Support for Living Limited

Support for Living Limited - 25/27 Haymill Close

Inspection report

25-27 Haymill Close
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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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 and 12 April 2018. The inspection was unannounced.

At our previous inspection on 18 and 19 December 2015 we found that the service was Good overall but there was a breach of the regulations in relation to Safe care and treatment. This was because medicines were not always stored and administered in a safe manner. We undertook a focused inspection on 21 November 2016 and we found the regulations had been met as the provider had put systems in place to ensure the safe administration of medicines.

Support for Living Limited - 25/27 Haymill Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates six people in one adapted building. The bedrooms and communal facilities are on the ground floor and there are several spacious lounges, dining rooms, two kitchens and bathroom facilities. There was an enclosed safe garden for people's use.

The provider for Support for Living Limited - 25/27 Haymill Close is Support for Living Limited under the brand name of Certitude. In this inspection report we will refer to the provider as Certitude.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, a manager had been appointed in January 2018 following the previous registered manager leaving the service. The manager was in the process of registering with the CQC.

During our visit we found that two bathrooms were not maintained to a good standard of cleanliness. In addition, equipment was stored in an unsafe manner in the bathrooms. Therefore, we found a breach of the regulations regarding safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

Following the inspection, the manager took prompt action to address these concerns.

Certitude had systems in place for auditing the service to ensure a good standard of service delivery. However, the health and safety audit and environmental checks had not been completed to a robust standard as they had not identified and addressed the above concerns. The management team provided assurance that they would address this concern.

Medicines were administered in a safe manner, although we noted a minor discrepancy in that a medicine was treated as a controlled drug when it was not. This was rectified immediately by the manager.

The manager assessed staffing need and ensured there were enough staff to manage people's care. There had been some changes in the staff personnel and the manager was actively recruiting to create a stable permanent staff team. The provider used safe recruitment processes undertaking appropriate checks to ensure the suitability of staff.

People had individualised risk assessments where measures were identified to keep them safe from harm. The provider worked in line with the Mental Capacity Act 2005 and some people using the service were assessed as not having capacity regarding their care and treatment. In these instances, the manager had applied for authorisations under the Deprivation of Liberty Safeguards (DoLS) in a timely manner. Although there were some restrictions on people to help ensure their safety the care staff demonstrated they offered people choices and supported them to make their own decisions whenever possible.

People were supported to access appropriate health care and staff supported people to eat and drink healthily. When people required assistance to eat care staff followed speech and therapy guidelines to avoid the risk of choking.

Care staff had received training to equip them to undertake their role. Care staff told us they felt well supported by the manager and the provider.

We observed that care staff were kind in their manner towards people and interacted well with them. Care staff understood how people communicated their wishes and preferences. People had person centred care plans that informed staff about important aspects of their life and gave clear guidance regarding their care.

People undertook a variety of activities that they enjoyed with staff support and encouragement.

The manager and provider encouraged feedback from people, relatives and staff to continue to improve the service they provided.

Certitude has a strong ethos for people with learning disabilities and mental health and worked in partnership with the local authority and other agencies to provide opportunities for people using their services.

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. The bathrooms had not been maintained to an acceptable standard of cleanliness and posed potential risks to people because they were used partly as a storage area for equipment, some of which was needed and some not needed. The provider had systems in place to ensure staff administered medicines in a safe manner.

Certitude had safe recruitment processes. The manager assessed staffing need to provide adequate support to people.

Care staff had received safeguarding adults training and told us how they would recognise and report safeguarding concerns appropriately.

The manager demonstrated that they learnt from mistakes in relation to incidents and accidents by updating procedures and sharing the lessons learnt with the staff team.

Is the service effective?

Good

The service was effective. Staff confirmed they received training to enable them to work effectively and felt well supported by the manager.

Prior to admission to the service the manager assessed people to ensure they could meet people's support needs in their preferred way.

The manager and support staff understood their responsibilities under the MCA. Although people were subject to some restrictions, there were no examples of people being deprived of their liberty unlawfully.

