

SBSC Ltd

Summon Bonum Support & Care

Inspection report

Maidencombe Manor, Claddon Lane Maidencombe
Torquay
TQ1 4TB
Tel: 01803 293512

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced 48 hours before. There were no concerns to follow up from our last inspection of the 21 March 2013.

Summon Bonum Support & Care (also referred to as 'the service') provides enabling services and personal care to people with a learning disability. The Care Quality Commission (CQC) only regulates personal care in relation to this service. Although they provided services for 24 people, only six people were currently receiving personal care.

Summary of findings

There was a registered manager in post. 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 and associated Regulations about how the service is run.

We found some issues in respect of the completion of Medicine Administration Records (MARs) and ensuring they were accurate and in line with current guidelines. The registered manager was not auditing these and ensuring practice was safe. Archiving of records held in people's homes was not taking place to ensure these were available for future scrutiny if required.

There were sufficient staff with the right skill mix to meet people's needs and staff were recruited safely. People told us they felt safe in the care of the staff. Staff received training to enable them to meet people's needs and keep them safe. Further training was provided as required. Care plans were regularly reviewed and reflected people's current needs.

People and staff told us they were well looked after by the management and felt important to the service. People were supported by staff who were caring and compassionate. They had control of their care planning and who they wanted to deliver their care. People were asked their view of their care and their view was listened to.

People were supported by care plans that reflected their current need. People showed us how they had been supported to ensure the care was how they wanted it to be. Care plans were reviewed and changed to meet changing needs.

The service was well led and the registered manager was identified as the most important person by people and staff. Ensuring the values and quality of the service was stated as important to the service and registered manager. Continual improvement was central and people and staff were involved in this process.

We found a number breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not safe in that medicines were administered as people required but people did not have records of the administration of medicine in place or which were accurate. The registered manager had also not told us about incidents of concern.

People told us they felt safe. Staff understood how to keep people safe. Risk assessments were in place to keep people safe.

There were sufficient staff with the right skill mix to meet people's needs and staff were recruited safely.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005. DoLS do not apply to care in people's homes however, the registered manager was aware of the recent legal changes and was discussing with the local authority if this had an implication for them.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff with the necessary skills and knowledge to meet their assessed needs, preferences and choices.

People were matched with the staff they preferred. Their right to be independent and have control over their care was respected.

People were supported to have a balanced diet and had their health needs met.

Good



Is the service caring?

The service was caring. People told us they felt staff cared for them with kindness and compassion.

People were treated with dignity and respect. They were listened to and their opinion respected.

People were central in their own care and staff took time to ensure people had time to make their own decisions.

Good



Is the service responsive?

The service was responsive. People were supported by care plans that reflected their needs. These and practice were updated immediately if the person's needs changed.

Staff had enough time to meet people's needs fully and looked for ways to ensure people were involved in planning their care.

People knew how to raise a concern or complaint. These were followed up and the person was informed of the outcome.

Good



Summary of findings

Is the service well-led?

The service was well-led. However, although auditing of the service was taking place this was not robust enough in respect of recording the administration of medicines, informing us of important events, and the archiving of people's records.

The registered manager was identified as being in charge by people and staff. Ensuring the quality of the service was important to management and staff.

Staff and people could approach management at any time. Staff and people were supported to question practice and alternative views welcomed.

Requires Improvement



Summon Bonum Support & Care

Detailed findings

Background to this inspection

Summon Bonum Support & Care is part of a wider organisation that provides services to people with learning disabilities. This inspection was in respect of providing personal care in people's homes only.

The inspection was completed by one inspector. The inspection was completed over two days on the 13 and 14 August 2014, which allowed us to spend time at the registered office and talk to people who used the service at the office and in their homes. We also spoke with relatives in their relative's home or over the phone. We had the opportunity to observe interactions between staff and people at the office or in people's homes.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service. We sent questionnaires to all people receiving support from the service. We asked if they felt the service was safe, effective, caring, responsive and well led. We also sent questionnaires to everyone's family but did not receive any response. Fourteen staff were sent questionnaires and five staff responded.

Professionals with knowledge of the service were asked for their perception of the service. We sent questionnaires to seven professionals before the inspection and received replies from two. Following the inspection we asked nine professionals, with a direct role with the six people receiving personal care, to tell us what they thought of the

service. Feedback was requested from social workers, GPs, community nurses, a psychiatrist and an occupational therapist. We received feedback from three professionals, one GP, and two health and social care professionals.

