Care Quality Commission

Community Integrated Care

Moss Cottage

Inspection report

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Ratings

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

Overall summary

We inspected Moss Cottage on 22 September 2015. This was an unannounced inspection.

Moss Cottage provides accommodation and personal care for a maximum of four people who have a learning disability. The ground floor of the house is wheelchair accessible. There is a car for staff to take people out into the community.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support. The registered manager had a clear vision for the service which had been formulated into a service improvement plan that focussed on driving improvement. Though

Summary of findings

checks had identified the service improvements required, these had not always been acted on within the required timescales to ensure the service people received would continue to improve.

There was a positive atmosphere and staff put people at the heart of the service. People and their relatives were encouraged to be involved in the planning of their care. Staff were motivated and flexible which ensured people's plans were realised so that they had meaningful and enjoyable lives.

The service responded to people's needs and supported people to develop their skills and independence. We heard many examples of how people had been supported to develop their communication skills, self-care abilities and to have increased enjoyment in the community.

Staff had a positive approach to keeping people safe. Staff had received training in safeguarding and were able to demonstrate an awareness of abuse and how concerns should be reported. People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. Systems were in place to protect people from the risks associated with medicines.

There were enough staff to keep people safe and support people to do the things they liked. The provider was employing new staff and had increased the use of agency and bank staff to manage a staff vacancy, to ensure people's care needs were met. The provider's recruitment process had been effective at identifying applicants who were suitable to work with people.

People living at Moss Cottage received care from knowledgeable and experienced staff. Many of the staff had supported people living at Moss Cottage for many years and demonstrated an in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. Staff received regular supervision and appraisal to support them to develop their understanding of good practice and to fulfil their roles effectively.

Staff sought people's consent before they provided their care and support. Where some people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were supported to have a healthy balanced diet and when people required support to eat and drink this was provided in line with professional's guidance.

The culture of the service was positive, people were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed to enhancing people's lives and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

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?
The service was safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage any risks safely.

There were sufficient staff to keep people safe and to meet their needs.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in the person's best interests.

People were supported to maintain a balanced diet and received the support they needed during meal times.

Good

Is the service caring?
The service was caring.

People's relatives gave positive comments about staff and how they cared for people. Staff were motivated to offer care that was kind and compassionate.

Staff promoted togetherness to aid people's mental health and general sense of belonging to a community.

There was positive interaction and communication between staff and people when providing support.

Relatives felt, and observations showed, how privacy and dignity were maintained.

Good

Is the service responsive?
The service was responsive

Care plans reflected people's current needs. People had a choice about their daily routines and activities were flexibly supported

Good

Summary of findings

Staff used a range of communication methods appropriate to each person's needs to understand their preferences.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

Audits and checks had been completed to identify shortfalls in quality and risk. Some improvement was needed to make these audits more effective so that that the registered manager could take timely action to improve the quality of care people received.

Staff were not always clear about the registered manager's role and responsibilities in the home following the restructuring of management support.

There was an open and transparent culture among staff and they encouraged each other's engagement and involvement in the day to day running of the service. Staff were kept informed of changes to people's care and received regular good practice updates from the provider to ensure people received care in line with nationally recognised standards

Moss Cottage

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 22 September 2015 and was unannounced. This is a small service and the inspection was undertaken by one adult social care inspector in order to minimise the disruption to people's routines.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

We spoke with three people who were at home at the time of our inspection who were able to speak with us with the support of staff. We observed care being given by staff to people help us understand the experience of people whose verbal communication could be limited.

We spoke with one person's relative, the registered manager, the senior support worker, the Regional Manager and two care workers. We also spoke with one person's social worker.

We observed how staff supported people, reviewed four care plans, five recruitment files and other records relevant to the management of the service such as health and safety checks and quality audits.

At the last inspection on 23 June 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

Good

Is the service safe?

Our findings

A person's relative told us they did not have any concerns about people's safety in the service. They said they were encouraged to share any safety concerns with staff and would be confident speaking to a member of staff or the registered manager. We observed that people looked comfortable and relaxed with the staff and with each other.

Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Easy read versions of the safeguarding procedure were provided to people and they were supported by staff to understand this information.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. Staff were confident that the registered manager would take action if they raised concerns. One staff member said "Whenever we are concerned about how people's money is being managed or their safety when out the manager will take immediate action". There were clear safeguarding and whistle blowing policies for staff to follow. Whistle blowing is a way in which staff can report misconduct or concerns they have within their workplace.