People's health care needs were met in the service and they had access to the healthcare services they needed.

Is the service caring?

Good

The service was caring. We observed staff demonstrated caring interactions when working with people and staff spoke respectfully about the people they cared for.

Staff could tell us about how each person communicated their choices and preferences, both verbally and non-verbally.

Staff maintained people's privacy and dignity in a sensitive and responsive manner.

Is the service responsive?

Good

The service was responsive. People had person centred plans that detailed how their care should be provided.

People had their end of life wishes recorded in the care plans and where people were unable to indicate what their choice would be their family had been involved in the planning of end of life care.

Relatives told us they could complain to the management team and the provider had ensured they followed the complaints process when concerns were raised.

Is the service well-led?

Requires Improvement

The service was not always well led. Although the management team had undertaken regular checks and audits they had not noted that cleaning in the bathroom areas was not adequate to maintain the environment in a clean and proper state. They had also not identified the risks posed by the storage of unused equipment in these bathrooms.

Staff told us they were encouraged to speak up through the various provider initiatives and that the management team valued their views.

Certitude worked closely with the local authority to provide a sustainable service to people living with learning disabilities in the borough.

Support for Living Limited - 25/27 Haymill Close

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 10 and 12 April 2018 and was unannounced. It was carried out by one inspector.

We visited the site on both days returning on the second day to meet the registered manager and review staff recruitment documents that had been brought from the head office.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and notifications of incidents we had received. A notification is information about important events that the provider is required to send us by law.

During the site visit we reviewed two people's care records. This included associated documents such as care plans, risk assessments, recording charts and daily notes. We also checked four people's medicines records and observed medicines administration.

We were not able to speak with most people using the service. They had complex needs and were not always able to communicate verbally with us. We were introduced to all six people who used the service and we observed care staff interaction with people at intervals throughout the day. This included when people were being offered support to eat and drink.

We also looked three staff personnel records, including their recruitment and training documentation. We spoke with two care staff, the deputy manager, the area manager and the manager.

Following our visit, we contacted four people's relatives and managed to speak with one person's relative

Requires Improvement

Is the service safe?

Our findings

Most of the service was well maintained and people's bedrooms were kept to a good standard of cleanliness and maintenance. However, we found that the premises, namely two bathrooms were not as safe as they could have been for their intended purposes and there were also concerns that there was a risk in regard to the spread of infection.

One bathroom that was used by people was not cleaned to a safe standard and presented a risk of cross infection. The area behind the bin for contaminated waste, had not been cleaned for a considerable length of time. This was evidenced by a build up of hair and dirt on the floor. In addition, the walk in shower had not been cleaned and again had a considerable build up of hair and soap residue that was clogging the plug hole and surrounding area. The area manager arranged for the bathroom to be cleaned immediately. However, when we returned later in the day the plug hole was still in the same condition evidencing that this had still not been cleaned.

In this bathroom besides the bin there was also full closed sharps box for the disposal of needles. The top of this box was very dirty indicating it had been in the bathroom for a long time. The area manager told us there was no one currently living in the service who required the use of a sharps box. The provider had not assessed the risk posed by having a sharp bin in a communal area and had not made arrangements for the collection of the box if it was no longer required. The area manager arranged for this item to be removed immediately.

In a second bathroom, the bath was full of stored mobility equipment that was not being used by the service. Amongst the equipment was hair and used gloves. This was not hygienic and was not a suitable location for the equipment to be stored as this could pose a risk to people using the service. Following the inspection, the manager sent information that the bathrooms had been cleaned appropriately and demonstrated that arrangements had been made to have the equipment removed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the large common area there was mobility equipment and a bed waiting to be collected. This detracted from the otherwise homely environment of the lounge, however these were stored safely to one side and were kept in a clean manner. The manager sent us information after the inspection to show this was a temporary arrangement and arrangements for the collection of the equipment had already been made.

