

Olympus Care Services Limited

# Specialist Support Services for Younger Adults with Disabilities South

## 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 27 July 2015 and was unannounced.

The Specialist Support Services for Younger Adults with Disabilities (South) is a domiciliary care service that provides personal care for younger adults from the age of

# Summary of findings

18 to 65 years who have a physical disability and/or learning disability and live independently in Northamptonshire. At the time of our visit there were fifty two people using the service. Nineteen of these lived within the supported living scheme where the service was managed. Others lived in their own homes within the local community. In addition, there were five re-ablement flats on site where people received short term care for rehabilitation.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The area manager for the organisation was acting as manager for the service at the time of our inspection.

Systems in place for the safe management of medicines were not appropriate or effective which put people at risk of harm.

Not all staff had received the necessary training to ensure they were qualified, competent and skilled to deliver care or treatment to people who used the service. On-going refresher training had not always been completed by staff when required.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

We saw that risks to people's safety had been assessed and were linked to care plans which considered risk factors. However, we found that where incidents concerning people's safety had occurred, their risk assessments had not been reviewed and updated to reflect their current situation.

Not all care plans contained sufficient information for staff to fully meet people's needs. Records were not up to date and didn't reflect the current choices people had made.

The service had an effective complaints procedure in place. However, this was not used effectively to make changes and drive improvements to the service.

People were protected from abuse and told us they felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Staffing levels were sufficient to meet people's needs and keep them safe. Robust recruitment policies and procedures were followed to ensure that staff were suitable to work with people.

People's consent to care, support and choice was consistently sought in line with best practice guidelines.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink. People were supported to prepare and cook their own meals.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion.

People had the opportunity to express their views regarding their care and staff supported people to do the things they wanted to do. People's independence was promoted.

Staff worked hard to ensure they maintained people's privacy and dignity.

People had been involved in developing their care to ensure it was reflective of their views and opinions.

People were supported to take part in meaningful activities and pursue hobbies and interests.

Staff were positive about the management of the service and felt well supported.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

This service was not consistently safe.

There were systems in place in respect of medicines but these were not always robust in ensuring that people's medication was managed safely.

Not all people had up to date risk management plans in place to promote their safety.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

Staffing arrangements meant there were sufficient staff to meet people's needs.

There were safe and robust recruitment procedures in place.

**Requires improvement**



### Is the service effective?

This service was not consistently effective.

Staff were not always provided with regular training to develop their skills and knowledge, to enable them to perform their duties effectively.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

**Requires improvement**



### Is the service caring?

This service was caring.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion.

People were encouraged to maintain their independence.

Staff were caring and ensured that people's privacy and dignity was respected at all times.

**Good**



### Is the service responsive?

This service was not consistently responsive.

Care records lacked detail and had not been written in a way that promoted person centred care.

**Requires improvement**



# Summary of findings

Complaints and comments made were not effectively used to improve the quality of the care provided.

Records were not always up to date to reflect people's current care needs.

People had the opportunity to explore their own interests and hobbies and the service worked to develop the range of activities available.

## Is the service well-led?

This service was not consistently well-led.

Improvements were needed to records management and quality assurance systems to ensure they were used effectively.

There was a positive, open and inclusive culture at the service.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

**Requires improvement**



# Specialist Support Services for Younger Adults with Disabilities South

## 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 27 July 2015 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service.

We spoke with nine people who used the service and we visited seven of those in their flats, in order to gain their views about the quality of the service provided. We also spoke with nine members of staff and this included the area manager who was managing the service at the time of our visit. We also spoke with one business support assistant, one supervisor, two senior support workers and four support staff to determine whether the service had robust quality systems in place.

We reviewed care records relating to four people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

We looked at the Medication Administration Records (MAR) for six of the nineteen people living at the service. They showed gaps and omissions in the recording. We were told that senior staff carried out a monthly medication audit to check on the quality and accuracy of medication records. However, the medication records for the month of July 2015 had not yet been audited. This meant that any medication errors had not been identified and resolved promptly.

