Real Life Options

Real Life Options - 58 Ormesby Road

Inspection report

58 Ormesby Road
Normanby
Middlesbrough
Cleveland
TS6 0HS

Website: www.reallifeoptions.org

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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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 10 January 2017. This meant the registered provider and staff did not know that we would be attending.

We previously inspected the service on 26 October, 10 November and 11 December 2015 and found that the service was not meeting all of the regulations which we inspected. We found the service was not meeting the regulations for safe care and treatment and good governance. We found that risk assessments were incomplete and care records had not been updated when people's needs had changed or when they had been recommendations from health professionals involved in people's care. People had missed healthcare appointments. There were significant gaps in all records looked at during inspection and audits had not highlighted these gaps. We also found that the registered provider had not been regularly visiting the service to monitor the quality of the service. We asked the registered provider to take action to improve the quality of the service and issued a warning notice for the quality of record keeping at the service.

Real Life Options: 58 Ormesby Road is a service for people living with a learning disability. The service is registered to provide accommodation for up to six people who require personal care. At the time of inspection there were six people using the service. The service was located in a residential area within its own grounds and had on-site parking. The service was located close to local amenities.

The previous registered manager had been registered with the Commission since 13 January 2013; however they had left the service in December 2016. 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. A new manager was in place at the time of inspection; they had been employed by the registered provider for many years. They had started the application process to become the registered manager.

At this inspection, we found that the registered provider had listened to our concerns and had taken action to improve the quality of the service. Significant improvements had been made to all records which meant that staff had the most accurate and up to date information to provide care and support to people which reflected their needs, wishes and preferences. Good systems were now in place to make sure people's health and well-being needs were regularly reviewed. They now visited the service each month and carried out a comprehensive review of the service and provided action plans and feedback to the manager.

Staff showed they understood the procedures which they needed to follow if they suspected someone was a risk of abuse. Staff were able to discuss the types of abuse which people could be at risk from and how they could help to minimise these risks. All staff spoken with told us they would not hesitate to whistle blow (tell someone) if they suspected abuse had occurred.

Detailed risk assessments were in place which were individual to people and demonstrated the action taken

to reduce the risks to people. These had been regularly reviewed. Staff recognised that people were vulnerable to harm because they did not always recognise risks to themselves.

Health and safety certificates were up to date and showed that the service was safe for people and staff.

All staff had a Disclosure and Barring Service check in place. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

There were enough staff on duty to provide care and support to people. Staffing levels changed throughout the day to meet people's needs and to provide one-to-one activities to people out in the community.

Good procedures were in place to manage people's medicines. 'As and when' (PRN) protocols were in place for people who needed them; records were individual to each person. This meant staff had the information needed to respond when people experienced a deterioration in their health conditions.

Good procedures were in place to support new staff during their induction period. Records had been fully completed and we could see staff received regular reviews.

Staff received regular supervision and appraisals. The quality of these records had significantly improved and action plans were in place where support had been identified. These were then checked at the next supervision sessions to ensure staff had addressed any outstanding areas.

Staff training was up to date for most staff. Any gaps in training had already been highlighted by the registered provider and staff had either been booked onto training or the training courses had recently been developed and were due to be rolled out to staff.

Staff had a good understanding of the principles of the Mental Capacity Act (MCA). Deprivation of Liberties Safeguards had been sought for people and best interest decisions made where appropriate.

Staff involved people in their care and tried to obtain consent from people. Staff told us about the different ways in which people gave their consent and we observed this during inspection. This information was also contained in people's care records.

Staff supported people with their nutrition and hydration and ensured people had the appropriate equipment in place for this. Care records reflected people's individual needs and included recommendations from health professionals.

People's care records provided detailed information about their contact with health and social care professionals. Each month, staff reviewed people's health and well-being needs and arranged any appointments which were due, which included annual healthcare reviews, dental and optician appointments.

Care records provided detailed information and examples about how to involve people in their care, this included menu choices, getting up and going to bed and how to spend their day. The care records showed the different ways people made these choices which included hand gestures, different sounds and guiding staff to a particular area.

We observed interactions between people and staff. We found people responded well to staff and could see staff knew people well. Staff knew detailed information about people and understood the importance of

people's individual routines.

We observed staff giving people choices and they tried to encourage people to make decisions about their care. A relative told us they were kept up to date and were invited to be involved in care plan reviews.

