Real Life Options

Real Life Options - Yorkshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection carried out on 03 and 17 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to arrange the visit to their office. This was the first inspection we have carried out for this service.

Real Life Options provides an outreach service to people based in the community. They also provide services to people with learning disabilities in a total of seven supported living locations.

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

In the supported living services we visited, people were well looked after. Due to people's complex communication needs, we spoke with their relatives to find out about their experience of the service their family member received.

Relatives told us their family members were safe receiving services from the provider. Staff received safeguarding training and were able to recognise and respond to signs of abuse. The provider took appropriate action in response to safeguarding concerns we looked at.

We found shifts were not always covered when regular workers were not available and alternative provision was not always suitable. Recruitment practices were safe as background checks were carried out to ensure staff were suitable to work with vulnerable adults.

Medicines were safely managed by staff who received training and competency checks. Staff received an induction and records we looked at showed they were mostly up-to-date with their training. Supervision and appraisals were carried out but the provider had not provided this support on a regular basis for all staff.

Risk assessments were in place for people living in supported living services and these had been reviewed. However, risk assessments were not always completed for people using the community outreach service.

People were supported to enjoy a balanced diet and they were encouraged to make choices around meals and to participate in cooking. The service worked with a range of health professionals to ensure people received support which met their healthcare needs. However, we found one person's health check record had not been reviewed since December 2013.

Staff demonstrated how they provided people with choice and encouraged people to make decisions. We saw staff had received training in the Mental Capacity Act (2005), although some staff were unsure how this affected their roles. We saw people in supported living had information on mental capacity in their care

plans.

Relatives spoke positively about the staff who worked with their relatives. Staff spoke to people with kindness and patience and found they knew the people they supported well. Staff could describe the action they took to protect people's privacy and dignity. People were supported to participate in community life through a range of activities.

Relatives knew how to complain and those who had made complaints told us they were satisfied with the response they received.

People had detailed care plans in both community outreach and supported living services which described how staff should provide their care and support. Reviews were taking place which people and staff were involved in, although these were carried out by other professionals, but not used to develop care plans.

Relatives and staff spoke positively about the management team, although additional management support was identified as a need. The provider used a number of different audits to manage continuous improvement of the service, although the schedule of quarterly audits had not been maintained. There were some gaps in engagement with staff and relatives which the registered manager told us they would respond to.

We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Relatives and professionals spoke positively about regular members of staff, although where cover was required this was not always suitable for the person's needs or not provided at all.

People were protected from harm as staff were trained in recognising and responding to abuse.

People were protected from harm through the safe management of medicines which was managed by trained staff.

Is the service effective?

Requires Improvement

The service was not always effective

Staff received support through their induction and training programme, although their ongoing support through supervisions and appraisals had not been consistent.

Staff received training in the Mental Capacity Act (2005), although mental capacity assessments were not in place for people receiving a community outreach service.

Staff worked with other professionals to ensure people received adequate support which met their healthcare needs. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring

Care was provided by staff who knew the people they were supporting and was delivered in a kind and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive

Reviews were arranged by other professionals and the outcomes were not used to develop people's care plans.

Care plans were in place which provided staff with sufficient detail to provide effective care and support in different situations. People were supported to engage in activities in the local community.

Relatives knew how to complain and were satisfied with the response they had received from the provider. Actions were followed up in response to complaints received.

Is the service well-led?

Requires Improvement

The service was not always well led

Quality management processes were in place, although the schedule for provider audits had not been maintained. The service was reviewing how they involved people's relatives in the development of the service.

Relatives and staff spoke generally spoke positively about the management support, but in some instances staff felt additional support was needed.

The organisation had a positive culture with a staff team which felt listened to and supported.

Real Life Options - Yorkshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 and 17 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service as well as seven supported living locations; we needed to be sure that someone would be in.

On the first day of our inspection one adult social care inspector visited the provider's premises and looked at how the outreach service which provided community based support was provided. On day two of our inspection, two adult social care inspectors visited three supported living accommodation locations.

