

Lifeways Community Care Limited

Lifeways Community Care Limited (Salford)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 May 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service; we needed to be sure that someone would be in to facilitate the inspection. The service had not been previously inspected since registering with the Care Quality Commission.

Lifeways is a domiciliary care service. The agency's office is located in Salford, Manchester and the service provides flexible personalised care and support for people living with a learning disability who require additional support to live independently within the community.

At the time of the inspection there was a manager at the service who had applied to be registered by the Care Quality Commission. 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.

At this inspection we found the service to be in breach of one Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not always recognise and therefore failed to meet the requirements of people's assessed nutritional requirements.

Feedback we received from people using the service and their families was positive, they indicated that staff were caring and supported them well. Staff gave relevant examples of how to care for a person in line with their individual needs and wishes.

Robust processes were in place to protect people and maintain a suitable environment for everybody living, visiting and working at the tenancies. Risk assessments were established to identify any risks associated with areas such as water temperature, sharps and substances hazardous to health (COSHH).

Suitable training was offered to staff to ensure they were competent in recognising the various signs and indicators of abuse and could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service had satisfactory staffing levels to support the operation of the service and provide people with safe and personalised support. Comments from people using the service, their relatives and staff supported this. Staff were expected to access a variety of training which ensured they were skilled and experienced in recognising the differing health needs and complexities of people using the service so that they could safely and effectively support each person.

Recruitment procedures were thorough and robust. Appropriate steps were taken to verify new employee's character and fitness to work. Staff induction processes contained the correct amount of detail to provide

them with the knowledge to carry out their support role effectively and an appropriate level of training was offered to all staff, this ensured staff were equipped with the correct knowledge to support people effectively. People spoken with and their relatives told us staff were knowledgeable of their needs. Staff demonstrated a good understanding of their role and how to support people based on individual need and in a person centred way.

Regular staff meeting and supervisions were offered in line with procedural guidance. Staff felt they were supported well and always had support from the management structure when required. The service also ensured an on call service covered non office working hours, this enabled staff to access the management team both day and night.

The provider had appropriate processes in place for the safe administration of medicines which was in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were trained in the administration of medicines and all medicines were stored securely and safely.

People were provided with personalised care and support based on their individual needs and requirements. Care files contained person centred assessments and support plans to enable the development of the care planning process and support the delivery of care. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information staff needed to follow. This ensured clear information about people's needs wishes, feelings and health conditions were kept under regular review. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

Staff interacted in a positive way with people. Their demeanour was that of a caring, respectful and understanding nature. The promotion of people's dignity and rights were supported which ensured people maintained control over their lives. People were given information about their care and the service in general to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires, one to one meetings. This enabled them to influence the service they received. Comments were received from people during the inspection which supported these observations.

The service had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed in areas such as care planning, personal files, staff rotas, people's finance, staff sickness, daily diaries, food and mealtimes. These audits had oversight at director level.

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.

People told us they felt safe. They were supported by staff that had been safely recruited and had received appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's individual needs and allow people to gain ownership in their lives and manage any risks knowledgeably and effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed the correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's assessed nutritional requirements were not always met.

People received support that was tailored to meet their needs and promote independence and were supported by staff that were well trained and well supervised.

Staff and management had an understanding of best interest's decisions and MCA legislation.

People were supported well with their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

Is the service responsive?

Good 

The service was responsive.

People's support files were centred on their wishes, needs and goals and kept under regular review.

Staff were knowledgeable about people's support needs and preferences and the agency offered a flexible way of working which responded to any changes in a positive way.

People were encouraged to raise concerns and had been equipped with relevant information to do so. Their concerns were dealt with effectively.

Is the service well-led?

Requires Improvement 

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Lifeways Community Care Limited (Salford)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 May 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were 48 people receiving care at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we visited three people's houses and spoke with five people who used the service. We spoke with nine staff members, including the manager, locality manager and regional quality manager. We looked at the care records of eight people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

All the people we spoke with told us they were happy with care the staff provided to them and told us they felt safe. One person said, "I feel safe, I'm well looked after." A second person said, "I'm fine. It's nice." Similarly relatives we spoke with also told us they considered their loved ones safe. One relative stated, "[My relative] is very safe; the staff are very supportive of their needs."