People's privacy and dignity was maintained whenever care and support was carried out. Staff told us that they always ensured they were prepared, such as making sure they had all of their clothes and toiletries before assisting people to bath.

Some people's behaviours meant that their privacy and dignity was not always maintained. However staff had a good understanding of this and remained vigilant to people. Staff took the action needed to make sure they responded quickly to these behaviours.

Staff told us that people saw their families regularly, and staff had good relationships with them. Relatives were able to visit at any time and we saw that staff kept in regular contact with them.

Detailed person centred records were in place. Each person's records included information about their routines and how and when to provide care and support to people. Care records were regularly reviewed.

Each person had an activities timetable in place. Staff were allocated to provide one-to-one support to people participating in activities in the community. This included attending social groups, community venues and eating out. We also observed people participating in activities at the service.

People and staff had good links with the local community. People accessed local shops, pubs and restaurants and had good relationships with people they came into contact with. People also attended community events, most recently this included the switching on of Christmas lights in the town centre. One person attended the local church with the support of staff.

People had been given the complaints procedure in an easy to read format, however none had made a complaint. All staff understood how to deal with a complaint.

Staff told us they enjoyed working at the service and had confidence in the new manager. Staff told us they would not hesitate to approach the manager if needed. The new manager had worked at the service for many years in a previous role and people had good relationships with them.

The service regularly reviewed all safeguarding alerts and accidents and incidents. This meant the service could identify any patterns and trends and take the action needed to minimise the risk of reoccurrence and harm to people.

Staff told us they were kept up to date with any changes or events occurring at the service and minutes were available if they had not been able to attend any meetings.

We could see that staff understood the requirements of their role and worked under the guidance of the manager to ensure people received safe care and support. We could see the staff team worked well together and communicated well.

Notifications had been submitted to the Commission when required to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff demonstrated a good level of understanding of the different types of abuse people using the service could be at risk from and the procedure they needed to follow if they suspected abuse could be taking place.

Detailed, person-centred risk assessments were in place and had been regularly reviewed.

There were sufficient staff on duty to provide safe care and support to people. Staffing levels increased to meet people's individual care needs.

Is the service effective?

Good

The service was effective.

Staff were supported to carry out their roles effectively. Staff had received regular training, supervision and appraisals.

Staff understood the principles of the Mental Capacity Act (MCA). People had Deprivation of Liberties Safeguards in place and best interest's decision making had been carried out when needed.

People had regular access to health professionals. Staff regularly reviewed people's healthcare needs to ensure people's health and well-being needs were met.

Is the service caring?

Good

The service was caring.

Staff knew people well and had good relationships with them. Staff understood people's communication needs and responded appropriately to people.

Care records provided a good level of personalised information about how to involve people in their own lives and where they were able to make their own decisions.

Staff protected and maintained people's dignity; staff understood people's behavioural needs and provided the support needed to protect people's dignity when people went out into the community.

Is the service responsive?

Good

The service was responsive.

The service had made significant progress to the quality of record keeping.

People's care records were person-centred and provided high level information about how to support people according to their needs, wishes and preferences.

Each person had a personalised activity programme in place and the support needed to achieve this was in place.

Robust procedures were in place to manage complaints effectively.

Is the service well-led?

Good

The service was well-led.

The service had responded to feedback from the last inspection and had taken the action needed to make improvements to the quality of the service.

The registered provider carried out thorough checks to monitor the quality of the service, had action plans in place and gave feedback to staff.

People and staff were kept up to date with the service and any planned changes taking place.

The service had good links with the community. People accessed community services and people in the community had good relationships with people and staff at the service.

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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.

One adult social care inspector and one adult social care inspection manager carried out an unannounced inspection on 10 January 2017. This meant the registered provider and staff did not know we would be attending the service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service and they told us they did not have any concerns about this service.

The registered provided completed a provider information return (PIR) when we asked them to. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we spoke with two people who used the service and one relative. We also spoke with the new manager and five staff.

We reviewed two people's care records and the supplementary records of a further three people. These included medicine administration records, healthcare records and daily records. We reviewed two staff recruitment records and two staff induction records; we looked at the supervision and appraisal records for six staff and the training summary records for all staff. We also reviewed records relating to the day to day

running of the service which included meeting minutes, quality assurance records and the registered providers' policies.

Good

Is the service safe?

Our findings

At the last inspection, we found the service was not meeting the requirements for Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risk assessments hadn't always been fully completed and reviewed. We also identified, that for some risks, no risk assessments had been carried out.

