and was held securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

Staff provided person centred care and support.

People had the opportunity to take part in social interests and activities relevant to their needs.

People and their relatives were confident to raise concerns and have them dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

Systems were used to quality assure the services provided and to manage risks. However, these were not always as effective as they could have been so the registered manager has taken immediate steps to improve them.

People, their relatives and staff were very positive about how the service operated.

Staff were clear about their roles and responsibilities.

Hixberry Lane

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 02 and 03 March 2016 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, five relatives, six staff members and the registered manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at care and support plans relating to eight people who used the service and two staff files. We also carried out observations in communal areas of the home such as the lounge and kitchen/dining room.

Is the service safe?

Our findings

Most of the people who stayed at the service during our inspection were unable to communicate with us verbally so we spoke with relatives, staff members and observed how care and support was provided in communal areas, for example in the lounge and kitchen.

Relatives of people who used the service told us they were confident that staff members ensured the safety of their family members at all times. One person's relative said, "I am happy that they [family member] are very safe there and have no concerns." Another relative commented, "People are safe and well looked after there."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed at all locations where services were provided. The registered manager told us that safeguarding was a key priority at the service and that it was frequently discussed with staff during 'one to one' supervisions and at team meetings. They explained; "Staff are actively encouraged to whistle blow when they have any concerns."

However, although staff knew how to raise concerns internally, some were less confident about who to contact if they wanted to take matters outside of the provider's organisation. The registered manager has taken immediate steps to address this potential knowledge gap with individual staff members and at team meetings, for example by discussing and reinforcing the training that has already been delivered. They also shared information with us that confirmed staff had in the past been able to raise issues externally with the relevant local authority when they had felt the need to do so.

Safe and effective recruitment practices were followed to make sure that all staff employed at the service were of good character and suitable for the roles they performed. A staff member told us, "Recruitment was a thorough process. The interview had lots of questions and was serious and tough going."

There were enough suitably experienced, skilled and qualified permanent staff members available at all times to meet people's individual care and support needs. The registered manager told us that staffing arrangements were based around the dependency levels and assessed needs of each person who used the service. They explained, "Rotas are designed to meet people's needs."

The service very rarely used bank or agency staff and always has a senior manager on-call to provide support and leadership if required outside of normal working hours. Additional support and cover for unforeseen and short notice absences was provided by a sister service that shared the same site if and when the need arose. A staff member commented, "[Registered manager] is adamant about the need for consistency with staff. There is enough of us; two permanent staff on shift, every shift." Relative of someone who used the service said, "Yes, it is a very small unit and they always seem to have more than enough care staff and managers around."

People's medicines were stored, managed and disposed of in a safe way. Trained staff supported people to take their medicines where appropriate at the right time and in accordance with the prescribers instructions. A person's relative told us, "[Family member] does have some important medicines for complex conditions but I've never had any concerns, staff always make sure they get what they need when they need it." Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as personal care, mobility, health and welfare, behaviour that occasionally challenged others and any potential risks that arose from people being out and about in the community.

The registered manager and staff adopted a positive approach to risks to ensure that people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances.

For example, there were risks that one person may have left the service on their own in circumstances that made them vulnerable and potentially unsafe. A deprivation of liberty safeguards authority (DoLS), together with an enhanced alarm system, have been used appropriately and to good effect in keeping them safe while, at the same time, enabling them to move freely around the service without the need for constant staff observation and supervision. This in turn, has enabled the person to grow in confidence, become more sociable in their interaction with others and take part in some of the activities provided in a way that has reduced the identified risks, for example regarding incidences of behaviour that challenged others, and promoted their independence.

Another person who used the service was identified as being potentially vulnerable due to their lack of awareness and understanding about managing finances. They were helped and supported to develop the skills and confidence necessary for them to understand and handle their own pocket money so that, for example, they were able to buy their own cinema ticket. One of their relatives commented, "Staff have helped [family member] become more confident, sociable and they interact more. They have improved since they have been there; better able to adapt to different staff and surroundings. They have become more independent with money with their support."