Whilst we did identify some concerns about the cleanliness of the home, we noted that care staff had received infection control training during their induction and we observed they used protective equipment appropriately when working with people.

During the inspection we found that a medicine called Lorazepam was stored in the controlled drugs cabinet when it was not in fact a controlled drug. Management and care staff administering at the time of

inspection told us they thought it was a controlled drug, but we found that they had not always dealt with it as a controlled drug. They had not always recorded in the controlled drug register when they had administered the medicine, even though they had recorded the administration of this in the medicines administration records (MAR). Had the medicine been a controlled drug then staff might have been in breach of the law in regard to the recording of the administration of a controlled drug. Following the inspection, the management team informed us that they had clarified that the medicine was not a controlled drug and were now storing it appropriately. Other medicines were stored in a secure and safe manner.

We observed medicines administration was undertaken by care staff in line with the provider's procedure. We checked four people's MAR and found no errors in signing or recording. There were guidelines for care staff for the administration of as and when required medicines and for covert medicines. The guidelines were signed by the person's GP. Records were detailed and told care staff how people took their medicines for instance, with a glass of water mixed with a thickener to help the person to swallow without choking. Medicines were counter signed by a second staff member when these were entered on the MAR chart. Staff also counted loose medicines daily to ensure there was no errors or omissions. The management team audited the medicines on a weekly basis to check that medicines administration was completed in a safe manner.

The provider had procedures designed to safeguard people from abuse. The care staff had received training about this. They could describe different types of abuse and what they would do if they were concerned about someone's safety. One care staff told us, "I've had safeguarding training and done the online, I got 100% and have gone to face to face training as well… [If there was a safeguarding], I would report to the manager and look after the resident." Care staff described to us that they knew people using the service well and as some people did not express themselves verbally they would watch for changes of behaviour to ensure they recognised if something was wrong.

The manager and area manager had both taken appropriate action when there had been allegations of abuse and when people were considered at risk. They had worked with the local safeguarding authority and other agencies to investigate these allegations and to protect people from further harm. The manager and provider had an overview of safeguarding concerns to ensure all actions were taken and to recognise trends in the service.

The management team had assessed people to identify risks to their safety and wellbeing. Measures were put in place to mitigate the risk of harm. Individual assessments included risks associated with physical health, epilepsy, mobility, transport, safety at home, medicines and managing behaviour. The assessments included ratings to guide staff as to how severe the risk was. Risk assessments were reviewed six monthly or more frequently if there was a change in people's circumstances such as a deterioration in their mobility or health.

Both the area manager and the manager told us how they learnt from mistakes and made changes to procedures to ensure good practice. For instance, following a hospital discharge where the appropriate equipment to support the person's care was not immediately in place they had ensured care staff had updated guidance. This informed staff about what should occur should someone be discharged from hospital with additional support needs in the future. In addition, we saw that 'near misses' such as medicines errors were recorded and discussed in team meetings to mitigate the risk of a reoccurrence.

The provider had a procedure for the safe recruitment of staff which they implemented. Prospective staff completed application forms and attended interviews to assess their aptitude, experience and skills for a

caring role. The provider requested references from previous employers, evidence of identity and eligibility to work in the United Kingdom and checks on their criminal records. There was evidence of the required checks within the staff files we viewed.

There were six permanent staff when we inspected who were familiar with the people using the service having worked with them for some time. However, some staff had left and as such one care staff told us "We are going through a transition now, but the team is working well." The provider was actively recruiting to ensure a full permanent staff team. We saw when necessary the manager used agency staff who were familiar with the service. Care staff told us there was usually enough staff. Their comments included, "Yes, you can get the work done, because we work as a team, even if we have agency staff they fit in, we show them and help, so yes enough staff," and "Yes and no, it varies, people we support are going through changes, [person's name] has good and bad days. It would be best if we had more staff as, [another person] also needs one to one for two hours a day, but we support each other."