We found that where people were prescribed medicines on a 'when required' basis, for example for pain relief, there was insufficient guidance for staff on the circumstances these medicines were to be used. On one chart we saw a code used to indicate the person's pain relief had not been available. They had been prescribed this pain relief medicine up to four times a day, when required. Over the month of July 2015 the code was used incorrectly on 30 occasions and indicated that the pain relief medicine had been unavailable rather than the person not requiring their pain relief. We also found that codes had been used incorrectly and on another chart where we found a code that was not detailed on the MAR chart or recognised by staff.

The MAR charts also contained many hand written entries. These had not been signed or dated by two staff to minimise the risk of error when transcribing in line with current best practice guidance. We saw for one person, who had been prescribed a controlled drug, there was information in their care plan that said the dose had been increased for severe pain. However, this information had not been transferred onto the current MAR chart. This meant that this persons' pain relief may not be given as prescribed or as needed.

We looked at the records for one person who was being supported to administer their own medicines. The instructions in their care plan stated that the individual should be supported on a weekly basis to re-fill their medication compliance aid. We asked staff how this was done and they confirmed that it was a staff member that would re-fill the person's medication compliance aid from the original packaging. This was stored in the main office. One staff member told us, "Dossette boxes are filled up by a member of staff from the original packaging." This is called secondary dispensing and is not considered good practice

by the Royal Pharmaceutical Society of Great Britain, because this process has removed a vital safety-net to check the medicine, strength and dose with the MAR chart and label on the medicine.

Following the inspection, the manager informed us that the staff member we spoke with had provided us with wrong information and secondary dispensing did not occur at the service.

We looked at the training records for staff and found that most staff had completed medication in 2014 and 2015. However, records showed that thirteen staff had not received any refresher training since 2013. This meant that people may be given their medicine by staff that were not suitably up to date with current practice.

We looked at the Service Improvement Plan (SIP) that had been completed following a quality audit of the service in June 2015. This had identified an increase in medication errors. An action plan had been recorded for the manager to audit all medication errors and put a competency plan in place for all staff that were consistently making mistakes when administering people's medicines. The target date for completion was 10 August 2015 and we were told this had not yet been completed.

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

People told us that they were supported to take their medication by staff. Different people received different levels of support, depending on their need. This ranged from prompts to preparing people's medication for them. One person said, "Staff support me with my medication." Another person told us, "I am happy to question my tablets and the staff are able to tell me what they are for." A third person informed us, "They pop my medicines on a spoon and I take it the way I want, with chocolate mousse."

Staff explained how they supported people to take their medication. One staff member told us, "We use blister packs to ensure people get the right dose." A second member of staff said, "I did medication training and then was shadowed before I could give medication alone."

Staff told us that when medication came into the building, it was delivered to the office. It was then counted by two

## Is the service safe?

members of staff and checked against the person's Medication Administration Record (MAR). Staff said they then delivered it to people's flats where it was stored in a lockable safe.

Risks to people's health and safety had been assessed and measures put in place to minimise the risks. One person told us, "I have risk assessments in place and they were written with me."

Risk assessments included clear guidance for staff about how they could reduce the risks for people. They helped staff to provide the appropriate support people needed if they had a sudden change of condition. One staff member told us, "We encourage people to be as independent as possible. I check the risk assessments for that person to see what they can do for themselves."

However, we saw that one person identified as having swallowing difficulties had recently experienced an incident of choking that had required intervention. Their risk assessment had not been reviewed or updated to reflect the current level of risk. In a further two files we saw risk assessments in relation to falls. Records demonstrated that both individuals had recently experienced falls. However, their risk assessments had not been reviewed and updated to reflect the current situation and level of risk.

People told us they felt safe in their environment, both with the care staff and within the complex. One person said, "Staff are very good, I am kept safe from harm and abuse." Another person commented, "Yes, they keep me safe." A third person told us, "I feel safe."