The service had processes in place which aimed to maintain consistent staffing arrangements. We looked at staff rotas and noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. Staff we spoke with confirmed this. One staff member said, "There is always enough staff on. There is always two staff in a morning, weekends and holidays so we can take each person out and one staff member in the evening but we do meals, in house activities or watch television." A second staff member told us, "There is always enough staff. If anybody doesn't turn in or has gone home sick, the office sorts a replacement." One relative told us, "The house [my relative] lives in had a long run of agency staff at one point. However, now all the staff are permanent and they all work towards the same goal which is what the tenants need."

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at six staff files and noted each file had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. Files also included proof of identity and disclosure and barring (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The manager told us there had been one disciplinary hearing in the past year. We noted this was concluded in line with the services procedural guidance.

Training in safe medicines management was provided to all staff and was in date. Staff we spoke with showed a good understanding about how to administer medicines in line with the National Institute for Health and Care Excellence, (NICE) guidelines. Staff told us they felt confident in this area. One staff member said, "I've had medicines training. The medicine is ordered two weeks in advance and is always available. The medicines are locked away, I have no medicines concerns." A second staff member told us, "I have no medicines concerns. Everybody has had their competency assessed that handles medicines. If there is ever an error, the staff member has another competency assessment and further training if required."

Competency assessments were done on all staff who handled medicines. This was a direct observation which looked at areas such as appropriate communication, medicines sheet usage to ensure the staff member used the information to correctly identify medicines, hand hygiene and appropriate personal

protective equipment was being used. The regional quality manager told us, "Medicines competencies are done annually. The office manager reviews this monthly and reports back in the monthly management meeting to inform who is due an observation of practice. These are then done. It is either the team leader of the locality manager that carries them out."

We saw the medication administration records (MAR) were kept in an individual folder for each person and the medicines were locked in an individual safe in the staff office. Accompanying the MAR were coloured photographs and details of each medicine contained within the bio dose pod. This meant staff would be able to distinguish between medicines when providing support to people.

Each person had, "prescribed when needed" (PRN) medication. We saw PRN protocols which detailed the rational and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. People told us they received their medicines on time and they could request homely remedies when needed. A 'homely remedies' guidance was seen for over the counter remedies and provided clear guidance for staff. The protocols gave administration guidance to inform staff when the medication should and should not be given. This ensured people were given their medicines when they needed them and in a way that was responsive, safe and consistent.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and safeguarding vulnerable adult's procedures and 'whistle blowing' (reporting poor practice) procedures were in place for staff to refer to. In addition to this financial records were maintained for each person. This included a log of money brought into the service, expenditure and any money taken out. This was signed by staff to ensure there was an audit trail.

Staff we spoke with were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Comments included, "I would report safeguarding concerns to the locality manager. I had an experience of not acting quick enough before and felt guilty. It wasn't that we hadn't alerted other agencies, we had but they hadn't been overly concerned. I'd insist now as I've learnt from that experience." Another staff member told us, "I've had face to face safeguarding training at the office. Abuse could be withholding medicines, verbal abuse, mental abuse, withholding money and not offering people choices. No concerns regarding safeguarding here. If I had any concerns, I would record and report to my team leader. If I didn't think it was being dealt with, I could report or whistle blow to social services."

Safeguarding logs and incident information was kept in a file at the main office for monitoring purposes. This file contained the summary of the allegation, the date the service informed the local safeguarding team and the Care Quality Commission, on-going reviews, follow up actions and outcomes when concluded. This file was kept at the office and archived for data protection purposes.

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments and care plans to mitigate risks. We saw risk assessments were devised depending on people's individual needs. For example; one person had epilepsy and there was a detailed risk assessment and emergency action plan to guide staff which detailed what action was to be taken in the event of the person having a seizure. A further example was a safe bathing and hot surface risk assessment. This looked at if the person could recognise hot water and their ability to summon assistance when required. Risk assessments were in date and reviewed and updated when required and individual strategies had been developed to guide staff on how to manage and respond to identified risks.

