Home Group Limited

Stonham Bradford

Inspection report

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Date of inspection visit: 7 and 8 December 2015
Date of publication: 25/02/2016

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

Overall summary

The inspection took place on the 7 and 8 December 2015 and was announced. Our last inspection of this service was on 23 June 2014. We found they were compliant with the legal requirements reviewed during that inspection.

Stonham Bradford provides support within the home environment and wider community to enable people to live independently in their own homes. At the time of this inspection the service supported eight people with personal care. Most people who used the service were adults who lived with a learning disability, some also lived with dementia. The service also provided assistance to other people to enable them to access the local community, such as supporting them to do their shopping. However, this does not fall under the regulated activity of personal care and regulatory remit of the Commission.

The manager had registered with the Care Quality Commission (CQC) during the week of our inspection. This means that they were the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers,

Summary of findings

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The information kept in relation to people's medicines was not always complete and up to date. This meant the systems for the management of medicines were not always safe.

Potential risks to people's safety and wellbeing had been assessed and plans were in place to ensure they were effectively managed. Our review of records indicated a low level of accidents and incidents which suggested that risk was being effectively managed.

Care records contained detailed information about how to manage risk and were person centred. Minor improvements were needed to ensure the information within them was fully person centred. The manager had already recognised this and was in the process of reviewing and revising all care records. Staff had a good knowledge and understanding of the people they supported. People told us they received personalised care and that staff were responsive to their individual needs.

There were sufficient staff employed to ensure the safe operation of the service and to cover people's visits. At the time of our inspection the service was not able to provide consistent weekend support. However, the manager told people about this before they began to use the service so that an informed decision could be made about whether the service was right for them.

The provider had procedures in place to help protect vulnerable people from the risk of harm. They used creative ways to ensure people who used the service and staff were educated about safeguarding and provided out of hours support so that people who used the service and staff had the ability to raise concerns with a manager at any time.

Staff received effective training, development and support to ensure they had the skills and knowledge to care for people. This included training on people's specific health needs. Our discussions with people and staff showed us this training was translated into effective care to ensure people were kept safe and maintained good health. Staff actively sought opportunities to learn and amend their practices so that the quality of care provided was continually improved.

Where people were supported with meals staff ensured people consumed a varied diet and where possible encouraged people to maintain independence through planning and preparing their own meals and drinks.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and had a good knowledge of the people they supported and their capacity to make decisions.

The feedback we received about the standard of care was consistently good. People told us staff were kind, caring and treated them with dignity and respect. The service actively sought opportunities to help promote people's independence and life skills.

People were involved in planning and reviewing their care to ensure the support they received met their needs and requirements. People told us staff regularly offered them choice and respected their opinions.

The provider had a variety of methods to seek the views of the people who used the service. This included care reviews, feedback questionnaires and a robust complaints procedure. Where people raised issues they were listened to and staff tried to make improvements to the quality of care they received. We saw examples where the service had used the feedback of people who used the service to help improve the quality of care provided. Staff were committed to ensuring the people who used their service had a voice and were listened to.

The provider had comprehensive governance systems and processes in place. We saw evidence some audits helped to identify and address areas where improvements were needed. However, some quality assurance processes needed to be refined to ensure they were consistently robust.

Staff were knowledgeable, confident in their role and responsibilities and demonstrated a strong awareness of how they applied the values of the organisation to their day to day work. Staff achievements were recognised and celebrated which helped to contribute to maintaining good staff morale. This showed us that the overall leadership of the service was effective.

Summary of findings

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take in relation to this at the back of the full version of the report.

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?

Requires improvement

Improvements were needed to ensure the service was always safe.

Information and procedures relating to people's medicines were not always up to date and accurate. This risked that medicines were not always safely managed.

Potential risks to people had been assessed and plans were in place to ensure they were effectively managed.

Sufficient staff were employed to deliver safe and effective care.

People told us they felt safe when staff visited them and no-one raised any safety related concerns. The provider used creative ways to ensure people who used the service and staff were educated about safeguarding procedures.