At the time of our inspection there were 11 people receiving a service from the community outreach support team. There were an additional 27 people living in supported living accommodation who received a service from the provider. We were only able to speak with two people due to complex communication need. We also spoke with seven relatives of people who received a supported living service and nine members of staff working in the same services. We also spoke with four relatives of people receiving a community outreach service and five members of staff who supported them. We spoke with three service managers, the registered manager and an external professional.

We looked at documents and records that related to people's care and the management of the service. We looked at three community outreach care plans and another four care plans for people living in supported living.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority who told us they had no reported concerns.

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 they plan to make.

Requires Improvement

Is the service safe?

Our findings

The service manager for community outreach told us people and staff were matched based on support needs, personalities and interests. Staff members had a one page profile which people were able to see. We were told people and staff were given an opportunity to meet before a service started. Staff we spoke with confirmed this happened.

We were made aware of a concern regarding the gender of a support worker sent for one person. We were told, "They were sending a male member of staff who didn't even know her." We asked the registered manager about this and they told us a male member of staff should not have been sent. The registered manager told us they would ensure this did not happen again.

The community outreach service manager told us they did not have a system for checking calls had taken place. Instead, they responded where people identified a call had not taken place to ensure cover was provided. However, one relative we spoke with gave us a recent example of staff not arriving which meant their family member had to return from a day centre as cover could not be provided. Another relative told us only one member of staff had arrived for a shift where two members of staff should have arrived. A professional we spoke with said, "This is what really angers me. If they phoned up, I can make provision. Some that come in are fantastic. Providing they come we don't have any problems."

We concluded this was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked whether the provider had a definition of a missed call and were told they did not. The community outreach service manager told us, "There is the odd lateness." We asked relatives whether staff arrived on time. One relative told us, "More or less, nine times out of 10 they arrive on time. Usually it's been a problem with public transport. It's only 10-15 minutes. Usually they do let me know." Another relative said, "Staff always ring me and let me know. They pre-warn me that's helpful."

Staff working in the outreach service told us they received a monthly rota. The service manager told us people and their relatives received their own copy of the rota which meant they knew who was scheduled to provide their care and support. Any changes to the rota were then communicated to them by the office staff. The service manager told us each person receiving care and support from the community outreach service had a pool of three members of staff to support them. One relative told us, "I think it's about three that she has on a regular basis. I know if [name of person] has a new member of staff, nine times out of 10 they'll give me a ring to say they're training a new member of staff."

Where they were unable to provide cover, the community outreach service used agency workers, although the service manager told us they were usually allocated the same agency staff.

We asked relatives about staffing levels in the supported living services and received mixed responses. One relative told us, "There's times when they could do with more staffing. It possibly only comes up at the

weekends." Another relative said, "I think they've got enough." A third relative said, "Sometimes they have to use bank staff. They have to work overtime to cover for staff illness and holidays."

We asked staff members about staffing in supported living services and they told us, "I would say we're all really stretched." Another staff member commented, "We go out of our way to do silly hours so we don't have to get agency staff in." A third staff member said, "You always get an occasion when people phone in sick. But there's always staff in there." A fourth staff member told us they were satisfied with staffing levels.

In supported living services people were allocated a key worker. One staff member told us, "The key worker tends to take on the more personal roles. We match the people with the people they get on better with." The key worker was responsible for ensuring people were up-to-date with appointments and liaising with families.

We saw evidence of environmental risk assessments for community outreach services which meant staff were made aware of risks before they entered a person's home. However, we found risks to people using the service were not always assessed and managed.

We looked at a care plan for a person receiving a community outreach service and saw a needs assessment showed the person was at risk of choking, however a risk assessment had not been created for this. We looked at another care plan for a person who had Epilepsy and found there was no risk assessment on file for this. A risk assessment for a person traveling on public transport had not been reviewed since January 2014. This meant staff may not have received the information they needed to manage these risks. The registered manager told us they would look at this immediately.

We concluded this was a breach of Regulation 9, (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In supported living we saw people had a range of risk assessments covering areas such as choking, Autism and anxiety, traveling on public transport, medication, fire safety and cooking. We saw these were reviewed on a quarterly basis.

