

Tameside Link

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced comprehensive inspection which took place on 6 and 7 February 2017. We last inspected Tameside Link on the 29 September and 10 October 2016. At that time the service was rated 'Inadequate' and placed in 'Special measures'. Services placed in special measures are inspected again within six months, providing a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action. During this inspection we reviewed what progress had been made since our last inspection. We found the provider had made improvements to the service and had addressed most of the breaches in regulation. Plans were in place to address remaining areas of improvement. Therefore it was agreed that the service would come out of 'Special Measures'.

Tameside Link provides support to people with learning disabilities in and around Ashton-under-Lyne. The people live in their own houses or in flats. Some people have care workers supporting them throughout the day and night time. Other people receive visits once or more often each day. Tameside Link supports people according to each person's individual needs. At the time of the inspection the service was supporting 13 people.

The service had a registered manager however they were no longer in day to day responsibility. A new manager had been appointed and was in the process of completing their application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified a continued breach in regulation with regards to capacity and consent. Systems in place did not ensure the principles of the Mental Capacity Act 2005 were understood and followed ensuring people's rights were protected. Staff did however seek people's consent when offering support. You can see what action we have told the provider to take at the back of the full version of the report.

Suitable arrangements were in place with regards to people's prescribed medicines. We have made a recommendation with regards to the arrangements for 'over the counter medicines' and that people's consent is sought in relation to how they wished their medicines were managed.

Some checks were now being completed to monitor and review the service provided. Thorough oversight of the service and effective communication between all stakeholders will help to ensure that robust systems are in place to sustain the improvements made so that people who use the service are protected.

Opportunities for staff training and development had been planned for so that they had the knowledge and skills needed to safely meet people's needs. Staff we spoke with said they felt supported in their role and opportunities to improve their knowledge and skills were being provided.

Checks were being completed on newly appointed staff. The manager was aware all checks were required prior to staff commencing work ensuring their suitability for the position so that people were kept safe. Sufficient numbers of staff were available to meet the needs of people.

We received lots of positive comments from people and their relatives about their experiences and the care and support provided. Staff were described as being friendly, caring and respectful towards people and their relatives.

Systems were in place to ensure staff understood their responsibilities in protecting people from abuse. Staff spoken with demonstrated their understanding of the procedures and confirmed they were to attend the planned training.

Care plans were person-centred and contained good information about the current needs, wishes and preferences of people. Where risks had been identified, additional plans had been put in place so that staff could quickly respond to people's changing needs.

Some people were supported to shop and offered support in meal planning so that their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Social and recreational opportunities were provided to enable people to maintain their independence and encourage their involvement. Recent changes in staff shift patterns had been made to provide more flexibility in support.

Relevant checks were made to people's homes to help keep them and staff safe in the event of an emergency arising.

The manager had a system in place for reporting and responding to any complaints brought to their attention. People and their relatives told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Improvements had been made to the management and administration of people's prescribed medicines. However arrangements for 'over the counter medicines' needed to be improved and people's consent should be sought in relation to how they wished their medicines were managed.

Checks were being completed for newly appointed staff. The manager was aware all checks were required prior to staff commencing work ensuring their suitability for the position so that people were kept safe. Sufficient numbers of staff were available to meet people's needs.

Staff spoken with were aware of their responsibilities in protecting people from abuse. Policies and procedures had been reviewed and updated and further training was being provided for all members of the team. Potential risks to people's health and well-being had been assessed and planned for so that they were protected from potential harm or injury.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records did not reflect that consent to care and support had been sought from the relevant person. Whilst staff were seen to seek people's agreement when planning their support, staff spoken with did not have a good understanding of the Mental Capacity Act 2005 (MCA). We saw that information had been provided to help guide staff and further training was planned to enhance their knowledge.

Opportunities for staff training and development had been planned to update their knowledge and skills. Through our discussion with the manager it was acknowledged that systems to support staff needed formalising to help promote good working practice and improve morale. Staff we spoke with said they felt supported in their role.

Suitable arrangements were in place to help ensure people's

Requires Improvement ●

health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the care and support offered by staff. We were told staff were kind and friendly towards them. Interactions were seen to be warm and good humoured.

Those staff we spoke with demonstrated they knew the people they supported well. Staff told us how they promoted people's independence and offered privacy and dignity when providing care.

People's records were stored securely so that confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records provided good information about their individual needs, wishes and preferences. They provided staff with the information they needed to support people appropriately.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. People we spoke with were confident any issues brought to the manager's attention would be dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager in day to day control of the service. A new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC).

Feedback received from people who used the service, their relatives and staff was positive about the impact the new manager was making to improve standards across the service.

A number of monitoring systems were being introduced to monitor and review the service provided. People, their relatives and staff were being encouraged to share their views and ideas. This will help to promote continuous improvements.

Tameside Link

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.

Prior to the inspection we contacted the Local Authority Commissioning and Safeguarding Teams and Healthwatch to seek their views about the service. No concerns were raised with us. We also considered information we held about the service, such as notifications received from the provider and any information received from members of the public or health care professionals.

We normally ask a provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was not requested at the time of this inspection as the provider had submitted a PIR within the last 12 months as required by CQC.

This inspection took place on the 6 and 7 February 2017 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of an adult social care inspector.