Is the service effective?

Good

The service was effective.

Staff had the required skills and knowledge to deliver safe and effective care.

The service supported people to maintain good health and to consume an appropriate and varied diet.

Staff demonstrated understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and had a good knowledge of people's capacity to make decisions.

Is the service caring?

Good

The service was caring.

The feedback we received about the standard of care was consistently good. People told us staff were kind, caring and treated them with dignity and respect.

People were involved in planning and reviewing their care to ensure the support they received met their needs and requirements.

The service actively sought opportunities to help promote people's independence and life skills.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care and that staff were responsive to their individual needs. Overall care records were found to be person centred and staff had a good knowledge of the people they supported and how to meet their individual needs.

Summary of findings

The visit rotas were effectively planned so that staff could provide people with responsive care.

An effective complaints process was in place. Where people raised issues they were listened to and staff tried to make improvements to quality of care they received.

Is the service well-led?

Requires improvement

The service was not always well led.

The provider had comprehensive governance systems and processes in place. Some quality assurance processes needed to be refined to ensure they were consistently robust.

The service sought and used the feedback of people who used the service to help improve the quality of care provided.

The overall leadership of the service was effective. Staff actively sought opportunities to learn and amend their practices so that the quality of care provided was continually improved.

Stonham Bradford

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.

We visited the main office on 7 December 2015 and spoke with people who used the service and their relatives on 8 December 2015. The provider was given 48 hours notice of the inspection because we needed to ensure someone would be available at the office.

The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service. This included reviewing the information on the 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.

During our inspection we reviewed three people's care records. We spoke with two people who used the service and the relatives of three people who used the service. We also spoke with the manager, one care coordinator and four support workers. We also reviewed other documentation relating to the running of the service, such as policies, procedures and staff records.

Requires improvement

Is the service safe?

Our findings

Most people who used the service were supported with their medicines by their relatives. We looked at the records of two people who were supported with their medicines by staff from Stonham Bradford. We found the information kept in relation to people's medicines was variable. For example, one person had medicine support plans in place which detailed what each medicine was, the dosage, what it was to be taken for, what the tablets looked like and any potential side effects. However, the other person's medicines support plans were blank which meant staff were not provided with this important information.

People's care timetables were not kept up to date which meant we were unable to get a clear and current picture of when people were being supported with their medicines. For example, one person's June 2015 care review detailed staff now only supported this person with their morning medicines. However, their care records and medicines support plans still suggested they received support with their evening medicines. Their evening medicines were also still listed on their medication administration record (MAR). Although records showed and staff told us they no longer provided support with the evening medicines, this out of date information risked that staff may not provide the correct support.

One person sometimes refused to take their medicines when staff were present. Staff told us about the protocol they followed to record and monitor this behaviour. However, this procedure was not reflected within this person's medicines care plans. Another person was prescribed a medicine to be taken 'as required' for pain relief. The protocol in place did not provide clear guidance about when and how this medicine should be given, such as how staff could establish whether this person was in pain. We reviewed this person's MAR for November 2015 and this medicine had been signed as being given every day. We were unable to find evidence to show staff had consulted this person's GP or the prescriber to check there wasn't an underlying problem which was causing them to take their pain relief so frequently. There were entries in this person's daily notes to state this person had 'refused' to take this medicine. This risked they were being given their 'as required' medicine as a matter of routine, rather than only at the times they actually needed it. We raised this issue with the manager who said they would review and revise this person's care records and speak with staff to ensure appropriate procedures were being followed.

The lack of information about people's current medication and recording of medicines which staff were administering and prompting meant the systems for the management of medicines were not always safe.

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

Potential risks to people's health and wellbeing had been assessed and plans were in place to ensure they were effectively managed. For example, one person sometimes had behaviour that could challenge. Detailed plans and risk assessments were in place which included information such as; what action staff should take to keep them calm, potential triggers and early warning signs that may indicate the person was becoming anxious. We also saw two staff had been allocated to support this person on all calls to help keep them and staff safe. Our review of records showed there was a low level of safety related incidents, such as accidents and safeguarding incidents. This led us to conclude that risk was being effectively managed.

