

South Tyneside MBC

Danesfield Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 8, 11, 12 and 15 July 2014. A breach of legal requirements was found. As a result we undertook a focused inspection on 20 November 2014 to follow up on whether action had been taken to deal with the breach.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 8, 11, 12 and 15 July 2014.

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

Summary of findings

regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Danesfield Supported Living Service provides care and support for 19 people in their own homes including 24 hour care. This includes care and support for people with a learning disability, mental health problems and physical disabilities.

This was an unannounced inspection. During the visit, we spoke with eight of the 19 people who used the service, five relatives, five care staff and the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

In February 2014, our inspection found that the provider breached regulations relating to assessing and monitoring the quality of service provision and records. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found the provider had made progress to improve the quality of care records. However, we found the provider had continued to breach regulations relating to how the quality of the service was monitored and had also failed to meet the assurances given in the action plan.

We found that medication audits were inadequate and had not been successful in identifying and dealing with gaps in signatures on people's medication administration records (MARs).

Staff did not have a good understanding of how the Mental Capacity Act 2005 (MCA) applied to people who used the service. Staff told us they would like more training.

People gave us positive feedback about the service, the support they received and the staff delivering their support. They said they felt safe and were treated fairly. We observed that people were accessing the community independently to take part in activities of their choice.

People were supported to maintain their health related needs. They were supported to access healthcare appointments and staff sought advice and guidance from

relevant professionals when required. Staff provided advice and assistance to people about healthy eating and supported people to make healthy choices when shopping and cooking.

We received mixed feedback from family members. Although all family members told us they felt their relative was well cared for and safe, some felt communication between them and the service could be improved. Some family members felt their views were not always listened to. They also said that they were still awaiting the outcome from their relative's last review from January 2014.

Staff were well supported to carry out their role and had regular one to one sessions with their line manager. Staff had a good understanding of people's needs and described in detail how they supported people to maintain their independence as much as possible in the least restrictive way.

We found a continuing breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Focused Inspection of 20 November 2014

After our inspection of 8, 11, 12 and 15 July 2014 the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of regulation 10.

We undertook a focused inspection to check they had followed their plan and to confirm that they now met legal requirements. We found the provider had met the assurances they had given in their action plan and were no longer in breach of the regulations.

We found the provider had reviewed the existing quality assurance processes and was undertaking a monthly quality assurance check. The local authority commissioning unit were supporting the service to improve.

We found the provider had reviewed the systems in place to audit medication records and made changes to make them more effective. This included a weekly medicines audit and a random check of records that the registered manager carried out. We saw from viewing records of

Summary of findings

previous checks that these had been successful in identifying concerns with medicines records. Staff administering medicines had completed additional training and had their competency assessed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. The provider had made progress following our last inspection to improve the quality of care plans and care plan reviews. However, during this inspection we found the quality of care plan review records was inconsistent and medication records were not always completed accurately.

Some staff we spoke with were uncertain about the Mental Capacity Act 2005 (MCA) and how this could affect the people who used the service. Staff told us that they had not had recent MCA training.

Staff had a good understand of safeguarding and how to report any concerns they had. They also had a good understanding of how to respond to people when they displayed behaviours that challenge the service. People said, and family members confirmed, that they felt safe living at the service and that staff treated them equally.

Requires Improvement



Is the service effective?

The service was effective. People were given information about the service when they first moved in. This was in a format that was appropriate to their needs and understanding. People told us staff had a good understanding of their needs, choices and preferences. One person confirmed they had been involved in deciding on their care plan.

People were supported to contact health professionals, for example to attend routine appointments and when their needs changed, to support them to meet their healthcare needs. Staff provided support and guidance to people about nutrition, particularly about making healthy choices. Staff also supported people with shopping for their food.

Staff received regular supervision and appraisal which linked into their training and development.

Good



Is the service caring?

The service was caring. People told us they were treated with kindness and respect. Family members also told us their relative was treated with kindness.

People had the opportunity to discuss with staff any specific requirements they had relating to their support, such as religious or cultural needs. People had access to information about advocacy and were supported to contact an advocate when required.

Staff understood the importance of maintaining people's privacy and dignity and described to us how they aimed to achieve this.

Good



Summary of findings

Is the service responsive?

The service was responsive. People had their needs assessed when they first moved into the service. Staff had gathered detailed information about people's life histories and their preferences. This information was used to develop individual care plans. Records showed that action was taken to respond to changes in people's needs.

People told us they had their needs met in a timely manner. 'Tenants' meetings' were held regularly and were led by the people who used the service.

