SeeAbility

SeeAbility - Kent Support Service

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on the 30 November and 3 December 2015 and was unannounced.

SeeAbility - Kent Support Service is a supported living domiciliary care service providing support to adults who have a visual impairment and additional disabilities. The service has an office within the building where people hold a tenancy agreement for their living accommodation. There were six people being supported by the service at the time of inspection.

There was a registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were concerns over how the service supported people in taking their own medicines. There had been a significant gap in one person who was self-administering their medicines taking life supporting medicines that the service had not initially picked up on. Additional support and risk assessments had been put in place following on from this; however this had not been reviewed in line with the agreed plan. Quality monitoring audits picked up that staff completed medication training and passed an externally verified exam had not subsequently completed an observational assessment to verify their competence.

Staff had received training specific to people's health needs, such as training in administration of epilepsy medicines and other complex conditions. Mandatory training was up to date for all staff.

People at the service told us that they felt safe. There were safeguarding policies and procedures in place that were being followed and staff were fully aware of their responsibilities in reporting safeguarding incidents and what the procedures were for this. There was a whistleblowing policy in place and staff told us they knew how to use it if they needed to.

Risk assessments were robust but the identification of risk was not consistent and we found two risks that had not been identified. We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and how DoLS is assessed and authorised in other settings such as supported living or people's own homes. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had received training on Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Care plans showed that people's capacity was taken into account and how this affected the care they received from the service.

People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

People were supported and encouraged to maintain a healthy and nutritious diet. Staff would research recipes for people to cook and help them prepare meals. People were supported to control conditions like diabetes through a healthy diet.

Staff at the service knew people very well. They were able to identify when people were not well or not themselves through observing them and their behaviours. Care plans were very specific in how to support people.

People had access to Independent Mental Capacity Advocates if they required them.

People were encouraged to be as independent as possible. Some people went out to work and people regularly accessed the local community by themselves. People were supported to successfully manage their own medical conditions.

Service user guides were available in suitable formats such as braille especially for people who had a sight impairment.

Staff knew how to protect people's privacy and dignity, such as knocking on people's doors before entering. They made sure that confidential conversations were held in bedrooms and that the office door was shut when discussing confidential issues on the telephone.

Staff were aware of certain triggers for behaviours of people and responded appropriately by implementing strategies to help people cope.

People were involved in drawing up and reviewing their care plans. Pre assessment plans clearly fed into the current care plans.

People were able to participate in activities of their choice. If they were unable to do certain activities then they were supported to access alternatives.

People were regularly in contact with families and friends and often spent time at home with them.

People were actively involved in shaping and improving the service, both on a local and national level. On a local level, there were regular tenant meetings held and there was an annual quality assurance surveys conducted.

Summary of findings

There was an easy read complaints procedure in place, as well as in other formats such as braille. People told us they knew how to complain and were confident in doing so. There were records of meetings and response to complaints.

The provider had systems and processes in place to audit and monitor the quality of the service which were in line with the CQC's methodology. These had picked up recording issues in documentation. There was an action plan in place.

Staff were positive about the registered manager and the support they provided. The registered manager responded to staff suggestions and requests where it was appropriate.

The registered manager was involved with outside agencies in order to keep update to date with best practise.

The registered manager had carried out quality assurance surveys with relatives. The results from these had identified issues such as seeking clarification on how one to one support hours were being used. We spoke to health care professionals that told us they had been involved in reviewing people's funded hours as a result of this.

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.

The service had identified concerns around the management of medicines and how people were supported to take their medicines independently.

Staff competencies in the management of peoples medicines had not been checked.

Staff had received training in safeguarding vulnerable adults and were aware of their roles and responsibilities.

Not all peoples' risks had been identified and recorded placing them at risk of harm.

There were procedures in place in the event of an emergency such as fire.

Is the service effective?

Good

The service was effective.

Staff had received training in line with the provider's policy. They were well supported by the registered manager through regular supervision and appraisals.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access routine health appointments and were referred to health services when their needs changed.

People were encouraged to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring.

Staff spoke and treated people with kindness, compassion and respect. Maintaining their privacy and dignity at all times.

People had been involved in the planning of their own care and encouraged to be as independent as possible.

The service provided information in formats suited to people's needs.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

There were pre admission assessments that helped shape people's care plans. These were reviewed regularly when people's needs changed.

Summary of findings

People were actively involved in activities of their choice.

People were able to take a proactive part in shaping the service.

There was a complaints procedure in place in an accessible format for people.

Is the service well-led?
The service was well-led.

There was an open and transparent culture in the service, which was led by a knowledgeable and qualified registered manager. The registered manager kept up to date with best practice and promoted partnership working.