Staff we spoke with had a good understanding of risk assessment processes and were able to speak

confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but they recognised this should be done in a safe way. Positive risk taking was a key factor in the service.

'House files' were in place which considered areas of risk individual to each house, sharps, 'Control of Substances Hazardous to Health' (COSHH), fire assessments, water checks including legionella and fridge and freezer temperatures were some of the areas which were covered.

Each staff file we looked at contained a, 'lone working' risk assessment. This looked at areas around, fire, theft, sudden illness, slips trips and falls. Each risk assessment considered any measures in place and any further measures required to manage the risk effectively.

The three properties visited were spotlessly clean. One staff member told us, "The staff mainly do the cleaning. We don't have a rota; we just do what needs to be done. We only mop when the people living here are out or have gone to bed due to safety reasons."

The provider had a Business Continuity Plan. This was updated as necessary. It stated, 'Lifeways aims to ensure that we have practical and effective plans in place to help us deal with crisis and incidents which are outside of our control and can affect our service. The plan provides clear instruction on what branch managers and their employees should do when faced with an immediate incident response.'

Is the service effective?

Our findings

People told us they were well looked after. People who were non-verbal gave us the 'thumbs up' when asked if they felt well supported. We had mixed views from people in relation to staff training, this was because some people didn't know what training staff received. One person said, "I don't know about staff training." However a second person stated, "They are well trained." Similarly relatives we spoke with told us staff were trained well. One relative said, "The staff team are well trained. They know the needs of [my relative] well. I have every faith in them."

We considered what processes were in place to assess and monitor people's nutritional and hydration requirements. We looked at how staff managed people's dietary needs in three separate tenancies. We found management of diet varied from house to house and staff response to managing weight loss was mixed. Staff recognised that people had different meal choices and dietary needs. For example, one person required fortified/full fat options. However, staff recognised that the other person living in the tenancy didn't require full fat and bought them the low fat option such as butter and milk. Staff also prepared different meals based on people's likes and choice. In addition to this each house did their own weekly menu of the food/meals they wanted. One person told us, "I get to eat what I pick. It's always the foods I like." Another person said, "I like the chicken curry. Lots to eat. A staff member does nice dishes out of the cookbook."

However, although we found that staff were recognising and monitoring people's weight we found that in one tenancy staff were not following dieticians recommendations and were missing opportunities to increase one person's calorie intake who was losing weight. Staff were also not recording effectively on fluid and food intake recording logs. These logs are important to keep a detailed account of the person's food and fluid intake and are usually requested by the dietician.

A person we visited as part of the inspection had been identified as losing weight. We found staff had referred the person to the dietetic service for assessment, guidance and support. The dietician service had completed an assessment and implemented action plans with guidance for staff to follow. The dietician service had advised that staff undertook specific tasks such as; fortifying foods with milk, butter and cream, providing milky drinks, offering puddings after meals and offering snacks in between meals. The staff monitored the person's weight weekly and we noted their weight had further declined by four pounds between April and May 2017

We checked the food intake records and found that snacks in between meals were not being recorded as either consumed or offered/declined in line with guidance from the dietician's service. We found no record of milky drinks being offered and when we asked staff about this we were told that the person's relative had indicated that the person didn't like milky drinks. We found no record of this discussion and the health action plan and support plans had not been updated to include this information or guidance to staff regarding the management of this person's dietary needs.

This meant there had been a breach of regulation 14 (4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Meeting Nutritional and Hydration needs.

We raised these concerns to the manager during the inspection. The manager told us this was something which had already been identified and was currently being looked at.

We saw evidence that people were supported to maintain good health by the service. Support staff were always on hand to assist with arranging health appointments. People's care plans contained important information about their medical histories and any health care needs. This meant that support staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required.

We saw in each person's file a booklet titled hospital information for people with learning disabilities. This contained clear information on people's health and social care needs to be passed to the hospital should an admission occur. The information was RAG rated to identify the level of risk and detailed additional information that medical staff must know about the person, for example, communication needs, medical information, known allergies and important contacts; amber detailed things of importance to the person, for example, sleeping regime, personal care and pain management; green identified the person's likes and dislikes. Good working relationships with external health professionals were in place, for example; GP's, Learning Disability service, podiatry every 6-8 weeks, dietician, dentist, diabetic service, optician, bladder and bowel team.