Where people found it difficult to manage their money independently, the provider had systems in place to support people appropriately and to protect them from financial abuse. The registered manager told us she regularly checked how people's money was being managed as part of her monitoring visits and a financial audit completed in August 2015 had found no concerns.

Risks to individuals were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments and associated risk management plans provided staff with detailed information to ensure they knew how to keep people safe in relation to their mobility, finances, using household equipment, personal hygiene, accessing the community, eating and managing their health. Risk management plans included the support people needed to manage their behaviour safely. For example, the use of distraction techniques and reassurance when people were becoming distressed. Staff explained how they would identify people were becoming upset and that speaking calmly and reassuring people were the most effective ways to support people through difficult times.

The service used assistive technology to enable people to stay safe whilst increasing their control over their home environment. Assistive technology refers to a range of devices that help someone to do something they would have difficulty with otherwise. This may include computer software and hardware, magnifiers, CCTV and daily living aids. A social worker to a person who lived at the home told us and we observed how door alarm sensors had been used to alert staff when people went out so that appropriate support could then be provided to keep people safe outside. This way people could remain safe in their home without being constantly supervised by staff.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with the GP for responding to people who had seizures. Staff knew when and who to notify if people experienced prolonged seizures. Staff were also able to describe the signs when a person's blood sugar was becoming high and the action they would take to keep them safe.

Staff were able to describe how they would record and report any accidents. Accident and incident records were accurately recorded, these were up to date and reported to the appropriate authorities when required. For example, when falls occurred staff knew to contact the paramedics, GP and people's social workers as required, or the community occupational therapist (OT) to assess people's mobility support needs.

There were enough staff to meet the needs of people and to keep them safe. We observed staff were available to support people whenever they needed or wanted assistance. The registered manager and regional manager kept the staffing under review. The registered manager told us occasionally they had not been able to cover staff absences at short notice and during these times people were supported to undertake an activity at home instead of in the community. The registered manager had increased the use of their own bank staff and staff overtime to cover a recent staff vacancy. She was actively recruiting to fill this vacancy. Staff felt staffing was maintained at safe levels and confirmed people's needs were met promptly.

Good

Is the service safe?

Staff had undergone recruitment checks as part of their application process. These included the provision of suitable references to determine applicants were of good character, fitness to work declarations, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. The registered manager gave examples of adjustments that had been made following recruitment information received. This demonstrated their recruitment process had been effective at identifying applicants who were suitable to work with people.

We looked at the arrangements in place to ensure the safe management, storage and administration of medicines. People were supported by trained staff to take their prescribed medicines safely. Staff had their competency assessed and had to be authorised by the registered manager before they were allowed to support people with their medicines. People's medicines were kept in a secure cupboard within each person's room. We observed a staff member giving people their medicines safely, ensuring their medicines were given in accordance with their prescription and signed for once they had been successfully administered. Arrangements were in place to receive and dispose of medicines safely.

Regular health and safety checks were carried out to ensure the physical environment in the service was safe for people to live in. The registered manager with the support of maintenance staff carried out a set programme of weekly and monthly health and safety checks. These included fire safety equipment checks and checks to the water system. A range of health and safety policies and procedures were in place to help keep people and the staff safe. Suitably qualified contractors were used to inspect and maintain the home's gas, electricity and fire safety systems.

Emergency plans were in place in the event of a fire at the premises or for incidents that may impact on the service's ability to deliver people's planned care such as the outbreak of an infectious disease.

Good

Is the service effective?

Our findings

A relative and the social worker we spoke with were complimentary about their experience of staff being confident and knowledgeable of people's health and support needs. One relative told us ''They always seem confident and know what they are doing. Many staff have been here several years so know people's needs well''.

Staff knew how to respond to people's specific health and social care needs and care plans told staff how to identify if people were in pain or unwell. For example, how to recognise changes in a person's physical or mental health and what action to take if someone was experiencing epileptic seizures. People's epilepsy treatment was reviewed with their GP following seizures to ensure, when people seldom had seizures, their treatment would remain effective.

Staff spoke confidently about the care practices they delivered, and understood how they contributed to people's health and wellbeing. This included how people preferred to be supported when feeling anxious through effective communication to allay their anxieties and how to identify when people wanted some time on their own. Staff felt people's care plans and risk assessments were useful in helping them to provide appropriate care and support on a consistent basis.

A person's relative and records confirmed people were supported to see appropriate health and social care professionals when required. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from people's social workers, district nurses to support with people's diabetes management as well as psychology input. People saw the local GP for an annual health review, the optician, chiropodist and a dental service that specialised in providing a service to people with learning disabilities. People's health support plans detailed the health support they required including routine oral, foot and nail care.