Staff were able to clearly describe how they would recognise and report abuse. One staff member told us, "I have no concerns about reporting abuse." A second staff member said, "I wouldn't hesitate to whistle blow." A third member of staff commented, "I had safeguarding training. We discussed the different types and signs of abuse."

Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it. They told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues the provider would listen and take action. One member of staff said, "If we reported something I know it would be dealt with as a very

important issue." We saw that the service had safeguarding information available to staff in the main office, including the provider's policy and local authority safeguarding procedures.

There were effective procedures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. We looked at a file that contained safeguarding incidents that had been reported to the local authority. We observed there had been an increase in incidents recently. The acting manager had identified this as part of an internal audit of the service. They had set themselves an action to investigate all safeguarding incidents, identify any trends and if necessary put in place an action plan to avoid any reoccurrence. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safeguarding concerns.

Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

The acting manager told us that staff took appropriate action following incidents. For example, we saw that where one person had been subject to potential financial exploitation by a stranger, a financial support plan had been implemented to protect the person from further financial abuse.

We received mixed views about whether there were sufficient staff available to meet people's needs. One person told us, "There is limited staff, particularly at the weekends." Another person commented, "When they have the staff it is wonderful, when they don't it is a bit boring." A third person said, "Now and then you get missed calls. Sometimes you get told but sometimes you are just left waiting." A further two people were more positive about the staffing numbers. One told us, "I have never had a missed call. They are always punctual and arrive when expected. A further comment was, "There are plenty of staff, they respond to alarms quickly."

However, people did tell us they enjoyed consistency of staff and saw the same staff members on a regular basis. One person said, "I see the same staff, they don't use agency staff."

## Is the service safe?

Staff we spoke with confirmed they had a manageable workload and did not feel under pressure. One told us, “We have a team of relief staff if we are short. Members of the office staff will always help out as well.” Another staff member said, “It’s become a little more organised of late.”

Staffing levels were determined by the number of people using the service and their needs. We saw that staffing levels could and had been adjusted according to the needs of people using the service. In addition, we saw that the number of staff supporting a person could be increased if required.

We spoke with two new staff who had recently been recruited. They confirmed the recruitment process had

been robust and all necessary employment checks had been completed before they could commence work. One told us, “I had a lot of checks carried out and then had to wait for my Disclosure and Barring Service (DBS) to clear before I could start working.”

We looked at the recruitment files for five members of staff and found that appropriate checks had been undertaken before they begun working at the service. The staff files included written references; satisfactory Disclosure and Barring Service clearance (DBS) checks and evidence of their identity had been obtained.



# Is the service effective?

## Our findings

We saw evidence that staff had received training in a variety of subjects that supported them to meet people's individual care needs. These included first aid, manual handling, infection control, safeguarding adults and fire awareness. However training records provided showed that from the sixty three staff employed 58 staff had not completed food hygiene awareness training and 30 had not completed first aid or emergency first aid training. We saw that some staff required refresher training in a range of subjects, including safeguarding, medication and fire safety.

We looked at the Service Improvement Plan (SIP) that had been produced following a recent quality audit of the service. This had identified a shortfall in staff training and an action plan had been recorded for a training audit to be completed to identify gaps in basic and refresher training. The action also recorded that a staff training programme would be implemented to ensure the training required by staff was completed. The date for completing this action was 31 July 2015 and we were told the information was still being collated.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt staff knew what they were doing and had the skills and experience they needed to provide care and support. One person told us, "Staff know what they are doing; they get a lot of training." Another person commented, "Staff know what they are doing, they are well trained." A third person said, "I would say staff know what they are doing."

Staff were positive about the training they received. They told us they had received a comprehensive induction training programme, including shadowing other staff members for the first few weeks of their employment. One staff member said, "The training is brilliant here." Another told us, "I had induction training at the start and then shadowed for a couple of weeks." However one staff member commented, "I get a lot of training, but I have been waiting for my Qualifications and Credit Framework (QCF) training for three years."