We concluded there were sufficient staff employed to ensure the safe operation of the service. We looked at a sample of rotas for November 2015 and saw evidence staff were typically allocated to support the same people each week. This helped ensure consistency of care which was important for some people who lived with learning disabilities because they could become anxious if their routine changed. There were two people who required the support of two staff members for each call. Staff and both people's relatives told us two staff turned up for each of these visits. People told us staff arrived on time, stayed for the right amount of time and did not appear rushed or under pressure to get to their next visit. This showed us rotas were realistic and effectively planned to ensure staff could provide people with appropriate support.

The manager explained they struggled to recruit staff to provide support during weekends so only provided weekend support on a casual basis. They said this was explained to people before they began to use the service so that if regular weekend support was needed this service may not be the most appropriate option for them. One

Requires improvement

Is the service safe?

relative told us this was their "only criticism" of the service. However, they said the manager had been "open and honest" about this issue and did try their best to provide extra weekend support wherever they could. The manager explained they were in the process of recruiting an additional support worker so expected to have additional capacity to provide weekend support where people needed it in the future.

Unexpected absences, such as staff sickness, were usually covered by the care coordinators or manager. The manager said they were authorised to use agency staff where they needed to, however, they tried to avoid this wherever possible because most people who used the service needed to be supported by familiar staff. Records showed one occasion in October 2015 where staff had been unable to cover some people's visits. We spoke with the manager about this and they explained it was "unusual circumstances" whereby a staff member called in sick, a staff member was on bereavement leave and the manager and one care coordinator were on holiday at the same time. The care coordinator who was working could only cover one staff member's visits. They said each person was contacted and the visits were prioritised based on where people did not have any relatives who were available to provide the required support. The people we spoke with told us this appeared to be a "one off" and although they felt inconvenienced at the time, they were grateful the service had contacted them beforehand to give them time to make alternative arrangements. The manager recognised this was not an acceptable situation and said this should not happen again because they would not take holiday at the same time as the care coordinators. However, they had on this one occasion because their holiday had been approved prior to them taking over the management of this service.

Safe recruitment procedures were in place. Candidates were required to submit their curriculum vitae and attend an interview. The manager explained that where ever possible people who used the service were involved in the recruitment of staff, usually by sitting on the interview panel and helping to prepare interview questions. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Baring Service (DBS) check, identity checks and references were undertaken. The records we saw and staff we spoke with confirmed these checks had taken place before they started work.

Staff were aware of the protocols to follow in response to medical emergencies or changes to people's health and well-being. Staff also explained there was always a manager available on call 24 hours a day, 7 days a week. They told us whenever they had contacted the on call number they had always received prompt and effective support and guidance. This service was also available to people who used the service, who told us they liked being able to speak to someone who could help them in the event of an emergency or if they had a problem outside of office hours. The provider also operated a support system for staff where they logged into and out of all visits using their mobile phone. This included the function to make an immediate call to emergency services if they felt at risk. Staff told us they felt more secure with this in place, particularly when they worked out of hours or alone. This showed us the provider was committed to helping to protect the safety and wellbeing of people who used the service and their employees.

People told us they felt safe when staff visited them and no-one raised any safety related concerns with us. Staff spoke confidently about how they would identify and respond to safeguarding concerns and were clear about their role and responsibilities to help protect people and keep them safe. We spoke with a member of support staff who was also the safeguarding champion. When speaking about this role they were confident and passionate about their responsibilities for promoting learning opportunities and educating people about safeguarding. They explained the various creative methods the provider had introduced to help advertise the safeguarding procedures and cascade learning. For example, as well as staff being trained in protecting vulnerable people, the safeguarding champion explained that they ran regular safeguarding bingo events. They said this was a fun and interactive way of educating people who used the service and staff about how to identify and respond to different scenarios of abuse. This led us to conclude the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

Good

Is the service effective?

Our findings

People told us that the staff who supported them were competent and well trained. One relative described how all of the staff they had encountered were "knowledgeable and confident."