We discussed with the manager how they assessed the staffing levels regarding people's changing needs. The manager explained they monitored and reviewed people's support needs. They demonstrated that they had requested and arranged a review with the local authority regarding one person who required more staffing support than they had previously. Therefore, we saw that the provider was actively monitoring and meeting the changing staffing requirements of the service and acting to establish a stable staff team.

Good

Is the service effective?

Our findings

Prior to admission to the service the provider undertook assessments of people's needs to ensure they could offer people the appropriate care and support. Most people had lived in the service for many years however, one person had moved in recently. Although they were already well known to the provider they had an assessment prior to the placement being agreed to ensure the service would be suitable for them. The provider had considered assessments undertaken by other professionals and discussed the planned admission with the person's family members to ensure it was the right placement to the person.

Care staff told us they had received an induction prior to working at the service. One staff member told us, "Oh yes, we have induction training, we have to prove we understand because they check that out." There was a thorough induction that included shadowing experienced staff, training and a probationary period to assess if staff were suitable for a caring role. Care staff confirmed they had ongoing training to support them. Their comments included, "Yes I enjoy training, I've already done extra training, it gives you more knowledge. They are putting on dementia training because of [person]." Training undertaken by staff included person centred planning, communication, privacy and dignity, fluids and nutrition, health and safety, safeguarding adults and equality and diversity. Training specific to people's needs had been provided. This included dementia and epilepsy training.

Care staff told us they felt well supported. They told us they had received recent one to one sessions. One staff member told us, "We had a one to one. We discussed key clients, what is working and what is not working …how they can support me and about my training needs." Supervision sessions had occurred but there had been some gaps between October 2017 and January 2018 when a manager was not in post. However, the area manager confirmed that there had been ongoing provider support throughout this period and all staff had received a supervision session once the new manager was in post. Care staff spoke highly of their support from both the manager and the provider. Some care staff confirmed they had received their yearly appraisal and records for established staff contained evidence of yearly performance reviews.

The provider had some internal resources that the staff team could access for support and advice. The intensive support team (IST) were supporting the team with aspects of people's behaviour that could challenge the service. With the input of the IST the care staff had identified measures to manage those behaviours and IST continued monitoring of the effectiveness of those measures for people in the service.

In addition, some people's mental and physical health had changed considerably as they had aged and management had the input of the "Treat me Right!" project to advise staff and give support with dementia care. The Treat Me Right! team employs people with learning disabilities as health champions and health trainers. They had visited the service and the care staff had benefitted from their support. The management team had also accessed support from Dementia UK and as such demonstrated a commitment to working with other organisations for the benefit of the people using the service.

People using the service were supported to access community health care. They had visited the GP and surgery nurse and had referrals to hospital clinics such as neurology. Health care professionals also visited

the service. This included the GP, district nurses, speech and language therapists and occupational therapists. Whilst visiting the service we observed care staff were sensitive and responsive when someone was showing symptoms of not being well. They contacted the GP in a prompt and timely manner. People had hospital passports. These documents contained relevant and up to date information to inform both the emergency services and hospital staff of people's medical conditions, medicines and support needs in the event of an admission to hospital.

People were encouraged to eat and drink healthily. When they asked for snacks on a frequent basis. Care staff had supported them by offering healthy alternatives such as carrots sticks, yoghurt or fruit. Due to staff support people were eating more healthily. Care staff recorded what people had drunk on fluid charts to allow them to monitor if people were drinking enough to remain hydrated.

People living in the service required care staff support to eat and their care plans contained information to inform care staff about how this should be done. For example, some people required their food to be cut up into small pieces and used adaptive utensils to promote their independence. Other people were assessed as in danger of choking and staff followed speech and language therapists' guidance. This was contained in the care plan and displayed in the kitchen for staff reference. We observed people being supported to eat and saw that care staff took care to position them appropriately. Their food was served as the correct consistency and drinks were thickened in line with their eating guidance.