Following our inspection we were provided with information that an application for QCF qualification had been received by the company training department in February 2015.

The acting manager explained the induction process to us. They said that staff would shadow a more experienced member of the staff team. Mandatory training would also be completed and once the new staff member was deemed competent to work alone, they would carry on working through their induction programme completing further training.

Supervision sessions were used to provide staff with support and identify areas of their performance which required further development. Staff told us that they received supervision on a regular basis. One staff member told us, "I have regular supervision." Another member of staff commented, "Yes, I get monthly supervisions."

We looked at supervision records and found that they had been completed and we saw records to show when future supervisions were planned.

People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, "Staff ask me what I would like. They respect my decisions."

Staff told us that they offered people choices and sought their consent before providing care. One staff member told us, "I always ask people what they want."

Care records confirmed, that consent was always obtained about decisions regarding how people lived their lives and the care and support they received. We saw that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. We observed staff throughout the day asking people for their permission or their agreement before carrying out a task.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the acting manager. They demonstrated a good understanding of the process to follow and records demonstrated that some people had had their capacity assessed. The acting manager told us that there was no one using the service that was deprived of their liberty.

## Is the service effective?

The staff training records demonstrated that nine staff had completed training in the principles of the MCA and the DoLS.

People told us they were helped to make choices about menu options and encouraged to eat a healthy balanced diet. They told us that staff helped them to prepare meals of their choice in their flats. One person said, “Staff help me with my meals, I do as much as possible for myself though.” Another person told us, “The staff help me with my food; I get the food I like.” A third person commented, “I prepare my own meals, I get a bit of support from staff.”

We spoke with one member of staff just after lunchtime who confirmed they had been to support people with their lunchtime meal.

We saw nutritional screening in people’s care plans, and involvement by the dietician if it was needed.

People told us they were supported to attend different health care appointments. One person told us, “The doctor came to visit me in my flat.” Another person commented, “I am due to see the physio every day this week.” A third person said, “They are very good at helping me to see a doctor. I see nurses quite a lot; they are very good at that aspect.”

Staff told us they liaised with health and social care professionals involved in people’s care. One staff member said, “If someone needs the doctor then we will support them to make contact and arrange an appointment.”

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. The manager told us the service was in close liaison with healthcare professionals and we saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the physiotherapist, dietician and speech and language therapist.

# Is the service caring?

## Our findings

People received care and support from staff that knew and understood their histories, likes, dislikes and preferences. People were happy with the approach of the staff team. One person commented, “Lovely staff.” Another person told us, “All the staff are wonderful, so are the management.” A third person commented, “Staff engage and talk to you during care.” Other comments we received included, “Staff are amazing” and “Staff are supportive and friendly.”

Staff told us they encouraged people to be as independent as they were able. One staff member said, “We provide support, but get people to do as much as possible for themselves.” Staff were positive about their role in the service and were committed to their job. One staff member told us, “It’s like a little family here.” Another member of staff said, “I really like the people here.” A third staff member commented, “I love my role!”

We were provided with an example of care by a staff member. One staff member supported a person who used the service to access the local university. The staff member supported them with interviews and applying for grants at University and due to their anxieties they also arranged for them to have counselling. In addition, the staff member arranged meetings with tutors to identify how the person could be supported to complete their assignments on time. The person is due to graduate university next year.

This staff member won the provider’s award for best outcome for a ‘customer’ and a team member the provider’s award for Rising Star. The person using the service said of the staff member, “[Staff member] is, quite simply, superb at their job. I can safely say I haven’t encountered in many, the combination of warmth, professionalism and dedication to their job that [staff member] displays. While their approach is pragmatic and professional, it is never without an exceptional undercurrent of caring. Staff member] is a person you feel lucky to have in your corner. In my struggles with various problems, anxieties and situations, [staff member] has never failed to offer support and my life is better for it.”