At this inspection, we could see the registered provider had taken action to improve the quality of risk assessments in place for people. We found that risk assessments were only in place for people who needed them and they reflected the actual risks to people. Each risk assessment was person-centred, detailed the risk, the action staff needed to take to reduce the risk and identified how staff planned to minimise the risk of harm. The manager told us that each person's risk assessments were reviewed each month during team meeting. This meant staff could take action to determine whether they remained relevant and take action to review the risk.

A personal emergency evacuation plan (PEEP) for day and night was available for each person. The information contained within them was very detailed and showed how to direct people to safety, including the gestures staff may need to display to people and any direct assistance people needed because of their health condition.

A missing person's report was available in each person's care plan. This document had all of the necessary information available about the person, such as a description of the person which could be shared quickly.

Health and safety certificates were in place which showed the building was safe for people and staff to use. These included, gas and electrical safety checks. We could see regular maintenance had taken place. Staff had completed regular fire safety checks at the service and had participated in fire drills to demonstrate their competency to act in an emergency to keep people safe.

Some people used equipment, such as wheelchairs. We found that safety checks of these were carried out each week and visual checks each time they were used to make sure they were safe to use.

Accidents and incidents occurring at the service had been recorded. Analysis of this information had been carried out regularly and information was shared with the registered provider each month.

Staff told us that they thought people were safe living at the service. One relative confirmed this to be the case and told us, "I feel [person using the service] is as safe as they would be at home with me."

All staff had received up to date training in safeguarding. They all demonstrated a good understanding of the procedures which they needed to follow if they suspected abuse could be taking place. One staff member told us, "I'd speak with the manager about any concerns which I had. This could be for things such a, missed medicines, people not going outside or to their activities and people not have the things they need, such as a working wheelchair. It's our job as support workers to minimise the risk of abuse to our

service users." People using the service lived with a learning disability and all staff understood that this could make people more vulnerable to abuse. Staff told us that they monitored people closely when they went out into the community.

All safeguarding events were recorded onto a safeguarding consideration log which was shared with the local authority each month. Safeguarding alerts had been completed when needed and records showed the action the service had taken to minimise the risk of harm to people.

Good recruitment procedures were in place for staff. Records showed that all staff had two checked references and a Disclosure and Barring Services (DBS) check prior to an offer of employment being made.

The manager and staff told us there were enough staff on duty to provide safe care and support to people; staff also confirmed this to be the case. The relative we spoke with did not have any concerns about staffing levels. The manager told us staff offered flexibility and provided cover when they were short staffed because of annual leave or sickness. The manager told us the staff team worked well with each other and a stable team was in place. They told us this was important to people who used the service. We could see staffing levels increased when people had one-to-time. We also saw there were enough staff on duty when people participated in activities in the local community. Staff told us the manager was available to them during working hours and they could access the on-call manager outside of normal working hours.

We found suitable arrangements were in place for people's medicines. One staff member told us, "We give people their medicines when they need them. We have protocols, policies and procedures in place to give people their medicines safely." Each person had adequate stocks of their medicines and good systems were in place for ordering people's medicines. One relative told us, "The staff have the medicines ready for [person using the service]. Staff recognise when [person using the service] needs their PRN [as and when required] medicines."

Some people were prescribed 'as and when' (PRN) required medicines. Protocols were in place which provided information about why each medicine was needed and how staff would know people required these medicines. PRN protocols were individual to each person.

Staff supported people to take their medicines. Some people took their medicines from a spoon and staff made sure people were given the time they needed to take their medicines. Information about how people took their medicines was available in their care records.

Controlled drugs were in use at the service. These are specific classified drugs that must be managed in a particular way to ensure they are safely handled and administered and therefore less liable to misuse. Regular checks of these medicines had taken place by two staff members. Records were in place to show when these medicines were used and included a stock count.

Regular checks of medicines were carried out. We noted that a medicines error had been identified. We could see that staff took appropriate action to seek advice and a safeguarding alert was made. Supervision had been carried out with the staff members involved to reduce the risk of reoccurrence.

Room temperatures had been carried out regularly and showed medicines had been stored within safe temperature limits.

Good

Is the service effective?

Our findings

At the last inspection, we found the service was not meeting the requirements for Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because induction, supervision and appraisal records were incomplete. A best interests decision had not been recorded when one person had received an influenza vaccination without the capacity to make the decision to have it. Hospital passports did not contain the information needed when people went into hospital.