Records showed that complaints were investigated, dealt with and action taken to resolve the issue. People knew how to raise any concerns they had. None of the people we spoke with raised any complaints about the service or their support.

Good



Is the service well-led?

8, 11, 12 and 15 July 2014

The service was not well-led. The provider had not made progress to improve quality assurance at the service following the last inspection in February 2014. During this inspection we found further breaches of the regulations relating to quality assurance. In particular, medication audits were inadequate as they didn't identify gaps in signatures in people's medication administration records (MARs) and ensure action was taken to investigate the gaps.

Some family members told us they felt that communication with the service could be improved.

Staff told us the registered manager and the rest of the staff team were supportive and could be approached at any time for advice.

20 November 2014

Quality assurance processes had been reviewed to ensure they were effective. We found action had been taken to improve the effectiveness of the medicines audits that the provider undertook. We found audits were being undertaken regularly and had been successful in identifying issues with people's medicines records. Staff administering medicines had completed additional training and their competency had been assessed.

We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection, which will take place by 8 July 2015.

Inadequate



Danesfield Supported Living Service

Detailed findings

Background to this inspection

This inspection report includes the findings of two inspections of Danesfield Supported Living Service.

We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first, a comprehensive inspection of all aspects of the service, was undertaken on 8, 11, 12 and 15 July 2014.

This inspection identified breaches of regulations. The second was made on 20 November 2014, and focused on following up on action taken in relation to the breaches of legal requirements we found on 8, 11, 12 and 15 July 2014. You can find full information about our findings in the detailed findings sections of this report.

Comprehensive inspection

We inspected Danesfield Supported Living Service on 8, 11, 12 & 15 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was carried out by an Adult Social Care inspector.

At our previous inspection of this service in February 2014 the provider was not meeting the requirements of the law in relation to records and how the quality of the service was

monitored. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

Before our inspection we checked the information we held about the service and the provider. We also contacted the local authority commissioners for the service, as well as the local healthwatch and clinical commissioning group (CCG). No concerns had been raised.

We spoke with eight people who used the service and five family members. We also spoke with the registered manager and four other members of staff. We observed how staff interacted with people and looked at a range of care records which included care records for five of the 19 people who used the service, medication records for four people and recruitment records for five staff.

Focused inspection to follow up

We undertook an unannounced focused inspection of Danesfield Supported Living Service on 20 November 2014. The inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2014 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting some relevant legal requirements.

The inspection was undertaken by an adult social care inspector. During our inspection we spoke with the registered manager, senior support worker and direct services manager. We also looked at the care records for three people who used the service.

Is the service safe?

Our findings

When we inspected the service in February 2014, we were concerned that some essential care records, particularly care plans and care plan evaluations, had not been reviewed. We also had concerns that they had not been updated in a timely manner following changes in people's needs. We asked the provider to send us an action plan and tell us how they would make improvements. The provider gave assurances in their action plan that they would meet the requirements of the regulations by 31 August 2014. At this visit, we found the provider had made progress with the actions they had committed to undertake. We found that people's care plans had been updated and were being reviewed regularly to ensure they remained up to date.

Although the provider had made progress with updating people's care plans, during this inspection we found further concerns with records, particularly medication records. We checked medication administration records (MARs) for four people which were not always clearly and accurately completed. For example, we found gaps in signatures on the MARs for two people where medication had not been signed for. We discussed our findings with the registered manager who told us that these two people regularly refused their medication and that this would be the most likely explanation for the missing signatures. The registered manager checked back on previous records, however these did not provide enough detail to confirm the reasons for the gaps. We also found that where staff had been unable to administer medication, they had not followed the provider's agreed procedure to record the correct code and provide a reason for not giving the medication. For example, we saw that staff used the code for 'missed' medication rather than the code for 'refused' when the person had actually refused to take their medication. This meant that medication records did not adequately evidence that medicines were administered appropriately.

Staff did not have a sound understanding of the Mental Capacity Act 2005 (MCA). MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their 'best interests.' The provider told us, in the information they sent to us before the inspection, that staff had not completed training in relation to MCA in the past 12 months. We spoke with four staff during our inspection.

Some staff told us they were not sure what MCA was and were also not sure if they had completed MCA training. Other staff told us they would like to have more training. We discussed our findings with the registered manager who confirmed that training had been planned for September 2014. Although, staff were unsure about MCA we did see examples of MCA assessments and best interest decisions in people's care records. For example, to decide whether a person could attend a review meeting. We saw from viewing records that staff and the person's social worker had been involved in making the decision. This meant that staff did not fully understand how MCA impacted on the people who used the service when there was a doubt about a person's capacity to make decisions.