The service offered an appropriate amount of training which was relevant to the people using the service. Training topics covered mandatory aspects such as the safe handling of medicines, fire awareness, mental capacity and deprivation of liberty safeguards, food safety and safeguarding. In addition to this the service offered a variety of more specialised training such as, epilepsy awareness, autism awareness and positive behaviour support and diabetes awareness. Staff we spoke with confirmed they received an adequate amount of training and that they were up to date. Comments included, "I've had all the training I need that is applicable to the people I support. I've attended; epilepsy, Makaton, autism, medication, safeguarding and mental capacity." A second member of staff told us, "We get lots of training. We've done additional training too in attention deficit hyperactivity disorder (ADHD)." A third staff member said "We do core things; medication, first aid, health and safety, safeguarding. The rest depends on the needs of the people." We saw evidence of this in staff training records.

Staff induction was also thorough and robust and staff felt this equipped them for their role. One staff member told us, "I'd previously worked in care and had an NVQ 3. When I started here, I was shown around the house, shadowed staff and had three months to complete the care certificate booklet." We saw the care certificate had been introduced. The staff we spoke with confirmed that new staff completed the care certificate as part of their induction. We were also told that existing staff had also been required to complete the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

Staff told us they received supervision and appraisal. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided care staff with the opportunity to discuss their responsibilities and the care of people who used the service. A staff member told us, "I have a one to one supervision meeting every two to three months. We speak about the job, how things are going and training/support needs. I've not had an appraisal yet as I've not been here a year." A second staff member said, "We have a 12 month supervision booklet which we keep a record of supervision

meetings. We have an appraisal when we've been with the service for 12 months." A third staff member said, "Supervision is every three months but could have more often if needed."

The staff team met for a handover meeting before each shift. Staff informed us this was verbal and additional information would be documented in the communication book.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service manager was able to describe action he would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with displayed a good understanding of MCA and DoLS legislation. One member of staff told us, "Mental capacity relates to people's decision making. Both people living here are strong willed and make their own choices. They don't verbally communicate but express their wishes by pointing at pictures in the booklet."

Is the service caring?

Our findings

People indicated they were treated with kindness. People told us the staff were, "Ok". We observed positive interaction between people and staff members which was relaxed and affectionate. A relative we spoke with told us, "They treat [my relative] with so much care and respect. It is a very nice atmosphere. I have definitely got a lot better over the past year." One staff member stated, "I feel we provide good care here. When [person's name] returns from being out, they run in excited to be back."

Staff gave examples about how to maintain a person's privacy by knocking and waiting for a response before entering a bedroom and ensuring the door was closed before supporting with any personal care. The provider had a 'code of conduct' that staff were expected to follow. This would ensure staff were adhering to best practice guidance.

Staff spoke respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice. One staff member stated, "One person likes doing the laundry with us. They also like setting the table, emptying the plates following a meal and washing and drying the dishes. We encourage people to support us with food preparation, peel potatoes. The people in the house like to go shopping and put things in the basket." A second staff member stated, "We always encourage people to do as much for themselves as possible." A third staff member told us, "The people living here choose everything for themselves. We provide food choices by showing the person different food options. For example; sausages or spaghetti bolognese."

Staff also recognised that enabling people to effectively communicate their needs and wishes was an important part of the support role. One staff member told us, "We've done Makaton and learned signs that each person living here uses. The people also point or show pictures." This ensured people whose communication style was non-verbal were still able to make choices in their daily lives.

The manager told us the service respected the diverse needs of the people it supported and the ethos of the service was very much to promote people as individuals and ensure life opportunities and requirements were offered at every opportunity. The service also provided a statement of purpose and a service user guide was also included which provided guidance and information on the standard of care the service provided.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families. One compliment stated, 'I am writing to show my appreciation to the wonderful carers who look after [my relative]. I have never seen them so happy. I feel the house in run to a very high standard.'

