

The Disabilities Trust

Disabilities Trust - 1 Westfield Road

Inspection report

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Date of inspection visit:
21 December 2016

Date of publication:
26 January 2017

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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 December 2016 and was unannounced.

Disabilities Trust - 1 Westfield Road is a residential care home which provides accommodation and personal care for people with high functioning learning disabilities or autism. The service is registered for up to three people and there were three people living there when we carried out our visit.

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 2008 and associated Regulations about how the service is run.

There were quality assurance systems in place at the service however; these had not been robustly applied to ensure that the service was monitored and areas for improvement were identified and acted upon. We found there had been recent changes to management and senior staff personnel, which had an impact on the running of the service. However; the current staff and management team had started to address this in order to make improvements. There were systems in place to receive feedback from people, including complaints. These systems were not always robustly applied and there was a lack of consistency in the way that complaints were handled.

Risk assessments were in place at the service, however; these had not been updated recently. This meant that the risk assessments which were in place did not contain information about current risks or how to manage them. The provider had initiated action to review risk assessments so that they were up-to-date. Care plans had also not been regularly updated and contained information which was no longer relevant to people's needs and preferences.

People felt safe living at the service and staff were knowledgeable about abuse and the actions they should take to record and report it if they suspected abuse had taken place. Staff also knew about procedures for the safe handling and administration of people's medicines and had been trained to do so. Medication records were maintained and showed that medicines were given correctly. There were sufficient numbers of staff at the service to ensure that people's needs were being met.

There were systems in place to ensure that staff received regular training and development opportunities. In addition, they received supervisions to enable them to discuss any concerns they may have as well as their own development and that of the service.

Independence was promoted by the service and people were encouraged to make their own choices and decisions. People at the service had the mental capacity to make their own decisions, but the service had systems to ensure the Mental Capacity Act 2005 was followed if necessary. People were encouraged to prepare their own meals and drinks and were supported where necessary. They were also supported to

book and attend appointments with healthcare professionals if required.

There were positive relationships between people and staff. Staff members had spent time getting to know people and their specific needs and preferences. People were treated with kindness and compassion and staff were active in promoting people's privacy, dignity and respect. They had been involved in the writing of their own care plans and were provided with important information about their care and the service.

The service had a positive culture and clear person-centred ethos. People were encouraged to take part in activities of their own choice and were supported by the service to develop their independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks were assessed, however; risk assessments had not been regularly reviewed or updated and were not always reflective of current risks. There were plans in place to address this.

Staffing levels were sufficient to meet people's needs, however; at times people felt that staffing levels prevented them from being able to certain activities.

People were safe living at the service. Staff were aware of abuse and the actions they should take to prevent it, as well as record and report suspected abuse.

Staff supported people to take their medicines correctly and in accordance with prescriber's instructions.

Is the service effective?

Good ●

The service was effective.

Staff members received training and supervisions to help provide them with the skills they needed to perform their roles and meet people's needs.

People were able to make decisions about their own care and support arrangements. The service was acting in accordance with the Mental Capacity Act 2005.

People were encouraged to be as independent as possible with meal preparation. Staff provided support and advice to promote healthy and nutritious meal choices.

Access to healthcare professionals, such as GP's, was supported by the service to help ensure people were of good health.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members

of staff. People were treated with kindness and compassion.

People had been involved in the writing of their care plans and were provided with information about the service.

Privacy, dignity and respect were important to the service and staff worked to uphold these values at all times.

Is the service responsive?

The service was not always effective.

People received person-centred care from staff who knew them well. Care plans were person-centred but had not been regularly updated to ensure the content was accurate.

Activities and work opportunities were promoted by the service, however; records relating to these were not reflective of people's current activities and interests.

Feedback from people was encouraged and there was a complaints system in place. This was not always consistently applied to ensure that complaints were well managed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were quality assurance procedures in place, however; these had not been robustly applied, to ensure that the provider assessed and monitored the quality of care provided by the service.

The registered manager was not always a visible presence at the service. In addition, there had been a number of changes in senior roles which had affected the stability of the way the service was run.

The service had a positive culture and ethos and staff were motivated to perform their roles.