We read policies, procedures and reviewed records relating to the management of the home including four staff files and training records. We read people's records held at the registered office and in their homes. We looked specifically at people's care plans, risk assessments and Medicine Administration Records (MARs). We visited two people and spoke with one person at the office base. We checked with people their care was the same as recorded in their care plans and appropriate for their needs. We spoke with two relatives and six staff to seek their views of the service. We were not able to communicate effectively with all the people due to their specific communication needs so they were supported by a key worker or family member who had the necessary skills.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

Is the service safe?

Our findings

People or their relatives told us their medicines were administered as required. However, we noticed when we visited people that some did not have a system in place for recording that medicines had been administered. Where medicines administration records (MARs) were in place they were not being used in line with current guidelines. For example, staff were ticking they had administered medicines as opposed to using initials. This meant any errors could not be traced back to the relevant staff member. They were also completed by hand and not signed by the person who completed them so it was not possible to check the contents were accurate and the staff member understood the medicines. Where people had their medicines prepared in a blister pack by the pharmacist, staff were ticking they had administered the content of the blister rather than each tablet. People's creams that had been prescribed were not on the MAR sheets. This meant that people may not have been administered their medicines correctly.

The service had introduced body maps to show staff where to apply creams, but all creams were on one body map and not distinguished. Also, one person's body map was inaccurate and did not show all the areas cream was to be administered. People had individual risk assessments and best interest decisions in place in respect of their ability to take their own medicines. However, the records were not clear about what staff or relatives were responsible for administering. This meant that people may have been at risk of not having their medicines as prescribed. We raised this with the registered manager following the visits and were told they had contacted two of the pharmacists after the visits and had requested MAR sheets be prepared by them to remove the likelihood of error. This is breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of Medicines.

People who could told us they felt safe when with the staff of Summon Bonum Support & Care. One person told us "I hold their arm; it's important to me to feel safe when we are out. The staff respect this." People were observed as comfortable in staff member's company. A relative told us they felt the service was safe and able to meet their

relative's needs. They felt the staff were trained to meet the specifics of their care. Another relative told us they had no worries about how the staff were with their relative and felt their relation had relaxed while receiving the service.

People who completed the questionnaires told us they felt safe from abuse and harm. All the staff who responded in the questionnaires told us they had the necessary training and support to keep people safe. All staff felt people were safe while being supported by the service and would take action as necessary if they were concerned.

Staff were recruited via a formal application and interview process. Their previous employment history was reviewed and references requested. Gaps in their employment were reviewed. Every member of staff had their risk of working with vulnerable people checked via the Disclosure and Barring Service (DBS).

The service ensured there were sufficient staff with the correct skill mix to meet people's needs safely. Staff were teamed up to ensure there was a consistent group of staff to administer care at all times. This was managed to ensure the same people, the person had chosen, were always on hand to deliver care or support them. Staff were recruited to fill gaps to compliment what was required. Staff were introduced to all people during induction and were informed of their care needs. A social care professional told us staff employed were longstanding and therefore were consistent and they know people well. This meant people were receiving care from staff who knew them well.

People were protected by staff trained in safeguarding vulnerable people. They were well informed of the internal and local procedures in respect of raising a concern. All staff told us they would initially raise concerns with the registered manager and felt this would be acted on. There had been two concerns raised of a safeguarding nature prior to this inspection. We saw these had been alerted to the local authority and the service had supported with the investigation.

There were safeguarding and whistleblowing policies in place that were current and contained up to date local contact details. These were readily available to staff which staff were aware of. People using the service had the policies in this area available in an easy read format, for example one person had these policies in pictures so that they could understand them.

Is the service safe?

People's needs were assessed for risk and these were updated regularly. This made sure people were able to take part in activities with minimum risk to themselves and others. The assessments were available on people's files, but staff were also heard discussing any current issues with the registered manager. The risk assessments were detailed and specific to the person. Staff were given clear details and strategies on how to deescalate situations to prevent risk to them or the person. A social care professional told us "Safety of both residents and staff is paramount". This meant the risks associated with people were reduced by having clear structures in place.