Incidents and accidents that occurred at the service were recorded, investigated and reviewed by the registered manager. This was to ensure that steps were taken to identify, monitor and reduce potential risks. For example, kitchen knives were colour coded according to their sharpness as a result of this system in order to reduce the risks of people who are encouraged to prepare meals from cutting themselves accidentally. This meant that risks were managed appropriately and safely in a way that minimised any restrictions on people's lifestyle choices and freedoms while they stayed at the service.

Plans, guidance and suitable equipment were available to help staff and people who used the service respond safely to any unforeseen events and emergencies. However, the information displayed in people's bedrooms and communal areas was not always presented in a way that everyone who used the service would understand. The registered manager has taken immediate steps to ensure that all such information is displayed in a way that meets people's communication needs, for example in an 'easy read' and picture format.

Is the service effective?

Our findings

During our inspection we saw that staff asked people for their consent and agreement to the care and support they provided. Although some people were unable to communicate verbally, staff who clearly knew them well had developed the knowledge and skills necessary to both understand and establish their wishes regarding the care and support they received.

For example, we saw staff communicate effectively with people about what they wanted to eat and how they wanted to spend their time. A staff member told us, "It's about getting to know people really well so you can understand how they communicate and what they want; one person will use an iPad [computer device] to reply while another needs information broken down into smaller pieces. You need to adapt your communication style to people's needs, they are all different."

However, evidence of people's consent and agreement to their support, or where appropriate that provided by relatives, was not always adequately reflected in plans of care in an accurate or consistent way. For example, in most of the plans we looked at, the sections designed to record information about people's agreement and consent, together with supporting evidence such as relevant signatures, had not been completed. This meant that it was not always clear whether everyone who used the service, or in some cases their legal representatives, had agreed and consented to all aspects of the care and support provided.

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

At the time of our inspection we found that the service had made a number of applications to the appropriate supervisory body to restrict some people's freedoms in a way that complied with the MCA and deprivation of liberty safeguards (DoLS). The applications, which were both appropriate and proportionate in the circumstances, concerned measures introduced by the service to keep people safe by using the least restrictive means available. For example, it had been identified that some people would be vulnerable and potentially unsafe if allowed to leave the service alone and without the constant support and guidance provided by staff.

However, we found that in some cases people's care and support plans did not accurately or consistently reflect whether they had the capacity necessary to make certain decisions for themselves or not. This was despite the fact that information contained in the plans suggested they did not have capacity in some areas because, for example, DoLS applications had been made or other best interest decisions had been taken on their behalf. In most cases, guidance about people's capacity to make decisions was inconsistent and unclear, largely because the information made available was both inadequate and incomplete.

This meant that the principles and requirements of the MCA may not have been followed in all cases. The

registered manager acknowledged that improvements were necessary in this area, particularly as people's capacity to make decisions was often unclear at the point the service was first commissioned to provide them with support.

People who used the service and relatives were positive about the staff who provided care and support. One person told us, "The staff are great, I love them all I do, they are great." A relative said, "Staff are absolutely brilliant; very helpful, welcoming and accommodating." Another person's relative commented, "The staff are very helpful and [family member] is well looked after, I have no concerns."

New staff were required to complete a structured induction during which they were trained and shadowed experienced colleagues. They were not allowed to work unsupervised until they had been assessed as being competent in practice in the work place. One staff member told us, "The induction here is very good indeed. You get all the training and support you need, there are some very experienced staff here to help you."

Staff received training and regular updates to help them perform their roles effectively. This included areas such as MCA and DoLS, safeguarding, medicines, food hygiene and moving and handling. One staff member explained that training was also provided to meet the specific and complex needs of some people who used the service, often delivered by specialist community based nursing teams. They explained, "When people's needs have been identified we make sure that we have had the training necessary to match them and if not they [registered manager] arrange it."

Some staff members were also trained to perform lead roles as 'champions' in key areas, for example in connection with infection control, dementia care and health and well-being. The provider and registered manager also supported staff to obtain nationally recognised vocational qualifications relevant to their roles. A staff member told us, "[Provider] training is excellent, always has been though, they always want people to be well trained. They also support us to do our [vocational qualifications]."