Staff felt listened to and valued by the management team.

The visions and values of the service were to promote independence.

There were quality monitoring audits and action plans in place

Good

SeeAbility - Kent Support Service

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 30 November and 3 December 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law. We looked at safeguarding and whistleblowing information we had received.

We spoke to four members of staff including the registered manager, administrator and support workers. We spoke to three people that lived in the service. We contacted health and social care professionals to obtain feedback about their experience of the service.

We observed care and support being provided. We looked at records held by the provider and care records held in the service. These included three people's care records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

This was the first inspection for SeeAbility - Kent Support Service since they registered with us in 2013.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service and that they knew who to talk to if they had any concerns. One person said I feel safe "particularly knowing someone is here at night and that I can call someone if I need to".

Records and staff told us that they had received training in administering medicines. Some people living in the service administered their own medicines. There was a medicines policy in place with a read and sign sheet that staff had signed to confirm they had read it. Staff told us that medicines audits were carried out on a Sunday evening and that they supported people to reorder their own medicines as necessary. Medicines were not kept in individual locked draws and records confirmed that people had chosen this. There were risk assessments in place for people that were administering their own medicines but these were not always reviewed when necessary.

People who could not read were supported and prompted to take their medicines. This was recorded on Medicines Administration Record (MAR) sheets. However, one person was taking life supporting medicines and had been assessed as being able to do this independently. Records showed that there had been a gap of three weeks where they had not taken this medicine, potentially leading to serious complex health issues. Staff had not checked that this person was taking their medicines. On establishing this, the use of a MAR sheet was introduced to continue to support this person to take their medicines. A quarterly monitoring visit carried out in September 2015, by the provider, identified that despite this serious incident, this support had not been reviewed in the time scales planned. There was no risk assessment in place for the likely hood of this happening again and how to support this person. People were at risk of not taking their medicines as prescribed because staff were not properly managing or assessing the risks involved with the self-administration of medicines.

The September quarterly audit identified that the service was not undertaking initial and annual medicines competency assessments with all staff. This was in line with the provider's policy and procedures. The registered manager told us that this was due to be carried out by the manager of another service but there was no record that this had been organised.

The examples above showed that medicines had not been properly managed. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff had received training in Safeguarding Vulnerable Adults and were aware of their role and responsibilities in protecting people from harm. Staff told us that they had received training in the procedures and were able to identify the different types of abuse. They were able to describe what they needed to do in the event of a concern being raised. There was a safeguarding policy in place that had been updated on the 31 July 2015 and was in line with the local authority safeguarding policy. The service had a whistleblowing policy in place and staff told us that they knew when to use it and who to speak to. The staff and registered manager understood the arrangements in place to protect people from harm and would report any concerns should they occur.

Risks to people's health and wellbeing had been identified in most areas. People's care plans included risk assessments for independent travel, cooking and using the hob and oven, bathing, showering and using the iron. These were robust and had been reviewed on a regular basis when there had been any changes. For example, a Speech and Language Therapist's had identified that one person was at risk of choking. There was a risk assessment in place for this and steps had been taken in line with the professional advice given. Most risks had been identified but this was not always consistent. For example, on some people's pre-admission assessment it had been identified that they were at risk of exhibiting certain behaviours but there were no risk assessments in place to help support the person or mitigate the risk. This left people at risk of harm and being unsafe.

We recommend that all risk assessments are reviewed in line with the needs of people living in the service.

Up to date environmental risk assessments had been carried out in the building. Issues with the structure of the building had been identified and the registered manager had approached the landlord to rectify areas such as broken floor boards and water leaks. The registered manager was proactive in reporting and chasing up repairs with the landlord.

There were procedures in place in the event of an emergency. People had individual emergency evacuation

Requires improvement

Is the service safe?

plans which highlighted the level of support they required to evacuate the building safely. Staff told us they had a buddy system in place and a buddy was allocated to people on each shift. Staff knew what to do in the event of a fire and that there were regular fire drills carried out. Staff had received fire safety training and regular checks were made on emergency and support equipment used within the service.

There was a robust recruitment procedure in place. The registered manager had also put in place an interview pack. This detailed exactly what the procedures where, suggested interview questions, what references were needed and how to process employment offers. Recruitment files showed that references had been gathered and Disclosure and Barring Service (DBS) checks were in place before staff commenced working. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Three out of the four files we looked at showed gaps in employment history. Whilst these were not significant gaps, they were not explored during the interview process. On the day of inspection we observed the registered manager and administrator putting into place alternative plans for the staff rota as a member of staff's right to work in the UK was expiring. The registered manager was aware of safe and legal recruitment practices and people were protected from being cared for by unsuitable staff.