Staff were trained in the Mental Capacity Act 2005 (MCA). The service was aware of their responsibilities under the MCA and how to ensure people's legal rights were protected. The service's policy stated "It must be assumed that the individual has capacity; lack of capacity must be clearly defined." Every person's capacity to make their own decisions about their care was assessed and reviewed. Their ability to understand what receiving care from Summon Bonum Support & Care meant was assessed at initial enquiry and then at any stage of involvement with the service as required. On each file the person had a mental capacity assessment completed to ensure their level of understanding to consent to personal care was understood by staff. For another person, they were assessed in relation to their understanding and capacity to consent to dental treatment, which the service was being requested to support them with. The service used materials and communication methods in line with the person's needs to ensure consent was valid and the person could understand.

People were supported to assess their own risk in a supportive way. Choice was promoted as positive and discussed with the person. Where people lacked the mental capacity to make particular decisions, best interest

meetings were held. People were supported, using materials appropriate to their learning needs such as pictures and videos, to understand the risks to themselves and others. Where people were assessed as vulnerable we saw that action had been taken. The registered manager involved other agencies to support people to understand risk in their community. The staff then reinforced the messages in subsequent one to one sessions with the person as part of their care plan. This meant people had the freedom to choose but were supported to make informed decisions.

The service was aware of the Deprivation of Liberty Safeguards (DoLS) and this does not apply to services in the community. However, we reviewed one person's records that showed they were subject to 24 hour support and monitoring. We saw there was control of their freedoms built into this. The registered manager told us they had contacted the local authority for advice about the best process to follow.

In the PIR the registered manager told us how they were seeking to keep people safe while they were supported by Summon Bonum Support & Care. They told us how they felt their policies and procedures were important in this especially, in respect of safeguarding, risk management and Mental Capacity Act. They informed us of how important the use of whistleblowing is within the service and staff are supported to tell if they have a concern. Their commitment to a consistent care team and inviting people who use the service to be able to 'drop in' or phone meant that they were able to respond to people's concerns. People were protected because they could tell the care staff or the registered manager about any issues or concerns they had. Also, the service was proactive in checking with people they were happy and they had no concerns.

Is the service effective?

Our findings

People we spoke with were positive about the role the service had in their life. People were observed to be living full lives in the community with the support of the staff.

One person told us: “I am happy with the service and the staff; they remind me what to do. They keep me independent” and “I’m pleased with everything they do for me; they’ve encouraged me to be more independent and go out. They gently encourage me”.

Relatives told us: “The service is really good. I always know who’s coming. It’s written down and the right staff come. New staff are always introduced by someone they know. The carers are always on time. They look forward to them coming; It’s a fantastic service.” And “They were fully involved in picking their team of staff. I have seen a real change in my relative. They are more confident; happier.”

People told us in their questionnaire response they would recommend the service to others. They said their independence was respected; their care worker was always on time; all their care was completed for the right amount of time and staff always treated them with respect and dignity.

In their questionnaire responses, staff were 100% in agreement that they had the appropriate information of people’s needs; training; induction and regular supervision to be able to meet the requirements of their role. One hundred percent also stated they would recommend to service to a loved one of their own.

Staff told us: “The person is number one; we go up and beyond what we are expected to do. Staff will always cover to make sure there is continuity. We are dedicated to the same level”; “We make sure new staff fit in”; “We do extra things in our own time; we are appreciated by the service and the people” and “Everything is based on the person; we promote independence at all times. We find ways to make it happen. It’s just amazing. We are amazing!”

People were supported by staff who were well trained and had the knowledge and skills to meet their needs. Staff were trained in the service’s ‘mandatory’ training which was updated regularly. This covered first aid; safeguarding; health and safety; manual handling, medicines; mental capacity and food hygiene. In addition, staff were trained as required by the person’s needs. This included autism;

diabetic foot care; mental health; dealing with challenging behaviour. All staff were encouraged to complete formal further training in health and social care. Staff in senior carer roles had obtained at least a level three NVQ/Diploma in social care. Two had also completed separate team leader training. Staff told us they were only matched with people whose needs they had been trained in. They also could seek further training at any time and the registered manager was always open to new training courses. For example, staff had asked for a higher level of training in autism and one senior care was asked to research what training was available so that it best met the needs of the service. This meant people were supported by staff informed of people’s specific needs.