At this inspection, we could see that the registered provider had taken action to address this. There was evidence to show best interest decisions had been made and recorded. Records for hospital passports, induction, supervision and appraisals had been significantly improved and now contained all of the informed needed in them.

Best interest decision making had taken place. We could also see the reason why the decision was made, the people involved in the decision and the outcome of the decision. We could see where this decision making had taken place for one person who received an influenza vaccination.

All staff were required to participate in a four day induction to become familiar with the service and the day to day running of the service. All staff were supported to complete the Care certificate during their probationary period. This is a set of standards which staff are expected to follow at work. We found induction records had been fully completed and kept up to date. There was evidence of regular reviews and records showed that actions had been identified and when they had been addressed. The manager told us that staff shadowed more experienced members of staff and only went onto support people on their own when the manager felt they were competent to do so. The manager explained that staff and people needed to develop and form relationships with one another and this took the time it needed. One relative told us, "Staff have the right knowledge and skills to look after people."

All staff were required to attend five supervision sessions and one appraisal each year. These are formal methods of support employees to carry out their roles safely. All staff told us they were supported to carry out their role. One staff member told us, "We get good supervision, appraisal and training. I feel supported to carry out my role." From the records looked at, we could see they had been fully completed and reflected discussions which had taken place. We could also see that any actions identified had been checked at the following supervision sessions to make sure they had been addressed.

Each person had a hospital passport. This is a record, specific for people living with a learning disability which provides hospital staff with important information about people. We found these records contained detailed information about each person and included information such as their health condition, allergies and how to communicate with each person. We could see this information had been reviewed regularly.

At the last inspection, we found the service was not meeting the requirements for Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not followed guidance from health professionals and care records had not been updated to reflect new

recommendations from them. We also found people had not attended appointments for health checks because staff had not carried out reviews of people's care to determine whether these appointments were due.

At this inspection, we could see that the registered provider had taken action to address this. Care records clearly detailed when people had been in contact with health professionals and care plans had been updated when any new guidance and recommendations had been given. We saw that people had received regular contact with health professionals, such as learning disability teams, their GP and dentist. One staff member told us, "We work closely with the behavioural team and follow their action plans to make sure we are supporting people in the right way." We could see that people's health records were reviewed each month and people had not missed any important appointments relating to their health and well-being.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

At the time of our inspection, there were six people who had a DoLS restriction in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. Information about the DoLS in people's care records was individual to each person. We could see people had DoLS in place for medicines, finances and to maintain their safety. Care records showed when they were due for renewal and staff reviewed these each month along with people's care plans.

Although people had DoLS in place, staff told us they encouraged people to make their own choices and tried to seek people's permission before any care and support was delivered. Staff told us they adhered to people's individual routines and told us people would quickly let them know if they did not consent to something they were doing. Staff told us people would make a noise, give a hand gesture or would display a behaviour if this was the case.

Staff carried out mandatory training. This is training the registered provider feels is important for staff to carry out their role at the service. We could see staff participated in training such as fire safety, safeguarding, food hygiene, moving and handling and epilepsy awareness. We noted some gaps in training, however the manager had already identified this prior to our inspection and an action plan had been put in place. This meant we could see the manager had started to take action to ensure all staff remained competent to carry out their role. We could see that some staff had not attended refresher training in Autism for over three years. This meant staff had not been updated about changes or new developments for working with people who have a diagnosis of Autism. After inspection, the manager contacted us and informed us that the registered provider had developed a new training programme in Autism which would be rolled out to all staff in March 2017..

People were weighed regularly to monitor their weight. One staff member told us, "We always look at people's weights during our team meetings when we review their care. We also discuss this during our supervision." At the time of inspection, there was no-one who was at risk of malnutrition or dehydration,

however staff told us that risk assessments would be put in place, care plans update and referrals put in place to request support from a dietician.

From speaking to staff and from the care records, we could see people could be very specific about their nutrition and hydration. Staff told us people had a specific list of food and fluids which they would consume. Staff spoken with were very knowledgeable about people's needs and their likes and dislikes. We could also see that some people had dietary requirements because of their health conditions. We found staff were knowledgeable about these conditions and the support they needed to give to people. One relative told us, "[Person using the service] is supported with their meal. They are very regimented with it. The staff keep to specific times because [person using the service] needs regularity." Staff told us they offered people choices based on their individual pretences. Staff told us that some people needed a quiet environment to eat and some people liked to eat on their own and they helped to facilitate this.