Requires Improvement ●

Disabilities Trust - 1 Westfield Road

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 was carried out on 21 December 2016 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service. We looked at intelligence from our previous inspection of the service, as well as statutory notifications which the provider had sent to the Care Quality Commission (CQC). Statutory notifications contain information about important events at the service, such as safeguarding concerns or events which stop the service being provided, which the provider is required by law to submit. We also contacted the local authority, who has a commissioning role with the service.

During the inspection we spoke with the three people who lived at the service, to seek their views and opinions about the care and support that they received. We carried out observations of people being supported by members of staff within the service, with tasks such as cleaning or food preparation. We also spoke with two family members who were visiting and a further family member on the telephone.

We spoke with the two members of care staff who were working during our visit, as well as the assistant manager who was in the service. We also discussed the inspection and our findings with the registered manager over the telephone.

We checked the records for all three people living at the service, to see if they were reflective of the care that people received. We also looked at staff recruitment files for three members of staff which contained

information about staff training and recruitment procedures. We checked records relating to the management of the service, such as staff rotas and quality audits, to monitor the systems in place for the running of the service.

Is the service safe?

Our findings

Risks to people and the service itself had been assessed, however; we found that some risk assessments had not been recently reviewed or updated to reflect the current levels of risk to people. Staff members were aware of risk assessments being in place, but told us that these had not been reviewed recently. We saw that care plans contained specific risk assessments for each person for a range of different areas, including accessing the local community independently and preparing their own food and drink. Some of these risk assessments had been reviewed recently, however; others had not been reviewed for over 12 months. This meant that the information within them may not have been up-to-date, which increased the risk of harm to people.

Staff members we spoke with were able to tell us about the current risks that people faced, as well as the actions they took to help reduce the levels of risk. They displayed a good understanding of risk and how to manage it while still promoting people's independence. We found that people were able to take positive risks and staff encouraged people to do as much for themselves as possible. The lack of up-to-date risk assessments however; meant that the records did not always match the approach taken by staff, which increased the potential for mistakes or misunderstandings.

We spoke with the assistant manager about the risk assessments at the service. They explained that there had been a number of changes to senior staff at the service recently, and as a result these records had not been reviewed as regularly as they should have been. They also told us that there were new risk assessment templates, which they were in the process of transferring to and that this process would include a full review for all risk assessments. They showed us that the service had general risk assessments in place, including a business continuity plan to provide staff with guidance regarding action staff should take in the event of an emergency. The assistant manager told us that they planned to review the information in this plan, to ensure it remained relevant and up-to-date.

We received mixed feedback from people regarding staffing levels at the service. One person explained that staffing was usually not a problem as there were often two members of staff on shift at a time, however; at times there was one staff member and this could cause delay. They told us, "There are normally one or two staff, when it's only one it has a lot of effect, we have to wait to do certain things."

Staff members told us that staffing levels were set in accordance with the needs of the people living at the service and were agreed with the funding authorities who were responsible for placing people at the service. One staff member told us, "We are fully staffed for our funding." The assistant manager explained that people were encouraged to be as independent as possible and that the staffing levels which were in place enabled staff to promote independence, but also to offer support and guidance where necessary. They also told us that there were three other services nearby which were operated by the provider and that staff could work across these services. In the event of an emergency or urgent situation, support would be provided by these services, as well as management. We looked at the staffing rota and saw that staffing levels were consistent and that regular staff members were used. Our observations and records showed that staffing levels were sufficient to meet people's needs.

Staff members told us that they were aware of the recruitment practices which the service followed. One staff member said, "Oh they do the checks and make sure you are okay before you start." They explained that before working at the service the provider carried out background checks, including a Disclosure and Barring Service (DBS) criminal records check as well as seeking references from previous employers. Staff recruitment records confirmed that the provider carried out checks to ensure new staff were of good character and suitable for the role they would be performing.

People told us that they felt safe living at the service. They explained that they felt the service was secure and that staff worked to ensure they were protected against harm or abuse. One person told us, "Safety is okay; staff know how to keep me safe." Another person said, "I am safe here." People's family members also told us that they felt their relatives were safe living at the service. One relative said, "Staff here keep [name of relative] safe."