All staff underwent a detailed induction programme when starting to work for the service. This included two weeks of shadowing and regular one to one reviews with the registered manager. Their practice was observed to ensure competency and suitability. We were told by both staff and the registered manager new staffs’ suitability was reviewed at this time. All staff were encouraged to feed into this process. People were involved in interviewing new staff. They, and their family, were also asked their view on the progress of new staff. The registered manager advised they were looking at ways to ensure the role of people in this was developed further. This meant staff were appropriate to meet people’s needs and people had a say in this.

People were actively involved in selecting the staff who would provide their personal care. People were consulted to ensure ‘their staff’ were right for them and they felt comfortable with them. this was reviewed at every formal review but also as and when required. For example, one person had been seen to become quieter and withdrawn. Staff raised this concern with them and the registered manager reviewed the situation. This person stated they were not happy with one staff member so this was changed immediately. The person was then monitored to ensure there were no other concerns. The individual staff member was supported to review their practice. Staff told us they did not take this personally; they too could select the right person to work with. This meant people were in control of their care.

People’s health needs were met. People were referred to professionals or supported to see their GP as required. People’s health needs were regularly reviewed. Again the service used various means of communication and tools to

Is the service effective?

assess this at any time. Staff were alert to changes in people's needs and expressed that they would seek a way of finding out what was wrong. They would also ensure they sought advice as required. A GP told us about one of their patients: "I have no concerns about his care; the staff seem responsive to his needs and seek advice appropriately".

The PIR told us how the service was seeking to ensure people continued, and had an increased role, in securing the involvement of people in the training, supervision and appraisal of staff. There were clear timescales when this would be achieved by.

Is the service caring?

Our findings

People told us they felt cared for by staff and staff cared about them. People were observed to be both comfortable and enjoy the company of staff. Appropriate humour was evident as well as being able to relate to people sensitively. One person told us staff were very important to them. They told us staff helped them to cope with their grief and “They give me a hug when I am upset and cheer me up.”

People told us in their questionnaire they felt happy with the care and support they received and the staff were caring and kind.

People told us staff always treated them with kindness and respect. One person told us with a smile and a wink “They nag me, but it’s good nagging. It makes me do what I need to do”. Another person told us: “They are very polite; they’re all OK for me. I’m pleased with everything they do for me. Yes, I would recommend them absolutely.”

People told us their dignity was respected at all times. For example, one person told us intimate care was given in a discrete way. They told us the staff member would leave them to wash themselves and do what they could. Staff would then return when asked and wash the areas they could not reach. Another person told us if they wanted “a pj day” for a change and not get dressed this was respected by staff. They felt comfortable their needs would be met in a caring, supportive way.

Relatives told us they felt the caring nature of staff had made a huge impact on their loved ones quality of life. Both of the relatives told us their family members were able to do things for themselves now that had not been possible before.

Staff told us they were always introduced to people before they provided care and support. They said were also given time to get to know people during induction. Staff also told us: “The staff are very friendly and family orientated; very caring”; “It is a very caring service”; “They are very people centred; much more so than other places that I have worked for. They are always caring and willing to listen. They are supportive of people and staff at the same time.” A new member of staff told us: “I have been made to feel very welcomed. I feel I have been here forever. We are all one community; staff and people.”

A social care professional told us: “I have known Summon Bonum for a number of years now. Choice, respect and dignity are evident. I have always found both management and staff to be very caring and respectful towards people. They are not afraid to seek or ask for advice; should they have any worries or concerns about anyone” and “each and every person is more like extended family”.

There was a supportive, caring practice in place but there were equally strict professional boundaries in place from staff to people. People who had previously lived in more restrictive environments told us they were supported to move from dependency to independence in a supportive manner. One person told us they felt “proud” of what they had achieved. They told us staff supported them to have independence such as monetary control and freedoms they had never had before.

In the PIR, the registered manager stated how they actively promoted the values of dignity, compassion, understanding and independence with staff, people who use the service and families. Weekly staff meetings and one to one sessions with staff were used to ensure these were upheld. Staff were also subject to spot checks to ensure the care and values were being upheld.

Is the service responsive?