People's care plans included information about their dietary needs and included any specialist utensils needed.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the service. One relative told us they were happy with their loved one living at the service and told us, "This is a family orientated house. It's more of a 'caring home' rather than a care home. The staff offer parental support. I believe they really do care." The manager told us, "The people who live here are happy and lead good lives. The staff are happy working here. This is important to the care of people at this service."

Staff told us about how they provided personalised care and support to people and that this was only possible because they knew people well. From our observations of the interactions between people and staff, or discussions with staff and reviews of the care records we could see staff knew people well and any new staff would have the detail needed to care for people in the way they liked and wanted. Staff told us they provided good care and support to people. One staff member told us they made sure, "Small things such as the way we wake people up and helping people go to the activities they like is one way in which we are caring."

People using the service displayed limited communication skills. People did not use specialist communication skills; however we saw that staff understood the different ways in which people communicated, for example, we saw one person pointing to items and taking staff by their hand to show staff what they wanted. We saw all staff gave people the time they needed to express themselves and we could see that staff understood what people were saying. When staff asked people questions, they gave them the time they needed to respond.

Each person's care records included a communication record. This provided information about the actions people displayed their meaning and the action staff needed to take. For example, for one person, the record stated they would tap the back of their hand or point to the kettle when they wanted a cup of tea. Staff told us they would then make a cup of tea for this person.

Some people liked to spend time on their own and staff respected people's choices. From our observations, we saw that staff recognised this and provided people with their own activities. For one person, staff provided the person with a rummage bag which contained items specific to the person. Staff told us the person enjoyed this and they could spend significant amounts of time enjoying this activity. The record also stated that if the person started to spend lots of time in their bedroom then this could become a sign of them becoming unwell and staff needed to monitor this person more frequently.

Staff responded to people needs when they wanted to shake hands or have a cuddle. We also saw staff responded quickly to one person who was displaying signs of anxiety. The staff member spoke with this person in a calm and reassuring manner.

Staff told us they tried to involve people in all aspects of their lives and encouraged people to make their own choices. One staff member told us, "We encourage people to choose and order their own food when we

eat out. [Person using the service] looks after their own purse and likes to pay for items themselves." One person showed us their room and staff told us that this person chose their own colour scheme and decorative accessories. The person showed us many of their personal items and we could see they were happy with their room. One staff member told us, "People have their own way of making choices. [Person using the service] can grab the things they want. [Person using the service] laughs to the things they want."

Staff told us people's relatives visited them regularly and were involved in their care. Relatives told us staff kept them up to date with people and any changes in their health and well-being.

People were invited, along with relatives and health and social care professionals to be involved in each person's care to review the care and support provided to them. One relative told us, "I am involved in all aspects of [person using the services] care. The staff seek my opinions. This is important to me." This review also included information about how they kept each person safe, as well as planning for the person's future. We could see the views of relatives, staff and health professionals had been included into reviews.

From speaking with staff and from our observations, we could see that staff always tried to maintain and protect people's privacy and dignity. During our inspection, we could see one person displaying behaviours which can challenge which compromised their dignity. We saw staff reacted quickly to this and took action to protect the person's dignity. We observed staff knocking on people's doors and closing doors when they were assisting people with personal care. Staff also told us they talked to people about what they were doing whenever they assisted people with personal care. This meant people knew what to expect.

Good

Is the service responsive?

Our findings

Care plans for each person using the service had been re-written following our last inspection. They now contained person-centred information and covered each aspect of each person's lives. Care plans contained good detail about the support people needed and how and when to provide this support. They also showed what staff should do to encourage people with their independence. Staff told us that routines were very important to people and it was important for them to provide care and support in line with these routines. Care plans reflected this; they contained information, for example about how to wake the person up, how much time to give them and when to go back. Records also detailed the items people needed during person care, bathing temperatures and routines for bathrooms.

Behaviour care plans included information about the individual behaviours which people could display and the action staff needed to take.

The information contained within people's daily records provided detail about how each person had been throughout the day, the activities people had been involved in and any care and support carried out. This meant staff coming onto their shift could be kept informed of any important information about people.

Each person's care records were reviewed each month by the staff team. Staff told us they reviewed each person's care plan to make sure the information was accurate and up to date. They updated the care plans if they had been any changes.