Staff members told us that they felt the people living at the service were safe, whilst their independence was promoted as much as possible. They told us, and records confirmed that all staff members had regular safeguarding training to make sure they were aware of the different types of abuse and the action that they should take if they suspected that abuse had taken place. We saw that there was information available for staff regarding safeguarding and how to raise any concerns they may have about potential abuse. Incidents and accidents had been reported and, where necessary, the local authority safeguarding team and the Care Quality Commission (CQC) had been informed.

People were supported to take their medication by the service, and were encouraged to do this independently if possible. One person told us, "Staff help with my medication." They went on to tell us that staff made sure they got the right medicines at the right time, and that they were able to give them 'as required' (PRN) medicines; for example for pain relief.

Staff members told us that they were only able to provide people with their medicines if they had been trained and deemed competent. One staff member said, "We do medication training and annual competency checks." Records confirmed that staff members had been trained and that their competency had been assessed on a regular basis. We also looked at Medication Administration Record (MAR) charts and other records associated with administering medicines. We saw that these had been completed in full and were checked regularly to ensure there were no errors or omissions. Stock levels of medicines matched the records, which demonstrated that people had been given their medicines correctly.

Is the service effective?

Our findings

People felt that staff had the skills and knowledge they needed to perform their roles. They were confident that staff knew what they were doing and were aware that they regularly had training to help them maintain and develop their skills. One person told us, "The staff here are good, they know what we need." Another said, "I know that staff get training." Relatives also told us that the felt staff had training which provided them with the skills they needed to perform their roles.

Staff members told us that they received a range of training and support to enable them to meet people's needs. One staff member said, "We have an induction when we start so we get to know the residents and the home." They told us that when they started working at the service they had induction training which included mandatory training courses, such as safeguarding and health and safety, as well as time learning about the service and shadowing more experienced members of staff. The assistant manager showed us records which confirmed that staff inductions took place and that new staff were enrolled on the Care Certificate, to enable them to demonstrate their understanding of essential skills and knowledge.

There was on-going training for staff in addition to their induction training. Staff told us that they felt they received good training which helped them to do their jobs even better. One staff member said, "I think the training is good and we are all up-to-date." The assistant manager explained to us that the provider had their own training department, which was currently being reviewed. While that took place staff were provided with e-learning training to ensure nothing was missed. We saw records which confirmed that staff training was being carried out regularly and that future training had been arranged.

Staff supervision was carried out regularly, to provide staff members with the opportunity to discuss their roles and any concerns that they may have. Staff members told us that they felt supervisions were a useful exercise and they were able to identify goals and areas for their own development, as well as improvements for the delivery of care at the service. Staff records showed that supervisions were carried out regularly and that they were used to discuss the development of staff and the service.

People were able to make choices about their care and what they did. People told us that the service encouraged them to be as independent as possible, which included making their own decisions. One person told us, "I am able to make my own decisions." Another said, "Yes, we do get choices." Staff members also told us that they always sought people's consent before they did anything, for example; staff wanted to show us something in one person's bedroom, but would not do so until the person had agreed to this. People's care plans demonstrated that their consent to their care and support arrangements had been sought and recorded, to show that people were happy with what had been agreed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff members were knowledgeable about the principles of the MCA and we found that MCA assessment forms were available to assess whether or not people had mental capacity to make specific decisions. Staff members explained to us that these were not in use as the people living at the service were able to make their own decisions, therefore were deemed to have mental capacity. The service also had DoLS screening forms in place which were used to assess whether or not people were at risk of having their liberty deprived as a result of their current care arrangements. This meant that the service was ready to apply both the MCA and DoLS, should people's needs in terms of their mental capacity change.

People were able to make choices about the food and drink that they had and were encouraged to be as independent as possible with the preparation of their meals. People told us that staff members spoke to them about food and gave them advice about what was healthy and nutritious but ultimately they were able to make their own decisions. One person said, "I've learnt to cook for myself more, I enjoy cooking. I have a choice of what I want and where I eat and I cook a wide range of different dinners." They explained that staff members were there if they needed them however; they were encouraged to be as independent as possible with food preparation. During the inspection we saw that people were able to access the kitchen whenever they wanted to. Staff were available for support, however; people's were encouraged to do as much for themselves as possible.