Our findings

One person told us: “I have no complaints at all”. Another we met with looked through their care plan with us. It was obvious they were very comfortable with this and were used to having access to their records. They took us to parts of their care plan and records they were particularly proud of. The member of staff supporting this person demonstrated this was normal practice and nothing was hidden from people. The person showed us how the staff had helped them at times; taking us through the MCA assessment on their file and various other sections.

People told us in their questionnaire responses they were involved in planning their own care; they knew how to make a complaint and felt this complaint would be heard and action taken to resolve it. People told us they were always involved in important decisions about their care. Two people we spoke with confirmed they were always involved in planning their care and felt their care team or the registered manager would resolve any issues for them. One person told us that they preferred their relative to do this for them.

People were confident that any concerns or complaints would be effectively dealt with. A relative told us: “Any concern would be sorted; absolutely!” They added the registered manager and staff kept them up to date via a communication book at their relative’s home that was above what staff would normally write in the daily records. This was in response to their concerns of their relative’s poor memory. The relative stated this helped the family reinforce memory for the person as they could discuss the time with staff with them. In the PIR the registered manager told us how as they had a clear complaints process that was available in different forms. This meant each person regardless of ability was able to utilise the process as required. They added they seek, by means of an open and honest culture, to ensure any person, family member, professional or staff member can approach the registered manager to express any concerns or complaints they had.

One hundred per cent of staff in response to their questionnaire told us managers were accessible, approachable and dealt with complaints and concerns when they were raised. Staff told us: “The registered manager always stays on top of everything”; “We can speak

to the registered manager or owners any day; any problem personal or professional. They are very good” and “You can’t fault them to be honest. You phone the registered manager and it’s resolved straight away.”

People were involved in planning their care and their on going formal consent was sought to ensure they agreed with their care plan. The care plans were regularly reviewed and updated as required. The service ensured each person was able to understand their care plan. We saw people’s care plan, review and discussion with staff were recorded. This was in different formats so it was applicable to different audiences. For example, one person’s care review was available in written word and in photos so both the person and professionals could understand them. The care plan was updated straight after the review and staff informed. This was the same in relation to whatever the document was. That is, the initial assessment, personal care plan, people’s group meetings and any discussion with staff about concerns or changes they wanted in respect of their care. Where consent had been given this was valid as people were supported to understand what this meant for them.

Of one person’s care, a social care professional told us: “They have had some difficult behaviour to manage. They have adapted what they do well to the person’s changing needs. They have worked well with him.” This showed the service was responsive in meeting need and looking for a range of ways to meet people’s needs. This was the same in respect of all the care plans we reviewed. We heard staff discussing with the registered manager and senior carers at the office ways to meet a person’s particular needs. They were looking for ways to respond to this person’s needs that was singular to them and were researching what resources were available. Where they were not available they were also looking at how they could make them for themselves. Resources both financially and in staff time, were allocated to ensure this need was met as creatively as possible.

The service was continually looking at how they could improve people’s care, meet their individual needs, and ensure their full involvement. For example, one person was struggling to remember which staff would be delivering their care day by day. The staff tried different methods to help the person remember including placing staff photographs inside the person’s door so they knew they

Is the service responsive?

were allowing in someone who was safe; and transferring those pictures and names onto stickers or into miniature form so they could be used in discussions and help the person remember.

The service took account of incidents and accidents to influence practice and ensure people's needs were met. The service kept accident and incident logs and these were used to influence practice. For example, a person's behaviour was causing an increasing concern for staff with a potential of increased risk. This was discussed and an action plan put in place. Appropriate professionals were contacted to support the plan. Guidance was sought and the care plan reviewed. Increased support to staff and additional monitoring was put in place to ensure that the need was met. When the person was able to, time was

spent with them to review their care plan. Strategies were then planned with them for staff to use in the future. The plan ensured the person and staff were kept safe until the crisis passed.

The service was flexible in when and how care was provided. Times when care was required were changed to accommodate the needs of people as they arose. For example, the timing of care was changed so people could attend training courses or various appointments to do with their health or social activities in the community.

Information in the PIR said the service sought to provide person centred care at all times with a focus on the individual needs of the person. The service had plans in place to involve people in the future development of the service and in the supervision and appraisal of staff.

Is the service well-led?

Our findings

There had been two concerns raised of a safeguarding nature prior to our inspection but the registered manager had not contacted us as expected as part of their registration. This meant we were unable to ensure the provider was meeting their requirements and people were safe as a result. This is in breach of Regulation 18(2)(e) of the Care Quality Commission (Registration) Regulations 2009.