The service manager for community outreach told us staff were given emergency contact details for people they support, day centres and the office. Staff in supported living services told us they tested the fire alarm and they had a monthly fire drill. A member of staff told us, "We've got a fire strategy in place."

Relatives we spoke with all told us they felt their family members were safe using this service. One relative told us, "Absolutely totally safe. She's always happy to go back home." One staff member said, "Yes, I would say they're very safe."

We spoke with staff from both services who were able to demonstrate an awareness of different types of abuse and the signs they would look for which could indicate a person was being harmed. Staff knew how to report abuse and felt confident the management team would take appropriate action. Training records we looked at showed staff had received up-to-date training in safeguarding. We reviewed the safeguarding records saw investigations had taken place and referrals were made to the appropriate agencies.

In their PIR the provider commented, 'The internal whistle blowing hotline is up and running, but we are currently putting posters up and giving business cards out with staff wage slips, also sending to family members. It will also be raised in staff meetings'. We saw staff had a copy of the whistleblowing card and they told us whistleblowing was discussed at team meetings.

We looked at the recruitment records for three members of staff and found safe practices had been followed. Staff files contained evidence of references, confirmation of identity and checks with the disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals who had been identified as unsuitable to work with vulnerable people. We also saw evidence of the provider involving people using services as part of the recruitment process. We spoke with one person who confirmed they had been asked for the opinion about a candidate being interviewed.

Staff working in the community outreach service were not administering medicines as people could either self-medicate or relatives and other services were responsible for this. However, some staff members did receive training in administering Buccal Midazolam which is a medicine used in the event of a person experiencing a seizure. We saw staff in supported living had their competency in administering medicines checked.

One person we spoke with who used the supported living service told us staff administered medicines to them if they required pain relief. One relative we asked about medication told us, "They're on the ball with that." Staff told us they received medication training and the training records we looked at showed all staff had received up-to-date medication training. One staff member told us, "We've done a medication refresher this morning."

We saw guidance in people's care plans around medication. One person's care plan we looked at recorded, 'I am very good at taking my medication. I like to take it in the kitchen'.

We reviewed the medication administration records for three people and found this was safely managed. We saw clear guidance available to staff which included step by step procedures for the administration of each medicine and a list of homely remedies. We saw the dosage for one medicine had not been updated on a medication record which the service manager told us they would amend immediately.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with confirmed they received a robust induction which included an introduction to the service as well as training in safeguarding, equality and diversity, person-centred care, health and safety, infection control and confidentiality. Staff also shadowed an experienced worker until they were assessed as competent. One staff member told us, "I definitely felt more confident once I'd done the training."

We asked a staff member if they received refresher training and they told us, "All the time." Staff told us they were notified when training was due as it was listed on their rota. One staff member said, "Any training they are red hot that you go. I've got a fire safety one to do on the computer."
We found staff received specialist training where this was necessary for their role. For example, staff received training in Autism awareness, de-escalation techniques and Makaton training (a form of sign language) to assist their communication with one person. Some supported living staff were being trained in helping people to communicate using electronic 'tablets'. Staff training records we looked at showed staff were mostly up-to-date with their training programme.

One staff member told us they received supervision every month. They said, "It's a two-way thing." Another staff member commented, "I get supervisions, but I've never had an appraisal." We looked at the records for supervisions and appraisals and found staff were receiving supervisions, although the frequency was mixed and there was limited evidence of appraisals. Staff working in supported living services told us they received regular supervisions, but we received mixed responses about appraisals.

The staff supervision matrix we looked at in one supported living location confirmed the frequency of supervisions was inconsistent as some staff received more sessions than others. The June 2015 audit in one of the supported living services noted, 'arrangements should be made to ensure that all staff receive monthly supervision. All staff require an annual appraisal'. This was to be completed by September 2015. In one of the supported living services we visited, we saw a schedule of appraisals for 2016 had been created. We spoke with the registered manager who acknowledged there were gaps in the delivery of supervision and appraisals. They told us they would ensure this was more structured following our inspection.