Staff members confirmed that they were willing to help people to prepare meals and drinks if necessary. They said that they tried to support people to learn and develop independent skills, to empower them and promote independence. They also gave people advice regarding healthy meal choices to try to ensure that people had nutritionally balanced meals. Staff told us that people's care plans showed what their individual goals were in terms of food and drink preparation, as well as their progress against these goals. We checked care plans and saw that this guidance was in place. This provided staff with the information they needed regarding people's skills and the areas where they were developing new skills, which allowed staff to provide the required support whilst encouraging independence.

Appointments with healthcare professionals, such as GP's or dentists, were supported by the service. People told us that staff members were able to come with them to appointments if they wished, and that they could also go independently if that was their choice. One person said, "Yes I can see the doctor, staff will come with me if I want them to."

Staff confirmed that they encouraged people to book and attend healthcare appointments independently, but were always available to provide support with this. They explained that people often wanted the support of staff as important information was often discussed at these appointments. They also showed us that the outcome of healthcare appointments was recorded in people's care plans, to ensure that this information was available to all those who required it. We saw that changes in directions as a result of appointments was also recorded, so that the care provided was in accord with the advice given by healthcare professionals.

Is the service caring?

Our findings

There were positive relationships between people and members of staff. People told us that there were some staff with which they got along with more than others, as they had shared interests or hobbies. They said that all the staff members treated them with kindness and compassion. One person said, "The staff here are good." Another person told us, "I get on with staff and they are friendly."

People's family members also told us that they felt staff were kind and supportive of their relatives. They told us that they were aware that staff went out of their way to ensure people got the care and support that they needed and that staff treated people in a positive manner. One family member told us, "He seems happy and satisfied here. They look after him well."

We spoke with staff about their roles and the relationships that they built with the people they cared for. Staff were positive and felt that they had worked to establish strong professional relationships with the people that they cared for. One staff member told us, "We are able to sit and have a chat with residents as well as providing them with the support they need." Another said, "We definitely get to know the residents well." Throughout our inspection we saw that staff members had a good understanding of people's needs and their individual preferences, for example, with communication. Staff were able to adapt their approach for each individual and spent time engaging in conversation with them, which helped to make people feel comfortable in the service.

There were systems in place to ensure people had access to information about their care and support, as well as the service itself. People told us that they had been involved in producing their own care plans and that they were aware of the content of them. One person told us, "I have a care plan in place and I have seen it." Another person also told us that they had seen their care plan and had been asked about the information that went into it.

Staff members showed us that care plans had been written with the input of people and their family members where possible. They showed that people had been involved in the production of the plans. For example, individual goals had been set for each person to work towards. The care plans clearly showed that these had been discussed with people to ensure they were working towards an objective which they wanted to achieve. Staff members also showed us that there were easy-to-understand versions of care plans available, which helped people understand key information about their care.

We saw that the service had also provided people with user guides to the service and provider. This included useful information about the care that they could expect from the provider, as well as key contact details which they may need. There was also information about the provider's complaints and feedback procedures and guidance on how to contact external organisations, such as the Care Quality Commission (CQC).

People were treated with dignity and respect. When we asked people if they felt that staff members respected their dignity they gave positive responses, for example, one person smiled and nodded their head. Another person told us that staff would only access their room if the person was happy for them to do so

and always knocked and waited if they needed to talk to them.

Staff members told us that it was important to them that people were treated with dignity and that they felt their privacy was upheld. One staff member told us, "We want to deliver the service that we would expect to receive." They explained that people's bedrooms were theirs and that they could choose to decorate or furnish them as they wished. In addition, staff would only go in with the agreement of the person and during the inspection we saw staff wait to check that it was okay with a person before they went into their room. Staff members told us that they had received dignity and respect training and that information in people's care plans helped to provide them with information which could guide them, such as people's wishes and preferences. The records we reviewed showed that this was the case. We also saw evidence that staff had been trained in this area and that the provider had policies in place for staff to follow.

Is the service responsive?

Our findings

People had person-centred care plans in place, however; these had not always been reviewed on a regular basis, to ensure the content was accurate. We saw that one care plan had not been reviewed within the past 12 months, despite the plan having a review date set within this period. Staff members explained to us that initial assessments were carried out before people moved in to the service. This enabled the service to ensure they would be able to meet people's needs and provide their care in accordance with their preferences and provided the basis of people's care plans. As staff members got to know people better, their care plans were reviewed and updated to provide staff with the information they needed.