All of the people we spoke with told us they felt safe living at the service and were treated equally. People commented: "If I get stressed during the night I can talk to the staff and they calm me down"; "I feel like I can relax"; and, "I just feel safe." Family members told us they felt their relative was safe. Some people who used the service accessed the local community independently. One person told us they were able to contact staff if they needed help when they were out. They said, "If I need help when I am out and about I can call Danesfield on my mobile phone."

Staff had a good understanding of how to respond to safeguarding concerns. Staff told us, and records confirmed, that they had completed safeguarding training. They were able to tell us in detail about different types of abuse and potential warning signs to look out for. For example, changes in a person's mood or behaviour, avoiding staff and other people and unexplained bruising or marks. Staff said that if they had any concerns they would report them to the registered manager straightaway. We viewed the safeguarding log during our visit and found that there had been three safeguarding alerts made. These had been dealt with using the relevant procedures and the outcome recorded. We saw from the safeguarding log that action had been taken following the conclusion of the safeguarding process to ensure people remained safe. For example, for one person we saw that their risk assessments had been reviewed to ensure they remained safe when they were out of their flat in the community.

Staff were able to describe the strategies required to respond to and manage behaviours that challenge the service. Staff described different strategies they could use that were individualised for each person. For example, they

Is the service safe?

told us one person responded positively to having a cup of tea and a chat and another person needed time on their own to calm down. However, we found that these strategies had not been documented into personalised support plans. This meant that staff did not have access to specific guidance to ensure that they supported people and managed any behaviours that challenge in a consistent way.

Risks to people were assessed, managed and reviewed. We found that where staff had identified a potential risk, either during the initial assessment or after admission, that a risk assessment had been completed. For example, one person was at risk due to poor mobility. The assessment gave details of the specific risks to the person, such as being at risk of falling as they were unable to 'weight bear'. The assessment also included details of the measures in place to keep the person safe. These included developing a moving and handling plan, which specified the number of staff required to support the person and the equipment required. Staff had a good understanding of risk within the service. They gave us examples of identified risks and how these had been managed. They said they worked closely with external professionals and the person to manage risks.

Staffing levels were usually sufficient to meet people's needs. The registered manager told us that daytime staffing levels were usually five support staff; one senior and four support workers. The registered manager was also on duty Monday to Friday. This reduced to three or four

support staff in the evening and two during the night. The registered manager said that staffing levels were flexible and continually reviewed to ensure they met people's needs. For example, additional staff were brought in to support people with activities or outings. People told us they felt there were enough staff. One person said, "I don't have to wait long." Another person said, "I have one to one time but staff are available anytime." Staff told us there were, "Definitely enough staff during the day." Some staff mentioned that there had been a couple of occasions during the night when they had been left on their own when a person who used the service had become unwell. We discussed this with senior staff who confirmed that this had been unexpected but that on-call staff lived locally and could be at the service within minutes if needed.

Systems were in place to ensure new staff were suitable to work with and support vulnerable adults. Staff had completed the provider's recruitment process to ensure they had the required skills, qualifications and knowledge to support people. They told us they had completed an application form and had a formal interview. We saw that the provider had received references in respect of prospective new staff, including one from their most recent employment. The provider had also completed a disclosure and barring service check before confirming the appointment. This was to check that new staff members were suitable to work with vulnerable adults.

Is the service effective?

Our findings

The quality of care plan review records was inconsistent. We found from viewing care records that people's care plans were reviewed regularly to ensure they remained up to date. However, we saw that the quality and detail recorded in the review records was inconsistent and did not always document people's current circumstances. For example, some records gave an update of the progress people had made, including whether the plan was working or needed to be changed. On the other hand some records did not give the same level of detail or analysis. This meant that it was not always clear whether some people's care plans were still relevant to meet their needs.

People were provided with information about the service when they moved in. This was in a format appropriate to their communication needs and their ability to understand. This included information about the types of support available at the service, what support was not provided and other relevant information such as how to complain. We found that other information was available in easy read and pictorial formats, such as information about keeping safe and a pictorial care contract.