Managers held 'one to one' supervision meetings with staff to discuss and review their personal development and performance. Staff members told us they felt valued, listened to and were very well supported by the registered manager and senior colleagues. They were also encouraged to have their say about how the service operated and any concerns they had at regular team meetings. One staff member said, "I definitely feel part of the service and we get to have our say at staff meetings; our ideas get put into practice."

Staff were very knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet. They had access to detailed guidance about people's specific dietary needs and ensured that menu options took full account of their needs, preferences and spiritual beliefs. People were encouraged and supported to get involved with menu planning, food shopping and cooking. One staff member told us how one person had managed to cook an evening meal for everyone from start to finish; "It was chicken Kiev and chips; they were very happy."

People's identified needs were documented and reviewed to ensure that the care and support provided helped them to maintain good physical health and well-being when they used the service. One person's relative told us, "I know they [staff] meet all of my [family member's] needs, some of which are very complex. I have no concerns on that score." Another relative commented, "The care and support is totally brilliant and definitely meets all of [family member's] and our needs, without any doubt." Staff linked in with colleges and day centres people attended, and obtained specialist healthcare support where required, in order to ensure people maintained good health. A staff member said, "People are well looked after. There's lots of communication and we know people's needs by heart."

Is the service caring?

Our findings

During our inspection we saw that people were supported by staff who clearly knew them well in a kind, patient and compassionate way. One person who was in their bedroom laughing, singing and dancing to a favourite music DVD told us, "I love it here, I love it. The staff are lovely. I am very happy here and I love the staff." A relative said, "I am very happy with the service. The staff are very caring." Another person's relative commented, "Staff are always so kind, caring and lovely towards everyone. They treat people like friends and family."

Staff provided personal care and support in a way that promoted people's dignity and respected their privacy. We saw that staff knocked on people's doors before entering their bedrooms and provided personal care and support in a way that both respected and took full account of their views and preferences. A staff member told us, "People get good care and support here; the care is fantastic. All of the staff are very caring people. It's all about giving our best for people who use the service." A relative commented, "Yes, [family member] is happy there and their wishes are taken into account. I am confident they are happy there and have settled in well. They [staff] encourage them to be independent and more involved in what goes on."

Staff had clearly developed positive and caring relationships with the people they supported and were very knowledgeable about their individual needs, personal circumstances and factors that potentially influenced their moods and behaviours. For example, when one person appeared anxious and restless in the communal lounge, a staff member was quick to approach them and offer reassurance in a kind and calm way that had an immediate and positive effect. The staff member encouraged and supported them to engage in an activity that they clearly enjoyed and made them smile.

Although the person did not communicate verbally, the staff member was able to recognise and respond to their body language and behaviour in a prompt, effective way and compassionate way. The staff member explained how they could tell if the person was happy or not simply by the way they sat on the sofa; "You can see they are happy now because of the way they are sitting, with one leg tucked up under the other, they always do that if they are OK and happy." This meant that staff demonstrated a genuine concern for people's wellbeing and were quick to respond to their needs in a kind and caring way.

People who used the service, to the extent that it was possible, and their relatives were involved in the planning and reviews of the care and support provided. A relative of one person told us, "We enjoy really good communication with staff and the [registered] manager in particular. They are very quick to let us know what is going on and yes, we attend the formal reviews also." Another person's relative commented, "They [staff] are great at taking [family member's] views into account, and mine of course. We have both been instrumental in deciding what support is needed. Yes, we are fully involved." A staff member said, "I am very happy this is a good service, we have good relationships with [the people who use it] and their families."

Information and guidance about how to obtain independent advice from advocacy services was displayed and made available to people and their relatives. Information about people's personal and medical histories

was held securely at the service and confidentiality was maintained.

Is the service responsive?