The service operated a tenants forum which was known as 'Ambition's group' the quality manager told us, "The forum looks at comments from recent quality questionnaires amongst other areas it also raises people's awareness in regards to safeguarding and types of abuse." The manager said, "Tenant's engagement group/ forum works well. "Tenants are asked to contribute what is working/not working for them about the services we provide, we invite guest speakers such as, Police and advocacy and use this opportunity to feedback progress on the action they have asked us to take from previous meetings."

The manager added that the service also held family forums. He stated, "This is a family engagement where family members are asked to contribute what is working/not working for them about the services we provide to their loved ones. One to one sessions are also available during the evening with managers and we use this opportunity to feedback progress on the action they have asked us to take from previous meetings."

Is the service responsive?

Our findings

People told us they were happy being supported by the staff teams in each tenancy. People spoke with us about their ability to move freely around their home and make decisions about going to bed, getting up and accessing the community. One person told us, "Go to bed when want." A second person told us "I can have a bath and shower when I want I can have two in a day if I want." Other people told us they accessed the community on a daily basis. One person said, "I go out every day. I went to the precinct today. I go to the pictures lots too." A second person told us they enjoyed going for meals and the pub. Relatives also told us they felt the staff team were responsive to their loved ones daily needs. One relative said, "I trust the staff team. They are very good. They allow [my relative] to keep their independence, which gives them ownership with their own life."

We noted the provider had robust processes in place to ensure thorough evaluations of each person's needs were assessed before the service began to support them. One staff member told us, "All the assessments and support plans are in place before the person moves in." Support plans contained information about the person's health, allergies, and support required with daily living, personal care and support needs. In addition to this the assessment included detailed personal history, hobbies and interests.

People's personal files contained a one page profile which captured, what was important to the person, family, activities and identified what people admired about the person and listed how best to support them. In addition to this people's files also contained a series of support plans which had been created based on people's individual needs and requirements. They were agreed where possible by the person or a family member, family members we spoke with confirmed this. Support plans covered areas such as choice and control, health and well-being, everyday tasks, managing money, living safely, family and relationships and accessing the community. Each care plan detailed what the person could undertake independently and what support was required in areas of assistance. Essential contact details were recorded as routine such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family members where appropriate. People who had completed a person choice review questionnaire had rated the service as good overall.

Staff had a good knowledge of the people's needs and could clearly explain how they provided support that was important to each person. Staff were easily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes. One staff member told us, "We're responsive to people's needs. We have a list of people's likes and dislikes and we adhere to this when providing care. For example; food likes are factored in when shopping." We saw an example of good practice around the continence needs of a person and although this person chose to refuse aids the staff were liaising with appropriate professionals to ensure this person's wishes were respected and the best outcome for the person could be found.

Daily reports provided evidence to show people had received care and support in line with their support plan. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to

any changes in a person's well-being.

People were encouraged to pursue activities outside of their home and we noted some people attended college programmes. In some of the tenancies people grew their own vegetables and other produce. People we spoke with told us they were able to access the community whenever they wished. A staff member told us, "I think there's enough going on. The people living here choose what they would like to do in the evening and weekend. We do meals out, bowling, shopping, pictures and museums. One person used to go to a disco but they stopped going. They choose jigsaws and what to watch on television." A second member of staff said, "We promote people having what they want but we also have to assess and manage the risks. For example, a person wants a trampoline. There are procedures to be followed and risk assessments to consider whilst also promoting what the person wants." We noted people who were able independently accessed the community alone without restriction being placed on them.

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance to staff on how to make a complaint and what to expect including relevant time scales. The manager told us the service had received 12 complaints from January 2016 to date. We looked at a sample of these complaints and noted they had been dealt with in line with the provider's procedural guidance. Comments we received from people using the service and their families confirmed that complaints, concerns and queries were dealt with professionally and all felt able to approach the registered manager with any issues they may have. Staff also told us they felt able to raise complaint should they wish to.

The service held a file which contained compliments cards, letters and emails. We looked at a sample number of these and noted positive comments complimenting staff and the service the high standard of care and kindness of staff and how they supported and offered opportunities to their family members. One person wrote, '[My relative] is extremely happy and loves everybody' a second person wrote, 'Staff at [name of property] have been outstanding.'

Is the service well-led?