We spoke with a two new members of staff who told us they had attended a week long induction programme which included training in key areas such as safeguarding, moving and handling and medication. After this they then had two weeks of shadowing with experienced support workers before they were expected to work on their own. They told us the induction was good and prepared them well for their role.

We also saw evidence staff received ongoing training and development which was tailored to the specific needs of people who used the service. Staff told us their training and development needs were discussed during their supervision meetings and we saw they were used to address any shortfalls in staff's competence. The manager also maintained a log of all training and was in the process of sourcing new training programmes on first aid and dementia awareness as they recognised this was an area where staff needed more formalised training. Staff we spoke with demonstrated an in depth knowledge of the subjects we asked them which indicated the training they received was effective.

We saw evidence the service was supporting people to maintain good health. Health action plans were in place for most people and these were reviewed annually. A health action plan is used to support people with learning disabilities to check and maintain their general health. We saw people had access to a range of health professionals such as opticians, psychiatrists, podiatrists, general practitioners and district nurses. Support staff had also received additional training in specialist areas so that they could effectively meet people's specific health needs. This included training in pressure care, epilepsy awareness and diabetes

Effective systems were in place to ensure people received appropriate support to help them to eat and drink. Where people were supported with meals we saw this was included as an individual goal, which meant staff recorded the support they provided on each visit. The manager explained this enabled them to monitor people received an appropriate diet. They gave us examples where they had challenged staff for not recording sufficient information within the notes or for not providing people with variation in the meals they made. Staff had a good knowledge of people's dietary preferences and the level of support people required. They said they sought opportunities to encourage people to retain their independence over this aspect of their life where ever possible, such as setting their own table and helping to buy, prepare and cook the food they ate. There was also information within people's care records which indicated any particular dietary needs, preferences and likes or dislikes. People told us staff provided them with plenty of different choices when it came to planning and making their meals and they enjoyed the food they made them. This showed us people's individual dietary needs and preferences were being planned for and met.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. The staff we spoke with had received training in the principals of the MCA and had a good understanding of how this could impact upon their role in caring for people who may lack capacity. We found the service was working within the principles of the MCA.

Care records were signed by people or their relatives demonstrating they had given consent to care and support. Support staff also had a detailed understanding of how they sought people's consent and used this to ensure the care and support they provided was in line with what people wanted. This included interpreting the facial expressions and body language of people who were unable to communicate through speaking.

Good

Is the service caring?

Our findings

The feedback we received about the quality of care provided was consistently good. People told us staff treated them with kindness and respect. One person who used the service told us; "I like the staff. They are kind to me. They take me shopping. I like them." Another person who used the service told us; "I tell them what I want and they listen to me. I have no problems and no complaints." One relative told us; "The care really is excellent. Staff genuinely care about people and work hard to deliver a first class service." Another relative told us; "The standard of care is excellent. I like that we get the same regular staff who really know and understand [my relative]. I can tell [my relative] likes them because they smile when staff arrive."

People who used the service and their relatives described how when they first began to use the service staff consulted them to get information about what they liked and disliked and this information was then used to develop care plans. People said they were "regularly" involved in reviews of their care so felt they were given sufficient opportunities to make any changes to how their care was delivered. One person who used the service told us if they ever wanted anything they just had to "pick up the phone" and staff would help them. Another relative told us; "Staff and management are very approachable and make you feel valued and listened to."

Our review of care records showed people had been consulted in planning their care. There was an 'All about me' plan which provided an overview of the individual, such as what they liked and disliked and the people and things that were important to them and their health and social history. For example, from reading this plan for one person it quickly outlined that they disliked porridge and scrambled eggs but really enjoyed going out for meals and gardening. The information provided within care records was complimented by staff's knowledge and understanding of the people they supported. It was clear from our discussions with staff that they knew people well and applied this understanding to deliver person centred care and support.