People told us that the service met their individual care needs, choices and preferences. One person said that the staff understood their needs well as they had completed additional training in the specific condition the person had. The person commented, "The staff are trained, they understand my needs", and, "I have seen my support plan and I was involved in what goes in." Another person said, "Staff are helpful, I had a bath this morning they helped me with that. People told us they were supported each day to make choices. People's comments included, "I can get up and go to bed anytime I want", "I get to choose", "I eat what I like to eat", and, "I can make my own choices and decisions."

Staff had access to detailed information to help them understand people's health and medical needs. We saw from viewing records that staff had gathered detailed information about people's medical history. This included details of their health conditions, professionals involved in their care and medication. We found that people had

specific medication care plans, which gave details of the support people required to take their medication safely. For example, for one person the medication support plan stated 'I need staff to prompt me to take my medication on a daily basis.' Where people had specific medical conditions, care plans included a specific risk assessment. For example, falls, mobility, eczema, diabetes, arthritis and hearing impairment. The assessment included details of the specific risks to the person and the control measures in place to manage the risk, such as the number of staff required to support the person and any special equipment required.

People were supported to ensure their health needs were met. We saw that people had regular contact with health professionals and that records of each appointment and the outcome were kept up to date. For example, people had regular contact with their GP, the district nurse, hospital consultants, audiologists and the dentist. People we spoke with confirmed that they were supported to attend their health appointments.

People who used the service were independent with eating and drinking. Staff told us that they encouraged people to have a healthy diet including advice about what foods to eat, portion sizes and exercise. One person had recently completed a ten week health related course to help them to improve their health and well-being. Staff said they supported people with shopping for food and preparing meals. They said they had spent time with people getting to know their likes and dislikes in order support them with their shopping. However, staff stressed that people were still empowered to make their own choices. Staff told us nobody living at the service was currently identified as at risk of poor nutrition.

Staff were supported to fulfil their support role. Staff told us they received regular supervision and appraisal. They said they were well supported with their training and development and gave examples of specialist training they had completed, such as autism awareness and diabetes training. Staff had personal development plans which included specific training they were aiming to complete, such as mental health training and British Sign Language (BSL).

Is the service caring?

Our findings

People told us staff treated them kindly and with respect. They said they were able to make their own decisions and choices. People said they were always asked if they would like to join in with activities but were never forced. People told us they had regular one to one time with staff and were able to choose how they spent this time. For example, one person said they sometimes chose to go shopping or do housework with support from staff. People commented, “They (staff) are very caring and very very understanding. They care a lot about us”, “The staff are really good, very polite”, “Staff are absolutely incredible”, “The staff never force”, “I love living here”, and, “I have one to one every couple of weeks but the staff are available anytime.”

Family members we spoke with also told us that their relative was treated kindly. They said that staff showed respect and empathy towards their relative. One family member commented, “They [staff] always give [my relative] a level of support that is family-like”, and, “It is a really supportive home, whenever I go there [my relative] is happy.” Other family members commented: “The staff love [my relative]”; [My relative] is happy where she is, she loves the place and the staff”; and, “So well looked after.”

Staff had access to detailed information about each person’s life history to help them gain a better understanding of people’s needs. We found that when people moved into Danesfield Supported Living Service staff discussed with them any equality, diversity, religious and cultural needs they had. For example, one person had specified that they wanted staff to respect their choices and ask them if they wanted to go to church. Another person attended church independently. We also saw that staff took time to gather information about people’s personal preferences both before and after they moved into the service. Staff had completed a personal profile for each person which gave important information about each person such as their preferred name, family details, what they were like as a person and communication needs.

We found that each person had a personalised daily planner which provided staff with additional information about how people wanted to have their support. In particular the planner specified details about what people were able to do for themselves and what they needed help with. For example, one person stated they needed to be prompted to have a shower but when they were in the shower they could wash independently.

People were involved in deciding how their care was planned. One person said, “The staff talk to me in private so it is confidential, they write things down.” They told us that they had seen their support plan and confirmed they were involved in deciding what went in. Staff told us that they involved people in planning their care and to make decisions. They said people who used the service were able to communicate their needs and they would ask them what they wanted. Most people were able to communicate verbally. Staff said that one person used sign language and gestures to communicate. They described how they would support the person to make decisions by showing them pictures and objects and asking them to show staff what they wanted.

Staff said people were aware of their right to have an advocate and they told us that some people currently had access to advocacy. Staff also told us that one person was part of an advocacy group and they brought information back to share with people. For example, a DVD about advocacy specifically aimed at people who used services. Staff had a good understanding of people’s needs and gave us examples of how they cared for people whilst maintaining their privacy and dignity. For example, they said they always knocked on people’s doors before entering their flat, kept people covered when supporting them with showering and made sure the doors and curtains were closed when people were undressing.