One person required a Percutaneous endoscopic gastrostomy (PEG) tube to aid with nutrition. This is a tube (PEG tube) that is passed into a person's stomach through the abdominal wall during a medical procedure. This is used as a means of giving a person a special type of nutrition and water when they have difficulty with eating and drinking or oral intake is not adequate. Care staff had received the training to manage the PEG tube so they could support the person to have enough nutrition and water.

The service consisted of two houses that were adapted to make one service. People's bedrooms and communal areas were on the ground floor for accessibility. There were two large lounge areas and a smaller lounge and two dining area giving people a good choice of where they could choose to spend time outside of their bedrooms. There was an accessible enclosed garden that people who liked being outside could use. People's bedrooms were personalised and contained items that they liked and recognised.

There was good use of technology in the service. People had been assessed by occupational therapists and were provided with equipment to support them to mobilise. For example, one person who was a risk of pressure ulcers used a bed that rotated their position every 30 minutes, they also had ceiling and standing hoists, pressure mattresses and an adapted wheelchair. There was good use of sensor mats to alert staff should people leave their room if they become restless at night and require support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Peoples care records we looked at included assessments of people's capacity to make decisions about their care and treatment. Where people lacked capacity, and were subjected to restrictions that could have amounted to a deprivation of liberty, the provider applied to the local authority for authorisations to deprive people of their liberty in the person's best interests. Some people were not able to safely use the kitchen facilities without support therefore as a measure to keep them safe the kitchen was locked with a key pad

when not in use. We observed, as soon as people wanted to use the kitchen it was unlocked and people were supported by care staff in the kitchen to make a drink or have something to eat. In addition, another person had scheduled one to one time so care staff could support them safely in the community as they enjoyed going for a walk each day. As such the service was maintaining people's liberty whilst upholding some necessary restrictions to keep them safe from harm.

Good

Is the service caring?

Our findings

A relative spoke favourably about the care staff Their comments included, "Yes I would say so staff are kind." They agreed they were made welcome when they visited the service.

We observed that care staff were warm and friendly with people and took time to work at people's pace. Some people communicated verbally and we observed care staff having conversations with them engaging them in topics they liked to talk about. Care staff used humour well and responded to people when they made jokes. This helped them build a bond with the person. Care staff spoke kindly of the people in the service. Their comments included, "I look forward to coming to work, I make sure I come in, in a good mood…I put on music and sing with people. [Person] likes you to sing, I sit with them, they hold my hand. [Another person] likes to receive letters so we write a letter and post it to them." And, "I speak with them, smile, use gestures, hold hands as some people respond well to touch."

There was a keyworker system. This is a system where a care staff works closely with one individual and is a point of contact for family and professionals. Permanent care staff spoke fondly of people they key worked describing the individual's aims for the future such as holidays and showed pride in being able to support people using the service as someone's keyworker, and in some cases for many years.

The manager told us, "I'm passionate about people's choices." They described how they supported the care staff to work with people effectively to support them to make decisions. One care worker said, "I let them make their own decision, I don't take it for granted they can't make a decision, they have a choice." We observed staff giving people choice by asking what they would like to drink or eat, if they wanted their electric fan switched on and obtaining their permission before offering care and support.

People's care plans informed staff how they communicated. Care staff described to us how they worked with people who were not able to speak, supporting them to make day to day decisions. One person's care plan informed staff how, "To make and maintain a relationship with [person]." And advised the use of intensive interaction. This technique facilitates positive engagement with people who have a learning disability or who are on the autistic spectrum. The person's care plan informed staff about how the person communicated using different vocalisations, facial expressions and objects of reference. For instance, showing a coat indicated staff were asking them if they wanted to go out. If the coat was pushed away that indicated they did not want to go out. A care worker explained when the person felt they had walked far enough they would indicate by stopping and through their body language that they wanted to go back to the service. As such they had choice and control over the activity.

The service supported people to raise their opinions about their care and encouraged relatives to the service to reviews. One person who did not have family to support them did have an advocate who spoke on their behalf, however the advocate was no longer visiting and the manager was in the process of liaising with the local authority to identify another advocate for them.