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Staff received an induction when they first started working at Moss Cottage which met the nationally recognised standards set by Skills for Care. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. Staff told us the support of experienced staff had helped them to understand people's needs when they started working at the service. One staff member said ''Experienced staff were very helpful and showed me how to support people''. The registered manager told us the provider had recently reviewed their induction training to ensure newly appointed staff would, in future, undertake an induction which was aligned to the National Care Certificate which was introduced in 2015.

Staff received ongoing training, which enabled them to feel confident in meeting people's needs and remain up to date with changes in care practice. Staff told us they recognised that in order to support people appropriately, it was important for them to keep their skills up to date and felt they received sufficient training. Staff received training on subjects including, epilepsy and diabetes awareness to provide them with the skills required to support people's health needs effectively. Staff training records showed all of the required training was either up to date or booked. A computer system was used by the service to record these details and ensured that staff knowledge and skills were continually updated.

The registered manager recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision from the senior support worker. This provided both the staff and their supervisor with the opportunity to discuss their job role in relation to areas that needed support or improvement, as well as areas where they excelled. Staff told us this was then used positively to improve both personal practice and the practice of the service as a whole. The registered manager had regular meetings with the senior support worker and was well informed of staff's performance and agreed development plans with the senior support worker.

We observed before the receipt of any care from staff that people were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff using people's preferred communication methods to involve people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body

Good

Is the service effective?

language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time and what they wanted to drink. People's rights to make their own decisions, where possible, were protected.

People were supported to move between different areas of the service and also to spend time on their own in their bedrooms. The registered manager understood her responsibilities under the Mental Capacity Act (MCA) 2005. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. We saw best interest decisions were recorded and sensitively made in relation to some people's finances and care. A relative told us they had been involved in best interest decisions about their relative's care. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum such as ensuring people had daily opportunities to go out.

The MCA 2005 provides a process by which a person can be legally deprived of their liberty through a Deprivation of Liberty Safeguards (DoLS) authorisation when they do not have the capacity to decide where to live, and where restrictions may be in place to ensure their safety. One person had a suitably approved DoLS authorisation in place. The manager told us two other people in the service were potentially being deprived of their liberty and that MCA assessments were been completed to determine if DoLS applications would be required. Staff had undertaken training in the MCA 2005 and understood the need to take this legal framework into account when supporting people. The social worker told us they had supported the registered manager to develop their understanding of the DoLS application process and had subsequently received completed applications as required.

People had varying levels of independence in meeting their own nutrition and hydration needs. These needs were described in their support plans. People were being supported to eat a healthy and balanced diet and were involved in the weekly menu planning so that meals offered reflected their preferences. Records showed the community speech and language therapist (SALT) assessed people who were at risk of choking and staff could describe how they would support people by cutting up their food and reminding them to eat slowly in line with their SALT guidance. Staff ensured mealtimes were calm and pleasurable experiences for people. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table.

Good

Is the service caring?

Our findings

People told us that they liked the staff at Moss Cottage. People, the relative and professional we spoke with described staff as ''nice'', ''caring'', ''friendly'' and ''respectful''. Staff told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

Interactions between people and staff were good humoured and caring. Throughout the inspection, staff showed care and understanding of people's needs. People appeared relaxed, happy and responded positively to staff when asked what they wanted to do or eat. We observed laughter and banter between people and staff. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand directions, we saw this was done appropriately and people seemed comfortable and reassured by staff's touch. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit.

Staff chatted with people about everyday things and significant people in their lives. People were at times assigned an individual member of staff throughout an activity and staff told us this enabled them to get to know people well. Staff told us meals were often eaten together and this promoted a sense of togetherness and involvement in decisions. This enabled people to chat about current affairs, share their experiences of their days and what they would like to do during the week including new interests. Staff were able to demonstrate they knew what was important to each person. We observed during our inspection a positive caring relationship had developed between people and staff. Staff told us they respected people's wishes on how they spent their time and the individually assessed activities they liked to be involved in. Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to, to have regular and frequent contact with relatives.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. People were encouraged to get involved in decisions about the décor of the home. We saw that people had chosen the decoration for their bedrooms and could tell by their personal effects which rooms were theirs. People were supported to make decisions about their own money and spend it on things or activities they wanted. For example, one person was being supported to choose their holiday.

Staff's skills and experience in understanding people's individual communication were key in the support people received to take part in everyday and care decisions. Most staff had known the people for a number of years and were able to quickly discern if something was worrying or troubling them. Each person had a designated staff member who were their key worker with particular responsibility for ensuring the person's needs and preferences were known and respected by all staff. We spoke to people's keyworkers and they understood how to engage with the person to promote their preferred routines and wishes. This helped ensure consistency of care and that people's daily routines and activities matched their individual needs and preferences.