Each person had an individual activities timetable in place which reflected their individual needs, wishes and preferences. During inspection, we saw one person getting ready to go out to their activity which included attending a dance class and eating at a local supermarket. We saw that the person was waiting for the staff member taking them to the activity and they told us they were going on the bus. We could see this was a regular activity for this person which they told us they enjoyed.

People enjoyed a variety of activities, which included bowling, eating out in the community, attending tea dancing and social clubs. One relative told us, "[Person using the service] is supported with activities. Staff also take them out for one-to-one activities, out for tea and they go shopping." We could also see that people were part of their local community.

The service had access to a communal car. This meant people could access the community when they wanted to.

Staff also encouraged people to participate in activities at the service. Staff told us, the ladies at the service particularly enjoyed pamper evenings. We could see people participated in cooking and baking.

Each person had access to pictorial version of the complaints procedure. Staff told us people would not necessarily be able to complain if they were unhappy. Staff told us they would observe for any changes in people's behaviour and determine if they were unhappy. If this was the case, they would take action to

resolve this. A complaints policy and procedure was in place and relatives spoken to during inspection did not wish to raise a complaint with us.

One complaint had been made during the last year. Records were in place to show the reason for the complaint and details of the investigation. We noted the outcome of the complaint showed us that the incident was not related to a staff member at the service and was closed.

Good

Is the service well-led?

Our findings

At the last inspection, we found the service was not meeting the requirements for Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our inspection in February 2015 we identified gaps in care records. The registered provider sent us an action plan to show us the action they would take to improve. However, at our last inspection we found that gaps in records remained. We issued a warning notice in relation to this. We found the registered manager did not have the resources needed to carry out the duties expected of them. The registered provider had not visited the service regularly to monitor the quality of the service and audits carried out by the registered manager contained gaps in the information and had not highlighted the concerns which we found during inspection. We also noted that survey results had not been supplied to people in a format suitable for people living with a learning disability.

At this inspection, we found that regular audits had taken place. These included health and safety, infection prevention and control, finances and care plans. Action plans were in place to show where improvements could be made. We could see these had been checked by the registered provider to ensure they had been addressed. This information was shared with the registered provider and discussed during management meetings. New plans were in place for registered managers from the registered providers other services to audit another service. The manager told us that this should improve the overall quality of audits. The manager told us each person's care records were audited at each team meeting.

Safeguarding alerts and accidents and incidents records were recorded each month and the information was shared with the registered provider who carried out analysis to identify patterns and trends so that preventative action could be taken.

Staff told us they attended regular staff meetings and had been kept up to date with changes occurring at the service. Staff told us they had access to minutes of meetings, if they had been unable to attend.

Staff told us they enjoyed working at the service and had confidence in the management team. One staff member told us, "I enjoy working in the team and I enjoy looking after people." Another staff member told us, "I genuinely love my job. I love going to work. We all work as a team and all have shared morals and values."

At the time of inspection, a new manager had just started their post at the service. This new manager had worked at the service for around nine years in different roles. They had started the application process to become a registered manager with the Commission. Staff spoke highly about the new manager and all had worked with them previously. We could see people knew the new manager well and had developed positive relationships with them whilst they had been working with them in their previous role. One relative told us, "[Manager] is a good lad. He has improved from starting at the service. He supports staff to do a good job." One staff member told us, "I was over the moon when [manager] got the job. There was no-one better to take over. He takes what we have to say into account. Our service users are always at the heart of his

decision making."

The new manager was responsible for two services registered with the Commission and also oversaw the running of a supported living service. The new manager told us they were always supernumerary to each of the services and felt they had the resources needed to oversee each service. At the time of inspection, staff did not know when the new manager would be available at each service. The manager told us that a rota would be given to each service which would inform them of this. The manager told us they were supported by the regional manager and had regular contact with them.

The manager told us the service had good links with the community. "Local people know our service users. We go to local shops and pubs with people and we all talk to one another. One of our service users attends a local church and knows every there. Some of our service users go to the Greenwell club and the Gateway on a night."

We could see that people have participated in community events. Most recently people attended Pantomine and the switching on of Christmas lights in the local town centre.

All staff understood the requirements of their role and we saw they worked alongside the values of the service. The manager ensured that safeguarding alerts were made in a timely manner. They had notified the Commission of all incidents which had occurred at the service when required to do so.