We recommend that the service reviews all staff records to ensure that any gaps in employment history are explored/accounted for and take account of Schedule 3 of the Health & Social Care Act.

People told us that sometimes there was not enough staff deployed in order for them to carry out certain activities, particularly at the weekend. Staff also told us that at times there was not enough staff particularly if people wanted to do something different to what was scheduled. Health care professionals also reported concerns over staffing levels. We spoke to the registered manager who told us that whilst they had taken a significant amount of time off work during the summer, the regional service manager had adjusted the staff rota according to people's funded support hours and assessed needs. Prior to this time the staffing levels provided were above people's funded hours. People had become used to the staffing levels that were originally in place. Although there was a financial implication the provider felt by providing staffing above people's funded hours that it was disenabling people's independence. The registered manager told us that they had now been advised that their staffing budget was being underused and that they were looking to recruit more staff in order to offer more support to people living in the service. This meant that people receiving a service would receive more support particularly at weekends if they needed it.

Good

Is the service effective?

Our findings

People told us that one of the things they liked about living at the service was the way staff looked after them. "Staff prompt me and they are always very helpful". One health care professional told us "my review of the service is very positive with good outcomes being sought for my service user".

Staff had completed an induction programme when they first joined the service which included the Common Induction Standard's program. Staff had also received training in different areas such as the administration of emergency medicines for people with epilepsy. The records showed training considered mandatory by the provider had been undertaken by the staff. Records showed that some staff had completed nationally accredited qualifications in health and social care (NVQs). There were systems in place to monitor what training staff had done, when this was due for renewal and when this was next due for refreshing. Staff and the registered manager had received specific training on how to recognise symptoms of the conditions that people had and how best to support people. The training needs of staff was well managed to ensure the staff had the correct skills and knowledge to care for people receiving the service.

Staff told us that they received supervision and an annual appraisal to support them in delivering effective care and treatment to people. This supervision was being carried out on a regular basis and was booked in advance, as per the provider's policy. One member of staff told us they "find it very useful and I like doing them with the registered manager, they are open and they listen to me." Another told us "I feel supported and I like the open door policy here". The records demonstrated that the staff received effective support and supervision for them to carry out their roles.

There were procedures and guidance in place in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff were able to describe to us about the Act and its principles, and how it affected their practice. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making. Staff told us that they "would assume people had capacity". Another told us that they "were aware of people's capacity". They talked about some people not having the capacity about certain decisions and how they supported that person through a best interest's process and the involvement of family or social services. Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and they had a clear understanding of their role in ensuring people's rights were protected.

The provider had a tool in place which helped the registered manager to consider if anyone receiving the service was being deprived of their liberty in their best interests and if authorisation was required for this from the Court of Protection. This had been used for each person. No one in the service required a DoLS. The registered manager was aware of DoLS and the processes to follow who people require any restrictions to their liberty.

People were supported to maintain good health and had access to health care services. Care plans showed that people had regular access to doctors and other health care professionals. Referrals had been made to the relevant health care professionals in a timely manner. Staff told us that they recognised one person had trouble with swallowing and had made a referral to the local Speech and Language Therapist (SALT) team. This had resulted in specific directions from the SALT team which the service had implemented in order to support that person. Staff knew to use smaller knives and folks and to encourage the person to avoid talking when eating. They had laminated the risk assessment that accompanied this advice and the person was using it as a place mat as an aid to remind them of the advice.

Health care professionals said that the person they supported was "supported to maintain their health appointments and eye appointments." Another person had undergone significant eye surgery and the hospital had commended the service on the support that they had given that person before and after the operation.

People receiving a service were actively encouraged to maintain a nutritious and healthy diet. Staff told us how they supported one person to attend a local slimming club as they had wanted to lose weight. Staff spoke about encouraging people to cook and eat fresh food, fruit and vegetables. They had taught people about the importance of portion control. They had researched healthy recipes on the internet with people and then supported them to cook these recipes themselves.

Good

Is the service caring?

Our findings

People were very positive about the service. People told us on more than one occasion that staff "are kind and they speak to me nicely".

We heard staff talking with people in a kind and caring manner. We observed the administrator of the service brushing a person's hair and helping the person before they went out to work. It was clear that although people had visual impairments, they knew their way around their home very well. Staff were observed offering reassurance and the offer of support whilst people were navigating around the service if they felt they needed it.