Individual care and support goals were outlined within people's care records. These were person centred and focused upon helping people to maintain their independence. Each goal had been developed in consultation with each person and/or their family and were reviewed as part of the six monthly care reviews. On each visit staff recorded how they had helped the person to achieve each goal. This meant we were able to evidence that staff had supported people to achieve their goals. Some of the individualised goals we saw staff supported people to achieve included; keeping my house clean and tidy, eating a healthier diet, taking my medicines, having a shower every day, doing my weekly shopping and preparing and eating my own meals.

Where it was possible we saw the actively service sought opportunities for people to take individual responsibilities to help promote their independence and life skills. For example, one person was in charge of arranging all aspects of the monthly bowling trip which most people who used the service attended. With support from staff this person managed every aspect of this project from booking the bowling lanes to arranging transport for people.

People were involved in making decisions about the care and support they received. We saw that people were invited to formal reviews of their care at least every six months, or more frequently if there was a change in their needs. Our review of records and conversations with people also showed us that staff empowered people to make decisions about the support they received, such as how they wanted to spend their time, places they wanted to visit or meals they wanted to make.

Where people were unable to communicate their needs through speaking we saw there were detailed communication plans within people's care records. This helped staff to ensure people could express themselves and make decisions about the support they received.

People told us staff respected their choices and treated them with dignity and respect. They also provided examples of how staff ensured they protected people's dignity and privacy. Such as ensuring doors and curtains were closed before providing support with personal care. Through our conversations with staff they demonstrated an awareness and respect for people's culture, background and personal property. Processes were in place to enable the provider to monitor staff practices to ensure they supported people in an appropriate and respectful manner, such as spot checks, service user feedback and staff supervisions. A staff member also had the lead role for

Good

Is the service caring?

Equality and Diversity. They took responsibility for championing and sharing best practice on equality and diversity to raise awareness and promote learning amongst staff and people who used the service.

Good

Is the service responsive?

Our findings

People told us they received personalised care. They said the service responded to any requests they had, for example, if visit times needed to be changed or they needed to increase or decrease the level of care and support required. We also saw that the service delivered care and support which met people's individual needs and preferences. For example, staff told us one person who used the service did not like to get up early. We saw that where possible this was accommodated in the planning of the rota, so that they were usually scheduled as the last visit.

The nature of the support people received was often different each day. For example, some people had additional hours allocated to support them to access monthly community events or additional hours one day a week so that staff could support them to do their shopping. This meant the time of people's support sometimes varied from week to week. Whilst staff were able to tell us precisely what support people received, we found people's timetables of care were not always kept up to date. This meant it could be difficult to establish an accurate picture of people's current support needs. We spoke with the manager about this and they recognised this was an issue which needed addressing, they had already started plans to transfer the paper based care timetable into an electronic format so that they could be kept up to date more easily.

We found care records contained person centred information about what people liked and disliked. Staff also had good knowledge about the people they supported. The manager recognised that care records could be further improved to ensure they contained even more information and detail about people's specific care needs. They had plans in place to review and revise all care records and said they would be involving support staff in this process to ensure that all of their detailed knowledge was translated into care records.

Daily records of care were in place which provided evidence staff were meeting people's individual needs. Staff told us the rotas were planned effectively and, unless they had to deal with an emergency situation, enabled them to arrive on time and stay for the agreed time. We saw that travel time was allocated on the rotas to ensure staff could get between different visits. One staff member described how they had struggled to get to a particular visit due to roadworks on the bus route. They said this was fed back to the office and the following week the rota was amended to provide additional travel time to ensure they could make that visit on time.

People we spoke with said staff were punctual and provided them with the required support. One family member described the importance of their relative being provided with consistent visit times because they became anxious if there were any changes to their "rigid" daily routine. They said staff were "98% punctual" and if they were late this was usually due to something out of their control such as bad weather or a car breakdown. They said; "It runs like clockwork. Staff have got everything down to a fine art and know exactly what needs to be done and what [my relative] likes and needs. We are more than happy." People told us if staff were running late they would call them to let them know. However, people told us this was rare and usually only occurred in particularly bad weather or if there was a problem on the roads. They also said the office staff were proactive in contacting them to explain if there was a problem and always tried their best to ensure the rota was not affected.