Our findings

Staff told us they were happy with how the service was being managed. One staff member stated, "I feel that it's well-led. I feel very supported. The team leader is always on hand. We can call them any time. The other managers are hands on. They visit and are contactable if needed." Another staff member stated, "I think things have massively improved recently. I feel more supported and I received some praise and recognition at my last supervision. That makes you feel valued. It's good to get some feedback." One relative told us, "The service has definitely improved recently. I am happy with everything now and I know there is a new manager in place and they seem nice."

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

The manager had overall responsibility for the service and it was their role to provide oversight and manage the day to day operation of the service. The manager told us, "I have only been with the service a matter of weeks and have already identified areas within the service I would like to develop further. I am also beginning to visit each tenancy in turn to ensure practice is the best it can be. I have a positive journey ahead of me and would welcome any feedback so we can work together to ensure each person working at and using the service has the best care and support possible."

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Staff we spoke with were aware of their roles and responsibilities and what was expected of them. They displayed comprehensive knowledge around caring and supporting a person in a safe and effective way. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

The provider ensured governance audit systems were in place. An audit planner was in place for each tenancy. Audits covered areas such as, care planning, personal files, staff rotas, people's finance, staff sickness, daily diaries, food and mealtimes. The regional quality manager told us that all audits provided information for an electronic workbook which then updated the regional data system. Once this process was complete the information would then create a data pack that would highlight any relevant action at director level. This would then be reviewed and presented to senior managers to prioritise. In addition to this process the regional quality manager told us, "We have an external audit team which sits independently from the service. It is the role of this team to carry out comprehensive on site audits based on the

regulations of the Commission. Once they have carried out an audit they send out any immediate actions to locality and area managers. The team then monitor the progress of the areas." However, although we found the provider had implemented a robust audit structure, we found that these audits had not identified that the nutritional requirements for one person were not being met as per instruction from the dietician.

We recommend the provider reviews its governance auditing systems in relation to specific dietary requirements of people.

The service used an additional range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires, residents meetings and ensuring time was allocated to speak with people when requested. The manager told us person and family's surveys were an annual survey which were open to all people and their families to, "Allow them to have their say about their experience of their support /organisation. Feedback is circulated up to the Regional Director and actions plans are co-produced for improvement and shared with all stakeholders and people themselves." The manager added that in addition to this an Employee Opinion Survey was also done annually. They added, "This is open to all employees to have their say about their experience of the organisation. Feedback is circulated to the executive team for action and staff receive face to face feedback on action the organization will be taking to improve on any areas identified."

Staff told us they had support during non-working hours from the management team. One staff member said, "If a shift goes down, the on-call covers it." The manager added, "We always ensure that there is an identified exclusive duty manager to ensure that there is a competent person who covers our office and is available to support people using the service, families and workforce. They compile a duty manager report every day and communicate this to all operational staff so that they are fully briefed on the day's events."

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns. One staff member told us, "We have staff meetings once a month. I feel that we are encouraged to have our say." A second staff member stated, "We get on well as a team. We have a meeting every four to six weeks."

The quality assurance manager told us that the service was constantly trying to improve on ways to reward staff for their hard work, One way of doing this was 'employee of the month.' The quality assurance manager commented, "Anyone in the organisation can nominate our employees. All nominations are anonymous and the Ambitions Group (people we support) choose the winner. The winner receives a certificate of achievement and a small gift of their choice and is publicised in our local newsletter." In addition to this the quality assurance manager told us the service conducted a National Above and Beyond Award. They added, "Anyone in the organisation can nominate our employees and the nominations go to the Managing Director who then arranges for a £250 gift and a personal thank you and feature in our National newsletter." The manager added, "Anyone in the organisation can nominate our employees to the regional director who calls the staff member or writes to them to personally recognise and thank you them for their contribution."

Throughout the inspection we found the management team to be honest, approachable and answered any questions we had to the best of their ability. All documents we requested to see were easily accessible and provided to us without delay. We noted that the ethos of the service was very much to enable people to develop and achieve personal goals and to maintain as much independence as possible.

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
Personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The service did not always recognise and therefore failed to meet the requirements of people's assessed nutritional requirements.</p>