Is the service responsive?

Our findings

People told us that staff responded to their needs quickly. They said if they needed help they just called for staff and they would provide support. One person said, “I have a buzzer and staff come straightaway.” Other people said, “I don’t wait long”, and, “Staff come to me quite quickly.”

People told us, and records confirmed, that regular tenants’ meetings were held. People who used the service led the meetings and they also determined the frequency of them. One person commented, “We can ask for a tenants’ meeting at any time. We ask for them and I give my views.” People said that staff asked before delivering care and that they respected their right to refuse. People commented, “I can make my own decisions”, “Staff always ask”, “Staff never force”, and, “I am not forced, staff ask would you like to join in.”

Staff told us about how they supported people to maintain their independence. They said they encouraged people to become involved in developing daily living skills through doing housework and supporting them to use house hold appliances, such as the washing machine. Staff said they also supported people with preparing their own meals. Staff told us they had spent a lot of time getting to know people and their likes and dislikes, such as what clothes they liked to wear and which places they liked to go to.

There was an effective system to handle complaints. We found the provider had a complaints procedure that people could access if they had any complaints. The provider had made information available for people about the complaints procedure in an easy read and pictorial format to help people with their understanding. None of the people we spoke with raised any concerns about the support they received. However, they told us they knew how to raise any concerns they had. People said; “If I have any worries I speak to the boss, she is in charge”, and, “I

would go to the manager.” We viewed the complaints log during our visit. We found there were clear guidelines for staff to refer to when dealing with a complaint. We saw from viewing the log that there had been one complaint made. Staff had recorded in the log the details of the complaint and of the action taken to respond to the complaint. We found that the complaint had been fully investigated and resolved.

We found that the information gathered during the initial assessment and after people moved into the service was used to develop detailed care plans. Care plans covered a range of areas such as medication, personal care, sensory needs, mobility, equality and diversity, religious and cultural observance. Care plans identified the support people required and the expected outcome to be achieved. For example, the care plan for one person stated, “I like a bath everyday in the morning.” The person had specified what they wanted staff to do and what they wanted to do for themselves. The outcome to be achieved was to maintain the person’s dignity and hygiene.

We saw that where a person’s needs had changed staff had taken action to ensure they remained safe. For example, we saw that staff had identified that one person’s skin was ‘red and sore.’ We saw from records that staff had contacted a specialist nurse the following morning who came and assessed the person. The nurse confirmed the person had experienced a scrape and was not suffering from ‘skin damage’ due to pressure. The nurse gave staff advice about how to care for the person’s skin. Another person had been referred to a speech and language therapist as they were experiencing difficulty with swallowing food. We saw that the person had been assessed and advice and guidance given. We found the person’s care plan had been updated to include the speech and language therapist’s advice about how to support the person with their eating and drinking, including offering them mashed food and thickened drinks.

Is the service well-led?

Our findings

Findings from the comprehensive inspection of 8, 11, 12 and 15 July 2014.

When we inspected the service in February 2014, we were concerned about the systems used to assess and monitor the quality of the service. We asked the provider to send us an action plan and tell us how they would make improvements. The provider gave assurances in their action plan that they would meet the requirements of the regulations by 31 May 2014. At this visit, we found the provider had continued to breach regulations relating to how the quality of the service was monitored and had also failed to meet the assurances given in the action plan.

In particular, the provider told us in their action plan that the following actions would be completed: an external senior manager would undertake one audit visit of the service every six months; the service was to be included in the programme of the provider's proposed programme of monitoring visits; and a review of the internal audit tools was to be carried out. During this inspection the registered manager told us that these actions had not been completed. This meant that the provider had failed to improve the effectiveness of the audit systems to ensure that people were protected from the risks of inappropriate or unsafe care. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The systems in place to check on the quality of medication records were inadequate and did not effectively ensure the safe handling of medication. We viewed the previous records of a senior support worker's weekly quality check of people's MARs. We found that checks had not been successful in identifying the gaps in people's MARs that we found during our inspection. For example, for one person the weekly check had failed to identify any gaps in the MAR. For another person the weekly check of their MAR had not been done since March 2014. We viewed the provider's medication policy which stated, 'If a dose of medication was missed during a previous visit, a double dose must not be given. It should be recorded on the MAR using the appropriate code and reported to the Supported Living Manager.' We found no evidence that this had been done or of any action taken to investigate these gaps. This meant that audits of medication records were ineffective in

identifying gaps in medication records and ensuring these were investigated in a timely manner. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager carried out a monthly service review. This included a check on people's support plans and an update on progress towards achieving their goals. Records showed that these had been done consistently and the actions identified during the review had been completed. For example, the review identified that one person's flat required re-plastering. We found when we visited the service that this work had commenced.