We observed that people had the freedom to go where they liked and were relaxed, in the presence of staff. We saw that support was provided in a kind and calm way and people were open and trusting of staff.

Staff had a thorough knowledge about the best ways to communicate with people and we observed how staff made people laugh and enjoy their daily life. We saw that each person had information in their care plans about the tools needed for effective communication. These included the use of pictures, cards and written instructions.

People told us they had a care plan in place and they had been involved in producing it. They also told us that information had been made available to them about the service they would be receiving. One person said, “I have a care plan in place and my own thoughts were taken into account.” Another person told us, “I was given information about the service I would be receiving.” A third person commented, “I contributed to my own care plan and it is reviewed on a monthly basis.”

Records demonstrated that people’s personal preferences were assessed and recorded in care plans. These included information about people’s interests, leisure needs and their past history. This meant that staff could strike up meaningful conversations with people because care records contained information about their experiences and interests.

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews, and records showed that families were invited to these. Some people who used the service required support to express their views and preferences. There was an effective system in place to request the support of an advocate to represent their views and wishes. The acting manager confirmed there were no people using the services of an advocate at the time of our visit.

People felt their privacy and dignity were respected by the staff and the service. One person said, “Staff respect my privacy and dignity 100%. They always ring the doorbell or knock before coming in.” Another person told us, “Staff respect my privacy.” A third person commented, “Staff respect me and look after my privacy.”

One staff member told us, “People’s privacy and dignity are upheld. For example, some people don’t like to have a male carer, so we respect that.”

We found that the staff promoted people’s privacy and dignity on an everyday basis. For example, we saw that staff

## Is the service caring?

knocked on people's flat doors, announced themselves and waited before entering. Staff spoke with people in a polite way, listening to them and then responding so that people understood them.

People's care plans promoted their dignity. For example, there was information about the preferred term of address

people wished to be known by. We observed that staff treated people with dignity by talking to people in a polite way, listening to them and then responding so that people understood them.

The service kept any private and confidential information relating to the care and treatment of people secure.

# Is the service responsive?

## Our findings

People told us they had been involved in developing their care to ensure it was reflective of their views and opinions. One person told us, “Staff listen to you, they do what I want them to.” Another person said, “I have goals to get more independent and do a lot more for myself.” They also informed us they had regular 1:1 sessions booked with staff which they could use to access the community. People were positive about this time and felt it helped them to socialise and to organise their bills, shopping and health appointments. One person said, “I have plans to go out into the community. On my 1:1 days I go into town.” Another person commented, “I do my shopping weekly. I go out and pay my bills and do my banking.” A third person said, “They are helping me to build my confidence.”

Staff told us that they tried to encourage people to be independent and learn as many new skills as possible. They also told us they were involved in reviewing people’s care plans, particularly if they had worked a lot with them and knew them well. One staff member told us, “We try to boost people’s confidence and push them to the next stages.” Another member of staff said, “I was asked to join a review meeting. It was useful and my views and opinions were listened to.”

Records we looked at contained an assessment of each person’s needs and these had been completed before the person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. We could see that people, and where appropriate, their family had been involved in the care planning process which meant their views were also represented. However, care plans were written in a way that was task focused and did not always promote individualised care. For example, in one file we could see that the person required support to prepare their meals. There was no information about how much the person could do for themselves and how much support they required. We could not find any information about the persons likes, dislikes or preferences. In a second file we saw that one person required support with personal care. However, the information in the care plan was vague, lacked detail and did not provide staff with the guidance they required to fully meet the person’s needs. In a third file we saw that the person’s circumstances had changed. Their care plan and the timing of their call had remained the same.

As part of a quality improvement audit undertaken on 15 June 2015, it was identified that care plans were not detailed or up to date. The audit further identified that care plans were not always live documents and didn’t reflect the current choices people had made. An action was set to review all care plans and re-write those that lacked detail. This was to be completed by 30 August 2015.