Relatives we spoke with told us they felt their family members received a balanced diet. One relative told us, "I think they're very good on the food. They do watch her diet." Another relative said, "They do a lot of home cooking. Its good fresh vegetables. They do the best they can." Meal options were discussed at tenants meetings and this was used to help decide what was purchased at the weekly shop. Staff told us they encouraged people to join in with making meals. We saw fresh fruit and other food supplies were available to people in supported living services.

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 training records we looked at showed all staff had received up-to-date training in the MCA, although we found in our discussions with staff that their knowledge of the act was variable.
We looked for evidence of mental capacity assessments for people receiving a service from the outreach team and found they were not in place. For example, one person's care plan we looked at contained a statement regarding mental capacity which was recorded as 'not known'. This meant people who used the service had not received an appropriate and decision specific mental capacity assessment where required. These assessments are used to ensure the rights of people who lack the mental capacity to make decisions are respected.

In supported living we saw people had a 'decisions in my life and how I make them' form as well as a decision making agreement which included 'how I like to get information', 'how to present choices to me', 'ways you can help me understand', 'when do I make the best decisions' and 'when is a bad time to make a decision'. One staff member told us, "We have a protocol in place for a service user if they refuse their medication." We also saw people had communication profiles.

Staff told us they talked to people to ask for their consent before providing support. One staff member said, "I always tell people what I'm going to do and ask them." We asked relatives if their family member was given choices by staff. One relative told us, "They're forever asking. He tells staff what he wants to do. They're always giving him choices." Another relative told us, "Yes and they give her choices. They hold clothes up to her to see what she wants to put on." One staff member told us, "We get a few different cereals out." Another staff member said, "We try to give people as much choice as we can."

In the care plans we looked at we saw evidence of involvement from health professionals such as GP's, dentists, podiatrists, and opticians. Relatives we spoke with told us people in supported living services were regularly weighed. We looked at care plans and found evidence which confirmed this. Staff told us they worked with parents who took their family members to health appointments to ensure they had up-to-date information.

We asked relatives whether staff responded and communicated key changes to their family member's health. One relative said, "They would let us know." Another relative we spoke with told us, "They're quick to involve the doctors where necessary." Staff told us they would speak with families and colleagues based in the office if they had concerns about a person's health.

One of the yearly health check records we looked at in supported living had not been reviewed since March 2013. The service manager did not know why this record was nearly three years out of date. One staff member said, "The key worker should be checking the files to make sure things are up to date." Following our feedback, action was taken and this person's yearly health check was booked in for March 2016.

Good

Is the service caring?

Our findings

One person we spoke with who received a supported living service told us they got the support they needed from staff. They told us, "All I need to do is just ask." We saw staff spoke to people in a polite, friendly and respectful manner in the supported living services we visited.

Relatives spoke positively about the support provided by staff for their family members. One relative told us, "It's a lovely atmosphere. They don't rush her at all." Another relative said, "They do very well. If there's a new member of staff they work well with them to get used to people's needs. [Name of person] thinks the world of them." A third relative commented, "I think the staff are very good with them." A relative of a person receiving a community outreach service told us, "The regular staff that know her are really good. If any of them left I would be upset." Another relative said, "Yes, I'm quite happy with the staff."

One staff member working in the community outreach service who we spoke with told us, "I do enjoy myself here." A member of staff working in a supported living service said, "We class ourselves as a family."

Staff we spoke with were able to demonstrate they knew the people they supported and how to respond to their needs. One staff member told us about the type of situations which would cause people living in a supported living service to become anxious and described how these scenarios were avoided. They also told us when the best time was to approach a person for their 'monthly talk time' which was a regular one-to-one session between people and staff. Another staff member told us about a person they supported who had struggled with daily living skills, but with encouragement and support they had found volunteering work.

One person we spoke with told us they had recently selected the colours they wanted to have when their room was decorated. We looked at the same person's care plan and saw a section called 'what is important to [name of person]' which had been completed with the comment 'decorating her bedroom'. This meant people were being listened to and staff helped them to achieve their goals.