Staff knew people living in the service very well. They told us they knew very easily if people were not feeling well, or not themselves due to changes in behaviours or their routines. Staff talked about observing a change in a person's skin colour and seeing that person physically shake as a way of knowing that person wasn't well. We saw people were very comfortable with staff. People came into the office frequently throughout the course of the inspection, to have a chat with the registered manager, administrator, as well as other member of the care team. People were very affectionate with staff, but staff were very clear about reminding people of personal boundaries in a kind and compassionate way. Staff told us that it was all about supporting people, "they are at the centre of everything, and we make sure that we reassure them in every way".

Care plans that we looked at had a one page profile for each person living in the service. This gave details of what was important to people as well as their likes and dislikes. Each plan also had a "How best to support me" section which had been updated in November 2015 and was signed by the person along with their key worker. This detailed things such as" My achievements, How I communicate, About my routine and Living skills". Staff had worked with people to develop care plans that allowed staff to support people how they wanted to be supported in a person centred way.

People had access to Independent Mental Capacity Advocates (IMCA) to support them in making decisions or understanding issues concerning their everyday life. One person had requested help in understanding their tenancy agreement and we saw that a meeting had taken place in October with an IMCA to support this person. The service was supporting people to access independent advice and support.

People were encouraged to be as independent as possible. People had their own front door key to the building and would come and go as they wanted to. Some people had access to paid work and some people went to college and attended adult education classes. We saw people getting into taxis by themselves to go out on their planned day. People regularly accessed the community around the area by themselves or as a group, such as going to the local pub or supermarket. People were encouraged to do their own laundry and cooking and appliances had been adapted specifically for those with a visual impairment to help them do this.

One person living in the service was living with a very rare condition causing diabetes and sight loss. The registered manager told us how they had supported this person to completely reverse their diabetes. They had supported the person to make healthy food and drink choices as well as giving them support around exercise. The person went out for a walk at least once a day. The registered manager had advocated on this person's behalf with doctors to get them a voice activated blood sugar monitoring device. They had challenged the GP's decision not to fund this device under the Equality Act 2010. This person was now monitoring their own blood sugar levels on a daily basis completely independently and successfully managing their condition. The registered manager supported and understood people's right to equality.

There was a service user guide which was available in an easy read format. This detailed what people could expect from the service. This was available in other formats such as braille. There was a notice board on display which was in pictorial format as well as notices in braille giving details such as which staff were on duty. The service supported people with access to information in a format that was suitable to their needs.

Staff were able to tell us about how they protected people's dignity and privacy. They would always knock at bedroom doors before entering. They would always close doors when supporting people with personal care. When people were not in the building, but staff needed to access people's bedroom, we heard staff telling each other when they were entering and for what purpose. One staff

Good

Is the service caring?

member told us “I think about how I’d want things myself. How would I feel if it were me” in relation to people dignity and respect. Staff told us that they would not have personal conversations in communal areas and would go to bedrooms for these conversations. One staff member told us that to protect people’s confidentially they “always shut the office door when they were on the telephone”. Some people’s records were kept in their own locked bedrooms which staff had master keys for. Other records were kept in locked filing cabinets in the staff office.

Good

Is the service responsive?

Our findings

People were actively encouraged to discuss issues that they might have with their key workers and the registered manager. One person said "They try to be patient with me, and when I need help they explain things to me."

People told us that they were involved in drawing up their own care plans. The registered manager had "come and done an in-depth assessment with me before I came to live here." There were pre assessment plans on file that clearly fed into care plans. The assessments included general information, people's personal history and details about their emotional wellbeing. The information from this had been used to draw up people's one page profiles and "How Best to Support Me" section. They had been regularly reviewed with the involvement of people living in the service, staff and outside agencies, most recently in November 2015.

People's care and support was effectively planned and in partnership with them. Everyone that we spoke with said that their care was planned at the start of the service, the registered manager spent time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. People told us that their bedrooms were personalised and that they had their own belongings there. One person had requested extra support to keep their bedroom tidy and they were being supported on a monthly basis to do this.

People received personalised care that was responsive to their individual needs and preferences. Staff knew people well and were able to talk about people's individual care needs. One member of staff spoke confidently about triggers for certain behaviours and what to do about those triggers. For example, one person would become anxious if they knew about events that were going to happen too far in advance. The service responded by keeping two separate diaries for that person. One for events one week in advance, and the other for longer term appointments and events. The staff then transferred appointments into the short term diary the week before. This meant the person was supported not to become too anxious about things such as their holiday which was happening six months ahead.

There were behavioural support plans in place for people that had been based on their individual needs. These plans had been drawn up with the support of health care professionals such as psychologists. Staff were able to intervene or divert people's attention by recognising triggers or associated behaviours that caused people to become upset or agitated.