We saw that care plans contained the initial assessment, which had been used to create the rest of the care and support plans in people's files. We found that, at times, these files did not contain up-to-date information and some important details about people's current care and support arrangements was not recorded within their care plans. This meant that staff may not have all the information they needed in order to meet people's care needs and preferences. Staff members informed us that there had been changes to the senior staff members at the service, and that this had impacted the regularity of the care plan reviews and updates which had taken place. The assistant manager acknowledged that work was required in this area and informed us that they were working with the new senior staff at the service and people, to ensure care plans were up-to-date. We saw that they had plans in place to address this.

People told us that they knew that their care plans were in place and felt that the content of them was person-centred. One person told us, "I have a care plan in place and I have seen it. It is all about me." People went on to tell us that they felt that staff knew about them and their specific care needs and preferences. People also told us that they had been involved in reviews of their care plans when they had taken place, which helped them to refresh the content and make sure their goals and objectives were up-to-date.

Staff members were knowledgeable about people and their specific needs and preferences. They were able to tell us about the care and support that people needed, as well as their strengths and the things that they were able to do for themselves. Staff had a clear understanding of each individual and were able to tell us about their current care which was not always recorded in their individual care plans.

People were able to take part in the activities that they wanted to do, when they wanted to do them. This included trips into the local community both with staff support and independently, as well as accessing local day support service and work opportunities. People enjoyed the flexibility and range of activities that they were able to do and felt that; as a result, they had developed increased confidence and social skills. One person said, "I am very active. I get out of the house and lots of things." Another person said, "Another person said, "I like to keep busy, staff help with that." They went on to tell us that since living at the service they had attended centres which helped them to develop skills for work and had been able to secure voluntary work at local charity shops, which they really enjoyed. They and their family members felt that these opportunities had come about as a result of living at the service and the support that had been provided by members of staff.

Staff members were aware of the activities that people liked to take part in and what support they required. During the inspection we saw staff speaking with people about their activities and saw people go out independently and with staff support, to do the things they wanted to do. This included a trip to a local coffee shop with family members and going to the cinema. We spoke with the assistant manager about activities. They confirmed that people had flexibility and could choose what they wanted to do, however; they acknowledged that the content of the care plans was not up-to-date and they had plans in place to review these with people and senior staff, to ensure they were reflective of people's current needs.

The service had a system in place to receive and act on complaints raised by people and their family members, however; this was not always consistently applied to ensure that complaints were robustly managed. People told us that they were aware of how to raise complaints and were happy to do so if they had any concerns about the service. One person told us, "I have complained, staff listen and take on board what I say." People went on to say that staff listened to what they had to say and took action to resolve their concerns.

People's relatives were also aware of the complaints procedure, however; they had mixed experiences of raising concerns. Some relatives felt staff were able to resolve their concerns, but felt that, at times, management did not take sufficient action. Other relatives told us that both staff and management had taken their views seriously and had acted to resolve them. One relative said, "[The registered manager] talks around things and doesn't tackle them head-on." Another relative told us, "They have been very responsive if we have had any problems."

We spoke with staff about the complaints procedures at the service. They told us that they encouraged feedback, both positive and negative; from people and their relatives and that this was used to help them develop and improve the service. The assistant manager showed us that there was a complaints log in place which recorded the complaints that had been made and the action taken. We found that this log had not been consistently completed, as one family member had told us about a specific concern which they had raised, which had not been recorded. We discussed this with the registered manager over the phone and they agreed that this information should have been recorded. Both the registered manager and the assistant manager had plans to improve the way that complaints were recorded and handled at the service.

Is the service well-led?

Our findings

There were systems in place for quality assurance at the service however; these had not been robustly applied to help identify areas for development and to drive improvements. The assistant manager showed us that there was an audits file in the service which contained a number of different checks which should be carried out monthly quarterly, six monthly and annually. We saw that these audits had not been carried out as scheduled. For example, kitchen, hand hygiene environmental and infection control audits were all scheduled to take place monthly but had not been completed since August 2016. In addition, care plan audits had not taken place and therefore the fact that the content of care plans and risk assessments was out of date had not been identified.