We saw there were ample opportunities for people to follow their hobbies and interests. People also told us that the service organised social activities for people to join in, including takeaway nights and birthday parties held in the hub area of the building. One person said, “I got to know my neighbours and walked down to the hub area by myself.” Another person commented, “I spend time in the hub, they have pizza nights and curry nights.” A third person told us, “I went to see Madness with a member of staff. They sent a member of staff who likes Madness too, so the trip was more enjoyable.”

Staff told us they supported people to access the community and access activities. One staff member told us, “We go out on 1:1’s into the community with people.” Another member of staff told us, “We take people out in our own cars so that they can access activities.” We saw that one person had a specially adapted car to ensure they could go out and prevent them from becoming socially isolated.

Most people told us they had never had to complain about anything, but knew how to if they did have a concern. One person said, “I would make a complaint if I had to, I’m sure I would be listened to.” Another person informed us, “I haven’t had to make a complaint but they would listen if I did.” A third person told us, “I have made a complaint, it was listened to and I got a response.”

People were aware of the provider’s complaints procedure. We were told this was not available in an easy read format suitable for some people who used the service. However, people we spoke with said communication with staff was good and they felt able to raise any concerns. We saw that the service’s complaints process was included in information given to people when they started receiving care and support. We looked at the complaints log and saw that one complaint had been received in 2015. This had been responded to by the provider; however we saw that the circumstances for the person had not changed as a result of their complaint.

# Is the service well-led?

## Our findings

At the time of our visit the registered manager had left the service. The area manager for the organisation was acting as manager until a new manager could be recruited. Prior to our visit we received some information of concern about the service. We discussed this with the acting manager. They showed us the results of a quality audit that had been completed in June 2015. This demonstrated that areas we had identified as part of our inspection, that required improvement, had already been identified though the audit and an action plan had been put in place, with dates for completion.

We found that some of the care records we looked at contained information that was lacking in detail, out of date and not written in a way that promoted individualised care. In addition, some of the risk assessments had not been reviewed and updated following an incident of concern.

We saw that a system of audits, surveys and reviews were in place in relation to monitoring performance, managing risks and keeping people safe. These included areas such as medicines, training, accidents and incidents, complaints and staffing. However, these had not been used effectively over the last seven months and had failed to identify areas for improvement at the service. The acting manager told us that they had already completed one quality audit of the service and another was due on 28 August 2015. This would continue to be completed on a monthly basis.

People told us they received all the support and information they needed from the staff team. One person said, “I don’t see people in the office much, I don’t really need to.” Another person commented, “Don’t see office staff that much. I don’t know who the current manager is.”

Staff told us they felt well supported by the service and the management team. One staff member said, “If I have any

issues I am confident I can talk to someone.” Another member of staff told us, “The management are visible and very hands on.” A third staff member said, “There is always somebody in the office or on the end of the phone.”

The service had a clear vision and set of values and these were displayed in the main office. They included passionate and caring, trustworthy and accountable, listening and innovative, team and community focused, practical and prudent. These were understood by the staff we spoke with and one staff member told us, “I think the values we have are very important. You go through them all at induction.”

Staff were positive about the present acting manager and the management team. One staff member said, “This manager is very approachable and very supportive.” We found a positive and open culture at the service. People told us that they were comfortable with their carers and were happy to talk to them if they had any concerns. Staff were empowered to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. Feedback was sought from staff through face to face meetings, supervision and supervisory practice. One staff member told us, “The manager has kept staff in touch and updated on recent developments.”

People and their relatives were regularly involved with the service in a meaningful way, helping to drive continuous improvement. For example, we found that people had been asked to share their experiences via satisfaction surveys and we saw that people’s views and wishes were acted upon. Staff told us that the management carried out unannounced spot checks on them during their calls to ensure they were working appropriately.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

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

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risk of unsafe care and treatment that included the unsafe management of medicines.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person has failed to ensure that staff have the necessary training, qualifications, competence and skills to provide care and support safely.

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.