We observed care staff ensured people were supported to be clean and dressed appropriately to look smart

for the activity they were doing. This helped maintain people's dignity. Care staff closed the person's bedroom or bathroom door when supporting with personal care and were sensitive towards people who liked some time by themselves. One person's care plan stated they liked, "Their own space" and we observed this was respected. Care staff gave them privacy and we saw they checked them frequently to make sure they were safe and still happy to be on their own.

Care records were kept securely in a confidential manner and care notes were written using appropriate and respectful language.

Good

Is the service responsive?

Our findings

People had person centred care plans that contained a detailed background to inform staff about aspects of their life and sometimes their family history. This gave care staff a sense of the person's life prior to them living at the service and a topic of conversation reminding people of past events. Care plans contained information about people's diversity that included their religious and cultural needs and their circle of support, such as their family, friends and professionals who were involved in their life. People's religious support plans were detailed, stating for example if they listened or watched TV faith programmes, and specific places of worship and confirmed if they celebrated cultural and religious festivals.

Care staff told us they found the care plans contained the information they required to work successfully with people. One care worker said, "Informative? Yes. We chip in when changes are made. Care plans do help, say it needs to be reviewed, we liaise with everyone as it can change everything." We saw that there had been six monthly care plans reviews for people using the service or there was a review planned. We saw evidence that some relatives had been invited and had attended reviews to contribute and be involved in this process.

Care plans contained clear guidelines about how people should be supported during moving and handling and their preference during personal care. This included if there should be same gender staff and which products they preferred when washing and showering.

People undertook individual activities that included aromatherapy, walks, relaxing, crafts, listening to different types of music, singing songs, sensory lights and going out to a local café. Care plans contained guidance about how these activities took place. This supported care staff to know how many staff were required to support a particular activity at the service, how to approach people and how to involve them successfully in the activity.

People had end of life care plans that included their end of life wishes. These had been discussed with people's relatives and for instance gave information about people's and their relatives wishes and preferences in regard to the person's funeral.

The staff team had supported people who had deteriorating health and high support needs. They had worked with the palliative care team to ensure their care at the end of their life was of a high standard. The manager told us the care staff were proud that they had supported one person who had been very ill and thought to have been at the end of their life, to recover to good health again with the care and support from the staff team. The person had now been discharged from the palliative care team.

People's relatives said they felt they could complain if they had any concerns about the quality of the service, "Yes, could complain, but don't think I've had to." The provider had a complaints policy and procedure that was displayed for relatives' information. Some people living in the service could complain verbally. They were asked if they were happy and could say if something was troubling them. They were supported to indicate their views using an easy read complaints form. The area manager described when

people could not verbally complain or indicate via the easy read complaints form, the care staff and management team complained on their behalf. Giving an example that they have complained on people's behalf to the landlord on occasions. They asked relatives to complain on their family member behalf as well. The manager described to us how they would acknowledge, investigate and address any complaints. There was good complaints oversight by the provider who if appropriate investigated any complaints made against the service according to their complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

At the time of our visit there was a relatively new manager in post who was in the process of applying to become a registered manager. Staff told us they felt well supported by the manager and the provider.

The manager undertook a monthly health and safety audit. Whist we saw that the audits had identified several concerns including the need for the bathrooms to be updated and refurbished, they had not effectively addressed the inappropriate storage of mobility items and the sharps box. In addition, the short comings of the cleaning programme and the risk of cross infection through poor hygiene control had not been recognised and addressed by the management team. Therefore, the systems of governance in place were not always being used effectively to ensure a good standard of service provision.

The quality assurance systems had also not identified that appropriate records (the controlled drug register) were not being maintained for a medicine that was treated as a controlled drug even though it was not a controlled drug.

These concerns and potential risks to people were promptly addressed when we pointed these out to the management team, but the provider's own systems had not identified these concerns so they could have made the necessary improvements.