People told us they received information about how they could raise a complaint in their welcome pack when they began to use the service. The complaints process was also available in an easy read format so that people who lived with a learning disability were able to access if required. Only one formal complaint had been received in 2015 and this had been appropriately investigated and responded to by the manager and provider. None of the people we spoke with told us they had raised a formal complaint with the service, however, people described how whenever they had raised any issues that staff listened to them and tried to put things right. For example, one person described how their relative had a "personality clash" with a member of staff who was assigned to support them. They said they telephoned the office and staff rearranged the rotas so that this staff member did not support their relative again. This showed us that where people raised issues or concerns they were listened to and staff tried to make improvements to the quality of care they received.

Requires improvement

Is the service well-led?

Our findings

The provider had comprehensive governance systems and processes in place. Many of the audits were effective in identifying and addressing issues to help improve the quality of the care provided. For example, the medicines audit from April 2015 had identified a staff error when administering one person their medicines. As a result systems were reviewed and revised to reduce the likelihood of a re-occurrence. The staff we spoke with were aware that the error had occurred and could tell us about how procedures had been revised to ensure the same incident did not happen again. This showed us the provider used service failures as an opportunity for learning and reflective practice.

However, we found some areas where the quality assurance systems needed to be refined to ensure they were consistently robust. The system for assessing staff's competency needed refinement as the audits completed did not contain sufficient detail. For example, it was not clear which people they had observed staff supporting or what support had been provided.

We saw examples where the manager's audit of care records had identified and addressed some areas where improvements were needed. However, we found the records in place in relation to the medicines people took were not consistently detailed and up to date. This had not been identified and addressed through the audits of care records. We discussed this with the manager who explained that the provider had developed a new medicines audit tool which was due to be introduced by the end of December 2015 and would include a more comprehensive review of medicines records. However, as this had not been introduced at the time of our inspection we were unable to assess it's effectiveness.

The provider had a variety of methods to seek the views of the people who used the service and their relatives. This included regular care reviews and feedback questionnaires. The provider also conducted a feedback questionnaire when people decided to stop using the service. The manager explained this provided them with information about any potential areas for improvement and enabled them to identify and act upon any trends or patterns of why people may be moving to different care providers. We saw numerous examples where the service had used the feedback of people who used the service to help improve the quality of care provided. For example, one person who used the service was new to the Bradford area and had struggled to access local community services because they did not know the area. Based on the feedback they provided, staff had started to develop a local directory which provided this information in one place in an easy read format. The manager explained that once this had been fully completed and launched, if people said it was useful the provider would seek to roll this out across all of their locations. Examples such as this showed us staff were committed to ensuring the people who used their service had a voice and were listened to.

During our inspection we found the manager to be enthusiastic, honest and realistic. They recognised some improvements were required but our discussions with them demonstrated they were committed to addressing these issues and ensuring people received quality care. Staff and the people we spoke with provided positive feedback about the manager and felt they were approachable and committed to getting things right. All of the staff we spoke with were knowledgeable, confident in their role and responsibilities and demonstrated a strong awareness of how they applied the values of the organisation to their day to day work. This showed us that the overall leadership of the service was effective.

We saw that staff actively sought opportunities to learn and amend their practices so that the quality of care provided was continually improved. For example, the manager described how they had recently supported someone with cancer at the end of their life. They recognised that this was something new for their staff, so accessed support from staff at another of the provider's services who had also recently experienced a similar situation. They shared knowledge and best practice and supported staff to access the support of the local Macmillan nurses. The morale of staff who worked at the service appeared to be high and it was clear that success and achievements were recognised and celebrated. For example, at the monthly team meetings two awards were given to staff who had put the organisation's values into practice, one voted for by their peers and one awarded by the manager. This had been introduced because staff had fed back to the manager that they did not always get to see the hard work and examples of staff going 'above and beyond' so this provided an opportunity to ensure these were recognised and celebrated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were not always managed in a safe and proper way. Regulation 12(1)(2)(g).