Staff explained to us that an important part of their job was to treat people with dignity and respect. A person's relative and a professional told us this took place and we saw respect being offered to people throughout our inspection. Our observations confirmed that staff respected people's privacy and dignity. We heard staff talking with people in a respectful and compassionate way. Staff used people's preferred names when they spoke with then and gave them time and patience when in conversation. If people required support with personal care tasks or medicines this was done discreetly, behind closed doors to ensure their dignity was maintained.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they began using the service and these assessments had been used to develop their care and support plans. People's care plans were written from the person's point of view to show that they should be at the heart of everything that staff did. For example, one person's plan stated, ''If I am unwell I might make crying noises''. The staff we spoke with were knowledgeable about people's needs and the care they required.

Care plans provided detailed information for staff on how to deliver people's care and support in line with their assessed needs. The files were well- organised, containing current and useful information about people. Care records were person-centred, meaning people's needs and preferences were central to care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes and places and activities they valued.

People received personalised care that was flexible and responsive to their needs. For example, staff had worked with one person's psychologist to ensure the support they provided to this person continued to reflect their changing needs. Staff could describe how they adjusted their support when this person was having a "bad day" in line with their care plan. Staff were also flexible in their support to a person with diabetes who at times chose not to have their routine glucose blood test. This enabled the person to exercise their choice and control whilst receiving the support they needed to stay healthy.

We saw staff knew how to communicate with people so that people, who could not always tell staff what they wanted, would have their needs met. Staff used a variety of communication techniques specific to each person's needs to enable them to express their views and take part in day to day decisions. We saw this included talking clearly, giving people simple instructions, using pictures and showing people what they needed to do when they needed to take their medication.

People were supported to increase their independent living skills. They were supported to contribute to domestic tasks and cooking meals. One person told us they enjoyed cooking and clearing the kitchen and we saw they were given the opportunity to do this. They were also supported to put their clean laundry away. Staff told us this gave people a sense of achievement and they purposefully created opportunities for people to make a meaningful contribution to the household.

Staff placed emphasis on providing age and gender appropriate activities for people and people were given opportunities to develop a feeling of togetherness and a sense of belonging to a community. For example, meals were eaten together, people received one to one staff support to partake in their individual activities but where people shared similar interests they were supported to pursue these interests together. Staff told us that this had supported people to develop their friendships. Staff were sensitive to the impact new people moving into the service might have on the harmony of the service. They gave us many examples of how people had been supported to adjust to these changes including developing an understanding of each other's social needs and boundaries.

Staff planned people's activities according to their ability and preferences to ensure people were given the best opportunity to participate. People were continually offered new experiences and activities to try out. For example, one person had finished their college courses and staff were actively seeking alternative activities in the community with them. People were supported to participate in a range of social, educational and leisure activities in line with their personal interests. These included trips out, attending day services, going for walks and holidays. People's weekly activity programmes were flexible and people could do something else if they chose.

Once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Relatives confirmed that they were invited to attend. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person and their keyworker, who knew them well and co-ordinated every aspect of their care. Staff stayed in regular contact with people's social workers to inform them of any changes to people's needs, or if people needed additional support to make important decisions about their accommodation or health treatment. The registered manager knew how to source independent advocates for people to support with

Good

Is the service responsive?

decision making if needed. An advocate is independent of a person's local council and can help them express their needs and wishes, and weigh up and take decisions about the options available to them.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. A relative we spoke with was made aware of the complaints system by the staff and had received a copy of the service's complaints policy. People received a copy of the complaints procedure in an easy read format to support them to understand how to make a complaint. The complaints procedure set out the process which would be followed if a person was to make a complaint and included contact details of the provider. People could also speak with their social workers if they had any concerns.

The service had not received any formal complaints since our previous inspection and the CQC had not received any concerns or complaints about the service. The registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure. People met with their keyworkers every month to talk about anything relevant to the smooth running of the home, communal living and their satisfaction about the care they were receiving. Records showed, where people had expressed an interest for example, to go on a holiday they had been supported to achieve this. A relative told us their visits to the service were an opportunity to discuss any concerns they might have about their loved one's care. They were confident that their concerns would be addressed to their satisfaction as they had been in the past.

Requires improvement

Is the service well-led?