Our findings

Before people stayed at the service they were invited to visit, with their relatives if they preferred, in order to help familiarise themselves with the environment, facilities and to meet some of the staff. This gave them the opportunity to experience what the service had to offer first hand, to see if it was right for them and whether it could meet their individual needs in a way that best suited them and their personal circumstances.

People could visit more than once and were able to have a meal or overnight stay if it helped them reach a decision about whether the service was right for them. When people decided to use the respite break service staff worked closely with them and their relatives to plan and deliver care and support that was responsive to their individual needs. A relative of one person commented, "Staff bend over backwards to get the dates we need and to meet [family member's] needs." A staff member told us, "I get to know people and their needs. That's important as I am involved in planning stays and want to get a good mix of people at different times; people who get on and are friends."

People who used the service received personalised care and support that met their individual needs from staff who were very knowledgeable about their preferences, routines, likes and dislikes, the relationships that were important to them and their personal circumstances. Guidance was available to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about their medicines, dietary requirements, physical and mental health needs, emotional well-being and details about how they liked to be supported with personal care.

For example, entries in guidance provided about one person noted; I like staff to stay with me while I have a bath and to support me dry my hair. I do not like brushing my teeth and needs lots of encouragement."; "I am very helpful and like to be involved in the running of the shift and assist staff to cook, clean and make the beds. I do not like being told I cannot be involved in anything." This meant that people's views and preferences had been considered and taken into account during the planning and delivery of their support.

A relative of one person told us that staff knew their family member really well which meant they were able to support them in a way they liked which, in turn, had a positive effect on their mood and behaviour. They explained, "If [family member] didn't like it they wouldn't go, they love it; goes out and does things, really enjoys it....and that's because they [staff] know them well, understand their condition and can support them accordingly." The registered manager commented, "Consistency of staff is very important in understanding and meeting people's needs, as is getting the right mix of people so they compliment each other and get on."

People were supported to pursue hobbies, social interests and activities relevant to their individual needs, both at the service and in the community. Activity planners and schedules were sent out to families on a regular basis with information about forthcoming events, trips and activities that were arranged. A relative of one person who used the service told us, "The activities are excellent with lots of preparation; really

positive." A staff member commented, "People are encouraged to have fun, for example with trips out and going to the cinema."

Wi-Fi and computers have been installed as a direct result of feedback and suggestions from people who used the service, so they could access social media networks, favourite on-line activities and stay in touch with families and friends. Other computer based interactive games such as 'Wi' and Karaoke were also available, together with a wide range of board games, films, toys and other activities appropriate to people's needs. A relative of one person commented, "They go to the pub, have meals out, movie nights, Wi; they are always busy. [Family member] was quiet so he gets to mix with people of similar characteristics who they get on with, it's a good mix." A staff member told us, "I really love this respite unit, we can make a real difference. It gives people and their families a break. People have a social life here, make friends and enjoy it."

People were supported to attend their usual day centres and college courses while they stayed at the service which helped maintain their routines and other lifestyle commitments that were important to them and their well-being. They were also supported to access any specialist social or health care services they needed as part of their ongoing care, for example one person was visited by an occupational therapist for moving and handling assessments concerned with their complex mobility needs.

Staff also encouraged people to develop new life skills and abilities which helped build on their confidence and levels of independence. One staff member explained how a person was demotivated when they first started to use service and was reluctant to get involved; "We helped them build their skills back up and managed to get them involved, e.g. in the kitchen and clearing up....big improvements already." We saw that people were involved in helping staff with various tasks at the service, such as laying tables for meals, recycling waste and tidying up. A relative commented, "[Family member] has grown in confidence since they have been going there, they were withdrawn but now get involved in most things, it has definitely made a difference."

People and their relatives were consulted and updated about the service and encouraged to provide feedback about how it was run and operated. Relatives felt listened to, knew how to complain and told us that the registered manager and their team responded promptly to any concerns raised in a positive way. A relative of one person told us, "Problems are always dealt with immediately; [the registered manager] encourages us to challenge and raise issues which are always taken seriously and resolved." A relative of another person commented, "I have no complaints or concerns."