We were shown there was auditing of care plans and a structure across the year to ensure all staff were observed, appraised and supervised. Seeking people's views was built into the process to find out their ideas for improving the service.

Every person, relative and professional identified the service was being well run and managed by the registered manager. There was a clear structure of governance in place.

People who responded to our questionnaire stated they knew who to contact in the service if they need to. They stated they were asked for their view of the service. All the professionals linked to the service stated the agency always acted on what they were told; the staff were competent in their roles and the manager was accessible, approachable and dealt effectively with any concerns raised.

We discussed the needs of the six people who received personal care with the registered manager. They demonstrated a deep knowledge of each person. They told us about each person's personality, likes, dislikes and how they were aiming to make this person's life better. They demonstrated a passion to make each individual life "better today than it was yesterday." The same ethos and commitment ran through the discussions we had with staff and were confirmed by what people told us.

Staff said the service asked them what they thought of the service and acted on what they were told. The staff were competent to meet people's care and support needs and the registered manager was accessible, approachable and dealt effectively with concerns.

The registered manager told us the service's ethos "is based on person centred care. We promote independence and encourage people to take an active role in planning of their care. We ensure that staff embrace this and promote

this throughout their practice." Policies in respect of the values of the service and how people should be treated were broken down into areas such as 'Dignity'; 'Religious observation policy'; 'Choice'; 'Independence' and 'people's rights'. Staff equally had policies around maintaining personal and professional boundaries. All these were kept active for staff in the weekly team meetings which alongside reviewing people's needs and staff training were used to have 'ethical debates'. These aimed to challenge staff opinions, beliefs, and views and upholding the services values and policies. Staff told us this meant they were continually being challenged in a supportive atmosphere to maintain the right culture for people. This meant people were being supported by a service wide, consistent ethos that put them at the centre of their care.

The provider sought feedback on the service provided to make sure changes and improvements were in line with people's wishes. People, relatives and professionals were asked via a questionnaire, this time sent out by the service, their view on their care and the service as a whole. We looked at the one sent in 2013. The feedback was positive with comments such as "I have no ideas and suggestions. I'm so proud of the difference you have made in my relative. Thank you again" and "The staff have been with me for some time are really lovely and I get on with them well, which helps me with my confidence and other issues." We discussed the responses with the registered manager who told us they were not satisfied with the questionnaire and were reviewing this. They told us they felt it was not bringing out what was intended. In 2014, they were introducing targeted questions to people and sampling people so they could ask more in-depth questions. The aim was to pick up on issues quicker and develop ways they could improve the service. These were to take place more often. For example, in one week six people were asked by the registered manager if the staff member had turned up on and left on time. This was then reviewed by them and with staff to ensure this was always the case. This meant concerns and themes could be addressed in a timely fashion and the service improved.

The registered manager stated they were continually looking to promote good practice and develop the knowledge and skills of their staff. They said they were looking to ensure ways of continually making sure people were involved in measuring this. For example, they were researching how to use assisted technology to support

Is the service well-led?

better communication between people who used the service and others. They were also keen to ensure staff received the training they needed to meet people's diverse needs.

Staff appraisals and observations were used to ensure practice improved. The registered manager showed us they graded staff responses in their appraisal, for example, from 1-10 with the aim that "everyone should be 10". They showed us how in their view "there were too many nines in respect of staff 'The protocol of entering people's premises' therefore we reviewed this in the staff meeting to ensure everyone was clear. I will do this in every area to make sure things are continually improving." Staff confirmed the

registered manager continually wanted them to achieve a high standard for people who use the service. This demonstrated the service wanted to ensure that quality of the service people received was high.

The PIR told us how the registered manager felt they were a strong management team who strive to ensure that good communication was important to ensure effective leadership and a consistent approach. A clear accountability and responsibility policy was in place to ensure the staff were aware of the limitations of their role and professional boundaries. This was supported through discussion with staff members and a check in process via the weekly staff meeting to ensure these policies were kept active. This was balanced against a culture of learning rather than blaming should there be an event that requires addressing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The provider did not have appropriate systems in place for the recording and safe administration of medicines.

Regulated activity

Regulation

Personal care

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had not advised us of any abuse or allegations of abuse.