The manager undertook audits each month. This included medicines, reviews of records and health and safety checks. These were sent to Certitude's quality assurance team who analysed the data to identify where further action was required to improve the quality of the service provided. The quality assurance team produced an action plan that set time specific actions to address concerns highlighted and compared individual services to maintain a high consistent standard.

Further provider checks took place as the area manager visited the service each week to check a quality service was being maintained. There was a Leadership and Board members service visit each year that had taken place in November 2017. During the visit the board member spoke with people using the premises and viewed the premises.

Certitude circulated a "Quality Matters" publication approximately each quarter to staff working in the Support for Living services. In the November 2017 issue, feedback was published from the customer survey. There was a link to the website so care staff could check what had been said by people about the provider and service they received.

The provider's ethos for people with learning disabilities and mental health was, "Everyone has a right to a good life." This message was on all of Certitude's key documents. The provider undertook many initiatives that promoted the rights of people with learning disabilities and mental health. These included Certitude's, "Treat Me Right!" Project that empowered people with a learning disability to get better health services. The Treat Me Right! team employed people with learning disabilities as health champions and health trainers.

Certitude worked with other organisations to improve the quality of life and the standards for people with learning disabilities; For example, they supported people with learning disabilities and their relatives to attend courses with "Partners in Policy Making - In Control" an organisation which promotes the view that people with learning disabilities should have the right to live the life they choose to live.

The care staff spoke highly of the support given to them by both the management team and the provider finding them responsive and accessible. Their comments included, "They are very approachable, by email if they are not on site. There is always a visible presence of a manager so they can easily address a situation" and, "I can ask [Deputy], [Manager] and colleagues, I get good back up. They are always on call, there are tiers of support."

Care staff confirmed they felt their views were listened to by the manager and the provider. There were daily handovers to each shift to share information and regular team meetings that gave care staff the opportunity to voice their views and share concerns. The provider kept staff informed about new initiatives and projects. The staff newsletter told care staff about national initiatives by other organisations as for instance flagged reports such as "The State of Care" published by the CQC.

Certitude ensured all people and their relatives using their services had varied opportunities to meet with them to share their views and raise concerns and to fully engage and contribute to the development and the future planning for the organisation.

The provider held regular "Listening events" that were arranged as a lunch or an evening meal for people and relatives who used their services to share their views on the service given. Some relatives from the service had attended the event. The events were to ensure relatives could meet and speak directly with senior management staff including the board and leadership team.

The leadership team and board undertook a programme of visiting the individual services in 2017/18 to ensure they were familiar with the provisions, to assess the quality of care being provided at the schemes and to give people and relatives an opportunity to speak with them face to face and to share their views about the service. They had visited the service in November 2017.

The manager showed us that they had a continuous improvement plan for 2018. This had been sub titled, "Reaching for the Stars." The message in the plan was that "We want to help people who live here dream big." The business plan had been developed with the whole staff team so each staff member knew what the aims for the service were and were fully involved. To achieve the aims the manager had identified team objectives with a time scale for achieving the goals set. Dates for reviewing the plan to check progress were set in advance and as such there was a clear commitment from the manager to improve the service for the benefit of the people living there.

The manager had identified the garden as requiring improvement to make it more interesting and attractive for the people living there. They had arranged for 20 volunteers to come and work in the garden as a, "Corporate project" for one day. In addition, a Certitude project called, "Garden Angels" that comprised of people who liked gardening and used Certitude services had been approached to support the care staff to maintain the garden. The manager had also contacted other services to find people to 'befriend' people living at the service. As such, there were good initiatives to using partnership working to improve the lives of people living in the service.

The service also worked in partnership with other voluntary agencies and the local health care services. The provider was working in partnership with the local authority to develop services that could meet the needs

of the local population.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Reg12(1)(2)(a)(d)(e)(h) The provider did not ensure that risks associated with the premises, its cleanliness and storage of equipment were appropriately assessed, monitored and mitigated.