People were involved in participating in activities of their choice. There were up to date risk assessments in relation to each of the activities people took part in. Records showed that their key worker had supported them to find alternative activities such as attending a pottery course which they enjoyed. One person told us about looking forward to the holiday they were going to take the following summer.

People accessed the local community for a variety of activities. Staff told us how they had involved people in fund raising activities. Where people lived in a communal building with shared facilities it had been identified that the garden needed improvements such as new furniture. Staff supported people to arrange a fund raising event at the local pub. The local brewery donated to the event and they helped raise funds towards improvements.

People were actively encouraged to maintain relationships with their families and people often went back to their families at weekends. One person talked in depth about the family pet that they saw on a regular basis. People were less at risk of social isolation.

People were activity involved in shaping of the service. Two people participated in a quality action group and had recently been involved in interviewing for a new operations director for the provider. There were regular "tenants meetings" held at the service. There was a record of the dates of these meetings but people had specifically requested that they did not want these meetings minuted. The provider carried out an annual quality assurance survey with people living in the service. The registered provider and registered manager were taking into account the views people who received a service when trying to shape the service.

Good

Is the service responsive?

People told us that they knew how to complain and were confident in doing so. There was an easy read complaints procedure which was also available in a braille format. We saw that the agency's complaints process was included in information given to people when they started receiving care. This detailed how people could complain and set out time scales on how long it took to respond to their complaints. We looked at the complaints log and saw that people had been supported to put their complaint in writing to the registered manager. People were satisfied with the response from the registered manager and records of meetings with key workers and other people living in the service were documented as a response to complaints raised evidenced this. There were cards from people and relatives complimenting and thanking the staff and registered manager for their service. The agency viewed concerns and complaints as part of driving improvement.

Good

Is the service well-led?

Our findings

People told us they thought the service was well led and there was nothing the service could do better. The registered manager "is always trying to make things better." Health care professionals were positive about the service and told us that the communication from the staff and registered manager was good.

The provider had systems and processes in place to audit and monitor the quality of the service. These audits were designed to monitor the service in line with the CQC's new inspection methodology. For example, the health and safety section of the audit was set out under the domain CQC inspect as safe. They checked that people had access to routine health appointments, coming under the effective domain. These audits were robust and picked up areas that needed improvement. For example, they had picked up recording issues with health and safety audits and updating of peoples care plans. The registered manager had an action plan in place for issues that had been identified and was working through this. They told us that some areas had not been actioned as quickly as they should have been due to them being absent from the service. During their absence the area manager had been overseeing the service for three days a week with an on call system in place for the other days. Upon their return they had to catch up with paperwork and their duties.

Staff we spoke with said that it had been a difficult time but they were positive about the registered manager and the support they received from them. They said they were very approachable and there was an open door policy in place. The registered manager told us that one of the staff had been put forward for and won awards related to their role. The provider and registered manager promoted a sense of pride in their staff team.

The registered manager had been primarily involved in the setting of up of the service and was very passionate about the service and their work with people. The visions and values of the service were to promote independence for people and to enable them to have a life of their choice.

They told us about their responsibilities. To ensure that "tenants were happy and listened to." That people were cared for and to promote their independence as much as possible.

They were aware of their reporting responsibilities to the Care Quality Commission about incidents such as safeguarding issues and had sent in notification to CQC as appropriate.

Staff were aware of their roles and responsibilities in providing support to people. Staff spoke of an open culture. They told us that communication from senior management was good. They felt very supported by the registered manager. One member of staff told us "I have a lot of respect for the registered manager. They have a lot of knowledge." "I like working here". Another said "it's the people that make it here, they're so positive". "As a staff team we're reading from the same page". One member of staff was involved in the SeeAbility Staff forum in which they represented staff views for the team. Staff had asked at the team meeting in August 2015 if the rotas could go back to rolling rotas rather than monthly rotas. It was felt the people living in the service were more settled knowing who was working. Staff also asked if their days off could be kept together to allow them a "proper break". November's rota was on a rolling two week system and staff had two days off at a time. The registered provider and manager promoted a supportive and transparent culture.

The registered manager spoke about their involvement with outside agencies in order to keep up to date with best practice. This included being members of such groups as the Kent Challenging Behaviour Network and the Kent Association for the Blind they also attended Sight Matters events.

The registered manager carried out quality assurance survey's with relatives. Results from the latest one carried out in October 2015 had identified such issues as seeking clarification on how one to one support hours were being used. We spoke to health care professionals who told us that they were subsequently involved in reviewing people in the service and this included the use of one to one hours. The registered manager was acting on results of these surveys.

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 How the regulation was not being met: Medicines were not appropriately managed. Regulation 12(1)(2)(g)