We observed that people had good relationships with the staff and readily approached them for help and advice. People talked positively about the staff and told us they could speak with them at any time. They had a good understanding of who was in charge of the service and said they could speak to the manager if they had any concerns. People commented: "If I had concerns I would go to the boss"; "I feel comfortable talking to the staff"; "I am treated fairly"; "They (staff) would listen to me"; and, "Staff are superb to get on with."

Family members gave us mixed feedback about communication with the service. For example, one family member said they were informed when their relative was unwell. Another family member said, "There is always somebody there to talk to, relationships between the family and the staff have been excellent." However, some family members said their views were not always listened to. They also said they were still waiting for the outcome from the annual review of their relative's care. A social worker had undertaken these reviews in January 2014. Another family member told us they had not been involved in a review at all this year.

Staff told us the registered manager was supportive and the management team were approachable. One staff member said, "The manager is very nice and very approachable. I feel that I could go to her without hesitation and that goes for the seniors." Other staff members said, "The manager is really good, she listens to what I say", "Good staff morale here, everybody gets on. We work well as a team", and, "The manager is very nice and very approachable." All staff members we spoke with said

Is the service well-led?

they were aware of the provider's whistle blowing procedure. They told us they had not previously used the procedure but would have no hesitation if they were concerned.

There were systems to log any incidents and accidents that happened at the service. Records showed that staff regularly logged any incidents and accidents. They had also recorded the details of the incident or accident and the action taken to deal with the situation. For example, for one person who had experienced a fall staff had ensured they received treatment for a minor injury.

Findings from the focused inspection of 20 November 2014

We reviewed the action plan the provider sent to us following our Comprehensive inspection in July 2014. We found the assurances the provider had given in the action plan in order to become compliant with the regulations had been met. In particular, agreeing a regular system of quality assurance, including medicines audits to improve the effectiveness of the audit systems in place. The provider also said all staff members would receive updated medicines training and have their competency assessed.

We found the provider had reviewed the existing audit systems and was undertaking a monthly quality check. The local authority commissioning team had carried out a full audit on 1 and 2 October 2014 and an action plan had been developed. The commissioning team was undertaking monthly visits to check on progress with the agreed actions. The registered manager told us that once the action plan had been completed the intention was for the commissioning team to undertake up to four visits each year, of which two would be unannounced. This meant systems were in place to assess the quality of the support people received. However, it was too early for us to assess the effectiveness of these systems in delivering sustained improvement.

We found the systems in place to audit medication records had been reviewed and changes made to make the

systems more robust. We saw from viewing records that a weekly medicines audit was being completed consistently. This audit now included a weekly check of medicines received for every person and a cross-check of medicines in stock against the person's medication administration record (MAR).

In addition to the weekly checks the registered manager now undertook a monthly random check of people's medicines records. The registered manager showed us records which confirmed the checks that had been completed to date. These included reviewing the quality of recording on people's MARs to check they had been signed and fully completed. We saw these random checks had been successful in identifying gaps in medicines records and ensuring that action was taken to improve them. For example, one check had identified that one person's support plan had not been written in the correct format. We checked the person's records and saw the support had been re-written following the registered manager's check. This meant the systems in place to check on the quality of medicines records had now been improved and was more robust.

We found staff administering medicines had received additional training. We also found they had their competency assessed to ensure they had the skills and knowledge to support people with taking their medicines. A medicines profile had been developed for each person which provided staff with important information about each person's needs in relation to medicines. For example, this included the person's photograph, the medicines they were prescribed, how they took their medicines and any potential side effects. The profile also described the support the person needed with their medicines, any potential risks and how the risks were to be managed. This meant staff had access to detailed information to help them provide the support people needed to take their medicines safely and on time.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Comprehensive inspection of 8, 11, 12 and 15 July 2014.</p> <p>Regulation 10 (1)(a)(b)(2)(v) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision.</p> <p>The registered person did not have effective systems in place to monitor the quality of the service delivery.</p> <p>Focused inspection of 20 November 2014</p> <p>The provider is now meeting this regulation.</p>

The enforcement action we took:

We issued a warning notice on 13 August 2014 requiring you to be compliant with the regulations by Friday 29 August 2014.