We saw a compliment which stated, 'just wanted to share with you and your staff team that work with [name of person]. Thank you for the hard work and dedication they put in to make my brother's life a happy one'.

In their PIR, the provider commented, 'Confidentiality, privacy and dignity is maintained by following 'My life, my way' document and respected and updated by all the staff'. We asked relatives if they felt staff respected their family member's privacy and dignity. One relative told us, "They treat all the persons with respect. And it's all the staff." Another relative told us, "He's usually well turned out." A third relative told us, "They dress her lovely."

Staff we spoke with told us they ensured they knocked on people's doors and ensured curtains and doors were closed when they provided personal care. They also said they gave people personal space when they wanted it. One staff member told us, "We treat their space as private." Another staff member said, "You wouldn't help someone get ready with the door wide open."

Requires Improvement

Is the service responsive?

Our findings

Relatives of people in supported living told us they were involved in their family member's reviews. One relative told us, "I can request that whenever. I know I've had a few." The community outreach service manager told us a review took place after the first three months and there after every six to 12 months, although this depended on the complexity of the service being delivered. However, the care plans we looked at for the community outreach service did not record reviews taking place.

We were told people could invite anyone they wanted to attend their own annual person centred reviews. Staff we spoke with told us they attended reviews for people, although these were usually managed by social workers and other professionals. We did not see evidence of these reviews on file and how they were used to develop care plans. We saw an action plan for the June 2015 audit in one of the supported living services noted, 'Person centred reviews should be regularly reviewed and monitored with clear evidence of progress and achievements'.

We saw evidence of 'monthly talk time' sessions between people and staff in supported living services. These discussions looked at enjoying and achieving their goals, eating and being healthy as well as what was working and not working.

The registered manager told us with the introduction of new care plans, reviews would become six monthly or more often if required. The registered manager told us each new care plan would be introduced following a full person centred review.

One relative told us, "Yes he has a very thorough care plan. We see it regularly. They're very open for us to make comments." Another relative told us, "I'm able to say things and ask for things. They put things in place right away."

We looked at seven care plans across both types of services and found they contained detailed information for staff to follow. The guidance was specific and enabled staff to provide effective care. Community outreach care plans contained information relating to the different activities people participated in throughout the week. For example, we saw information about supporting one person to go swimming and how they would react to being in the water.

In supported living we saw care plans were designed to meet specific support needs. For example, one person's care plan contained specific information around times of the day when the person needed staff support in order to help them manage a routine which was important to them. Care plans also contained a one page profile which provided an overview of the person to give staff guidance on their care and support needs.

Staff confirmed they were given time to familiarise themselves with care plans, although one staff member said, "I think they do need updating." The provider made us aware they would be introducing a new format for care plans which was scheduled to be introduced in April 2016. One of the service managers told us,

"They need to be more user friendly."

One person we spoke with told us they had made a complaint, but felt they were listened to and they were happy with the response they received. We spoke with a relative who expressed concerns about the service provided for their family member. We found the provider had taken appropriate action in response to their concerns by way of providing regular communication with the relative. A relative told us they had previously complained, but noted, "It was sorted out straight away."

Other relatives we spoke with told us they knew how to complain. One relative told us, "Yes, I would go to [name of service manager] or get in touch with [name of registered manager] or head office." Another relative we spoke with told us they had complained in the past and were satisfied with the response they received.

One complaint we looked at included a follow up action recorded as 'We agreed I would attend the next managers meeting to reiterate the importance of the whistleblowing hotline'. We spoke with staff who told us the whistleblowing procedure was a standard item at each team meeting.

In their PIR the provider commented, 'Social activities are identified to suit peoples varying ages and tastes and we strive to achieve individual and group activities, ensuring a good mix of activities based around on individual interests and wishes'.

One person we spoke with told us they were supported by staff to carry out their banking and to access social groups. They also told us about trips they had enjoyed with staff. Relatives told us family members who received a supported living service were assisted to take part in community life. One relative told us, "They really do get him out and about." Some people had been supported to access a dating agency and staff told us some people were in relationships. People were also supported to enjoy holidays.