The registered manager told us that any complaints or concerns were always recorded, investigated and resolved in a positive way wherever possible. They gave an example where a person had arrived at the service on the wrong date and had been sent back home by a staff member without any consideration as to whether or not relatives were available to support them. The registered manager spoke with the family, sent a letter of apology and shared learning outcomes with staff. A new protocol was put in place to ensure that the mistake was not repeated if similar circumstances arose. This meant that the service had demonstrated a willingness to listen and use mistakes as a positive opportunity for learning and development.

Relatives told us that the registered manager and staff also took their needs and circumstances into account. One relative said, "The manager and staff have worked really hard to get things right for our family, recognising our difficulties and needs. They are really good at trying to get balance right which is really helpful." We saw that another relative had provided very positive feedback about the service because staff had managed to accommodate their family member for a respite break over Christmas which, in turn, had enabled them to visit family and friends who lived abroad.

Is the service well-led?

Our findings

Relatives of people who received support and staff members were very positive about the service and how it was operated. They were particularly complimentary about the registered manager, deputies and other senior staff who were described as being an approachable, effective and efficient team that consistently demonstrated clear and robust leadership. A relative of one person said, "I think the service is great and I'm really impressed with [the registered manager]; very open and transparent about the service and what needs to change and improve to meet everyone's needs." Another person's relative told us, "The service is safe and well run."

Staff at the service felt that they were valued and well supported by the registered manager and other senior colleagues. One staff member told us, "[Registered manager] is very approachable, available all the time and good at what they do; it's much better than it was which is down to them and [the deputy manager]. We now have a consistent team and there have been positive changes." Another staff member said, "The management are very, very good. People who use the service are at the heart of everything they do; they really care about them and are fair with all staff."

Staff also felt they had a voice at the service and could have their say about how services were provided and could be improved. One staff member commented, "We have regular meetings and I definitely feel as though I have a voice here. You can feel free to chip in and put your views forward." Another staff member told us, "The [registered] manager is very supportive and understanding of my needs with an 'open door' policy."

The registered manager was very clear about the overall mission, values and purpose of the service; "We want all service users to know they are partners in the provision of their care and that their input is encouraged so they are assured the correct care and support is given. All staff support service users around choice [and] independence whilst acknowledging that risks have to be manageable and monitored....and not disempower individuals." Staff understood their roles, responsibilities and how the management team wanted things done. One staff member told us, "[Registered manager] expects us to do our best, and so we do."

The management team were very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that their staff had the tools, resources and training necessary to meet the individual, complex and varied needs of people who used the service.

We found that views, experiences and feedback were obtained from people who used the service, their relatives, staff and professional stakeholders. For example, people who used the service were asked to provide feedback about their experience, including information about what they enjoyed and what could be improved, at the end of each stay. We looked at a random sample of the feedback provided by people and their families saw that it was generally very positive. The registered manager commented, "Communication has improved in the past year due to the needs of the families, they have become more confident in the

service and as a manager I have an open door policy."

The registered manager and other senior staff members carried out regular checks and audits in a range of key areas in order to identify, monitor and reduce potential risks to the service and the people who used it. This included in areas such as medicines, health and safety, emergency procedures, the environment and care planning. The service was took part in a reputable care provider's association infection control scheme and had been recognised as achieving high standards. Senior representatives of the provider also carried out unannounced visits and spot checks to make sure that risks were managed effectively.

However, the registered manager acknowledged that some of the systems used to monitor and check the planning, reviews and delivery of care and support were not as effective as they could have been in some cases. For example, regular audits carried out by senior staff had not identified that the care and support plans relating to some people were not as complete, accurate or up to date as they should have been, particularly in relation to people's mental capacity, consent and involvement. They aslo recognised that support plans were often difficult to navigate and were often unclear because they were not consistently ordered and contained information that was out of date and no longer relevant.

The registered manager has taken immediate steps to review all support plans to ensure they are fit for purpose. They have also introduced new measures to make sure they are monitored, reviewed and checked by senior staff in a more effective way with appropriate levels of management oversight.