We also found that there was a lack of action taken as a result of what was found in these checks. For example, we saw that a bedroom audit in July 2016 noted two holes in one person's bedroom following a fire detector being re-positioned. This was again picked up in the August 2016 audit, however; there were no actions to show how this issue would be addressed. The person allowed us to check their bedroom and we noted that the holes were still there. This showed that the audit process in place was not effective, as problems were not rectified when discovered. In addition, the lack of regular checks being carried out meant that the service management did not have oversight of the service.

Staff members told us that they carried out daily and weekly checks of their own. They explained that there were forms in place for them to complete as part of on-going monitoring of the service. For example, one staff member showed us that medicines were counted each time they were given, to ensure stock levels were correct. We saw that these forms were in place and that staff completed them on a regular basis. It was not clear if these forms were regularly reviewed to ensure the content was correct and to identify any issues or concerns as a result of the information that staff recorded.

The assistant manager acknowledged our concerns regarding the quality assurance systems in place at the service. They told us that they were aware of the checks that should have been completed, and was planning action to address the fact that they had not been. They showed us that an audit plan was in place and that individual audits had been allocated to specific members of staff to complete. They explained that this plan would remain in place to ensure that audits were completed on time and that any actions highlighted were acted upon. The assistant manager showed us that the provider had a system to log any actions highlighted by these audits, to ensure that they concerns were addressed to help improve the service. As there had been a number of months without quality audits taking place, this had not been used to help drive improvements at the service.

People and their relatives told us that the service carried out a survey to collect their views and opinions of the service. We were told that they were asked to complete a questionnaire, however; they were not sure of how this information was used, or if any actions were taken as a result of the questionnaire. One person said, "Questionnaires are done but no action plans are given." A relative told us, "We do get a survey but we don't always get the results."

The assistant manager told us that questionnaires were sent out on a regular basis, however; they were not sure when the most recent one had been completed. We were unable to find evidence of any recent quality surveys and found that the results which were available to people were the same as the one's we saw in our previous inspection on 25 September 2015. This showed that the service had not carried out a recent survey to seek the views and opinions of the people living at the service and their family members. They were therefore unable to use feedback to help develop and improve the service that people received.

The service did not have systems in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was also responsible for three other services within the group. They were supported in this by the assistant manager. We received mixed feedback regarding how often people and their relatives saw the service management. One person told us, "The management are not here very often, they tend to go to the other homes more." Another said, "I like [the assistant manager] and [the registered manager]." Some family members also thought that the registered manager was not available as much as they would like, whilst others felt they could get to see or talk to them when needed. One relative said, "We tend to see or hear from management when we need to."

Staff members told us that management were not as available as they would like. They explained that they were aware that both managers had to spend time across all the services, however; at times, they felt they could be slightly isolated at the service. Staff did tell us that both managers were supportive and responsive when they saw them and that they knew they were working to improving the way the service was managed.

We spoke with the assistant manager about the management of the service. They explained that in the past six months there had been a number of changes, with the previous assistant manager leaving the provider, as well as senior staff at the service. They had not been in their role for long and a senior carer had recently been appointed, which meant that prior to that, some management tasks had not been completed. The assistant manager showed us that both the registered manager and the assistant manager had time scheduled at the service each week, and that their movements at the other services were recorded, so that staff could always contact them if necessary. They were also working with the registered manager and new senior staff member to help develop and improve the service.

There was a positive culture and ethos at the service. People had developed as a result of living at the service and staff had helped to equip people with new skills to support their independence. One person told us, "I have improved here." A relative told us, "He has definitely come on being here." They went on to explain that from the start they were aware that the service would work positively with their family member to try to help them develop and gain important skills.

Staff members told us that they were committed to their roles and were motivated by the work that was carried out at the service. They were clear about the direction that the service needed to go and about the goals and ambitions both of the provider and the people receiving care from the service. One staff member said, "I love working here, it is so rewarding." Another told us, "I got this job so I could help people and change people's lives."

Staff were clear about their roles in terms of keeping people safe from harm or abuse and were prepared to whistle-blow if they felt there had been any wrong-doing or abuse. They told us that they were prepared to report any suspicions they had, regardless of who was involved; including their colleagues and management. This showed that the service had a culture where people's needs and well-being was at the

forefront of everything that staff did.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have systems in place to assess, monitor and improve the quality and safety of the services provided.