Care plans showed people were involved in the community. For example, they regularly attended social clubs, swimming sessions, community groups, yoga, travel training and voluntary work. They also went to the pub and local cafes. The Service manager for community outreach told us people were supported to attend activities such as day services, swimming, adapted cycling, physio, hydrotherapy and keeping work placements. They told us, "It's support to live independently in the community and develop skills. We saw notes from a tenants meeting in January 2016 which informed people using supported living services of a 'Question Leeds Councillors' public meeting. We spoke with a staff member who told us they were supporting one person to help them find volunteering work in the community.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. They were supported by three service managers who between them managed the seven supported living services. One of those service managers was also responsible for the community outreach service.

Relatives we spoke with were mostly satisfied with the support they received from the management team. One relative told us, "Now the management has changed and things are more stable." Another relative said, "I think it's grown too big. It was very personal before. It's got a bit more corporate."

One relative commented on the service manager for one of the supported living services. They said, "She's forgetful. That's cos she's doing too much." A staff member commented, "We're such a close knit team here. We are left to do an awful lot ourselves." Another staff member told us, "I think we could do to see the manager a little bit more often. We do run smoothly as it is." A third staff member said, "I do think [name of service manager] should come over more often. I know how busy [name of service manager] is. She is a good leader, but we don't see enough of her."

The registered manager told us they had already arranged to meet a senior manager to discuss roles and responsibilities in supported living services.

Relatives and staff spoke positively about the support they received from the registered manager. One relative we spoke with told us the registered manager had attended meetings to ensure their family member received the necessary support. One staff member told us, She's always at the end of the phone." Another staff member said, "She'll sometimes come along and have a chat."

Staff told us they felt listened to and they enjoyed their work. One staff member told us, "I love the job. I get listened to. It's a friendly place. Now I wake up and I want to go to work." Another staff member said, "To me it seems fairly well run. I've never felt like I've been brushed off." A third member of staff said, "I've got absolutely brilliant support." A fourth staff member noted, "The morale's good."

The registered manager told us the quality manager carried out quarterly audits at supported living services. We saw some evidence of these audits in practice and noted they were effective. However, the schedule of audits had not been maintained as planned. The registered manager told us the executive management team were meeting to discuss how these audits would be managed.

We found evidence of managers having completed weekly checks in supported living which covered, for example, medication, management of monies and the living environment. We also saw health and safety audits which took place in November 2015 and January 2016 in supported living services. The registered manager acknowledged the provider had not carried out an annual survey with staff. They told us this would be carried out during 2016.

We received mixed feedback from staff around spot checks. Staff told us they were spot checked by the

management team who observed their practice and then gave feedback. We saw some evidence of these checks taking place. However, there was not a consistent approach to spot checking across the service. The registered manager told us they would ensure staff in community outreach and supported living services were spot checked and feedback given to them in supervision sessions.

We saw the number of responses to surveys sent to relatives in November 2015 for supported living services was limited. Each service manager was responsible for creating action plans in response to feedback for their supported living location.

The registered manager told us they had held coffee mornings for relatives, although attendances had dropped. We saw evidence of these meetings in November 2014 and March 2015. They told us they were creating an engagement plan to encourage better participation. They also told us they would be sending questionnaires to people and relatives to ask them how they preferred to be consulted.

We were told staff meetings were scheduled to take place every month. In one supported living location we saw evidence of meetings in April, October and December 2015 and January 2016. Tenants meetings were taking place each month. We saw evidence of these in supported living services for October and December 2015 and January 2016. Community outreach staff confirmed they had monthly meetings and they received a copy of the meeting minutes.

The community outreach service manager told us they carried out monthly satisfaction checks with relatives by telephone. We saw records of these checks taking place in July, September and December 2015 as well as January 2016 where satisfaction was generally good.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was insufficient evidence of the provider assessing the risks to the health and safety of people receiving a community outreach service and ensuring risk assessments were regularly reviewed.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always provided or appropriate staff were not always deployed in community outreach.