Our findings

The registered manager had been in post at Moss Cottage since October 2014. People using the service were unable to tell us their views about the leadership of the service, however a relative and a social worker gave us positive feedback about the management of the service. The registered manager at Moss Cottage was also responsible for managing three other nearby services run by the same provider. This meant they spent on average one day per week in each of the homes. Despite this it was evident that they were familiar with the needs of the people and the staff. The senior support worker told us "We often speak several times a week so that I can keep the manager informed of developments in the home".

The registered manager had a clear understanding of the challenges facing the service. She explained in the medium term her objective was to enhance the activities and social opportunities available for people. She wanted to ensure people did not become isolated and had meaningful access to the community on a regular basis. However, the immediate challenge was to recruit one more member of staff and to increase her quality monitoring of the service. She told us "While I complete a piece of work relating to a new service I have to entrust the day to day running of the service to the experienced senior support worker. I have focused on prioritising high risk issues over the last few months but it is important that I get more involved again and complete the service improvement plan. I also need to be more accessible to staff so that they understand my role now that a registered manager is not based at the service full time since the restructure in February. ".

Staff also told us they were not always clear on what the management changes meant for the service. They said they would welcome more clarity around the role of the senior support worker and the registered manager so that it would be clear who held responsibility for the day to day running of the service.

There were local systems in place to assess and monitor the quality and safety of the service. A range of routine service checks were undertaken, for example for medicines, health and safety and support plans. Records showed staff had completed these routine checks as required by the provider and had taken action as needed.

The registered manager was supported by the Regional Manager to ensure the service met the fundamental standards. The registered manager told us the frequency of provider monitoring visits had decreased following the management restructuring in February 2015 and Service Quality Assessments were now completed once a year. Records showed the Regional Manager had undertaken a service visit in January 2015 and completed the Service Quality Assessment in June 2015. These were detailed comprehensive documents with clear actions and timescales for these to be completed.

However, these action plans had not always resulted in service improvements as some actions were outstanding and had not been completed in the required timescales. For example, in January 2015 it was noted that gaps in staff files needed to be completed by 31 March 2015. Some action had been taken but these had not been completed. The registered manager had started auditing staff files and the Regional Manager told us all staff had provided a CV to account for their full employment history after the provider's HR team had identified this information was not always provided at recruitment stage. At the time of our inspection this staff recruitment information was not readily available and was still to be requested from HR. Routine checks were not in place to ensure the register manager kept complete records of staff's employment information at Moss Cottage to evidence they met the fundamental standards.

The April 2015 audit identified that the service needed to clearly note how people were to use their support hours. The Regional Manager told us regular checks were completed to ensure people received all the hours they had been commissioned. However, it was not clear from rotas how people chose to use all their care hours weekly especially where people might have chosen to accumulate some of their hours for a holiday. Action had not been taken following the April 2015 audit to establish an effective system for monitoring the use of people's support hours to ensure they evidenced people's preferences as discussed in their key worker sessions.

The registered manager told us and records confirmed there had been no formal provider checks since the June 2015 audit to monitor if action had been taken against the service improvement plan. Audits had identified the required service improvements. However, the service had not received regular checks from the provider to monitor

Requires improvement

Is the service well-led?

progress against the actions required to ensure the registered manager were effectively addressing these concerns within her increased workload and she had the support she needed to make these improvements.

Health and safety checks were also undertaken to identify any risks in relation to the environment such as fire and water safety. There was evidence of weekly fire alarm system tests and an annual service of this and other equipment. The upstairs bathroom required refurbishment and the registered manager had liaised with the housing association to get this completed so that people's home environment would remain safe and accessible.

There was an open and transparent culture among staff and they encouraged each other's engagement and involvement in the day to day running of the service. Staff feedback was used to drive improvements, this included the way staff were used in the service to inform the commissioners. Staff meetings were held regularly and were used as a forum to share ideas and discuss with staff changes or plans for the service. There was a clear set of actions resulting from each meeting many of which had been completed or updated depending on the progress made. One staff member told us ''We work well together as a team, we can always make suggestions''.

The provider's statement of purpose set out the organisations aims, objectives and core values.

The service's values centred on the people supported and staff understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to develop life skills. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner consistent with these values. The registered manager told us the staff team had really embraced these values and were committed to ''Empowering people and creating opportunities for them to explore new experiences and build their independence''. Staff, relatives and people's records gave us many examples of how these objectives had become a reality for people.

The registered manager was continually striving to develop practice and improve the service. Staff received regular updates from the provider about good practice and revised operational procedures. The registered manager ensured staff were familiar with these updates and this was reflected in staff's knowledge. The provider worked with other health and social care professionals which enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met.