As part of the inspection we spoke with five people who used the service, three relatives, five support staff and the manager.

We looked at the care files for three people, one staff recruitment file, four staff training records and the medication administration records (MARs) for three people as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people and their relatives if they felt the staff delivered safe and effective care and support. People told us; "I'm happy here, staff help me when I need it", "I know they are always there if I need them" and "They [staff] look out for me."

The relatives of three people felt their family members were safe and received the care and support they needed. Their comments included; "Yes they are safe, I've always felt that", "It's by far the best" and "[relative's name] is supported safely by staff who know what needs to be done."

At our last inspection we found the system for the management and administration of people's medicines was not safe. We identified that arrangements needed improving with regards to the management of 'over the counter' and 'when required' medicines. Improvements were also needed in relation to staff training and competency to check their practice was safe as well as checks to ensure people had their medicines as prescribed.

During this inspection we asked the manager and staff what improvements had been made to ensure people received their medicines safely. We were told and saw information to show that all staff had undertaken medication and competency training since the last inspection.

We found the management and administration of people's medicines had been reviewed. New medicine administration records (MARs) had been introduced. These clearly identified the person and their prescribed medicines; a photograph of the person was also included. PRN protocols (when required medicines) had also been drawn up detailing the medicine prescribed and when this would be administered to people. These items were also clearly detailed on the MAR sheets so that any 'when required' medicines administered could be signed for by staff. Staff spoken with said the recording system was much improved and provided clear information for staff when administering people's medicines. Regular checks were now completed to make sure people had received their prescribed medicines and also any issues identified could be quickly followed up.

At this inspection we found that 'over the counter medicines' were still available to people. For example one person had purchased a pain relief cream, another person had paracetamol and a third person had some lemsip. There was also no clear and accurate record of the items held, if they had been administered and the reason why. Without this information medicines may not be administered at safe intervals.

We found that all medicines were held by staff and not the individual themselves. There was no information on files to show that people had consented to this or if they wished to self-medicate. Whilst some people needed assistance with the administration of their medicines, others with support and encouragement may be able to manage independently. It is recommended the provider refers to NICE guidance on managing medicines for people receiving social care in the community so that people are supported to manage their medicines safely.

At our last inspection we identified that individual risk assessments of people's health and well-being had not been completed by the service. Information provided by the local authority had been relied upon and did not clearly guide staff on how to mitigate risks to people, particularly where they had been diagnosed with specific conditions such as epilepsy.

During this inspection we looked at how potential risks to people's health and well-being were planned for. The implementation of the new support plans provided good information about how staff were to support people in meeting their individual needs. Areas of identified risk had been assessed and management plans had been put in place to help minimise risk whilst enabling people to maintain their independence. Where people needed additional support, specific information and guidance had been sought from health care specialists; for example the specialist epilepsy nurse or speech and language therapist (SALT). Staff spoken with said they had good support from specialists, which had helped them develop their knowledge and skills.

We looked at how the agency protected people from the risk of abuse. At our previous inspection we raised concerns about poor records, medication practice and the lack of training for staff in specific areas of care. The manager told us that these matters had been addressed and any action required had been undertaken. We contacted the local authority safeguarding team as part of this inspection. We were not made aware of any issues of concern

During this inspection we saw policies and procedures were in place about safeguarding adults. Staff we spoke with said they had previously had training in safeguarding however this had not been for some time. The manager told us that a package of training had been developed with a local training provider. This explored the policies and procedures for the service and the local authority. Information showed and staff confirmed that dates for further training had been planned. Staff we spoke with were able to tell us what they understood of the procedure and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected. Staff were also familiar with whistle blowing procedures (the reporting of unsafe and/or poor practice) and knew they could contact external agencies if they felt their concerns were not taken seriously. Staff told us they would have no hesitation in raising any issues with the manager. Staff commented, "[The manager] takes immediate action and responds to needs."

Other policies and procedures were in place to promote the safety and protection of people. These included information about the recruitment and selection process, disciplinary, harassment and bullying at work, managing behaviour that challenges and confidentiality.

We were told that some staff had access to keys to people's properties. We discussed with the manager what arrangements were in place to ensure these were not misused. The manager was aware that no formal system had been in place and was implementing a recording system so that the distribution and return of keys could be monitored. This helps to ensure people's property and belongings are protected.

The manager and staff also told us that a more detailed recording system had been introduced where people were supported with their finances. We saw a record was completed of all transactions and receipts were kept. These were audited on a monthly basis to ensure balances corresponded with the records. This demonstrates that safeguards were in place to protect people's finances.

We were told that no new staff had commenced employment since our last inspection in September 2016. The manager told us that recent interviews had been held and an appointment had been made. We saw a completed application form and record of interview along with a scoring sheet to support the decision to

appoint. The manager said that written references were being sought and a Disclosure and Barring Service Check (DBS) was also being carried out. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The manager was aware these checks were required prior to new staff commencing employment.

We looked at what staffing arrangements were in place to support people. People continued to be supported by a small group of staff who were familiar with their individual needs and wishes. This was reflected on the staff rotas we looked at and demonstrated people received consistent support from sufficient numbers of staff. Two relatives told us that their family members were supported by a "consistent staff team." One relative said their family member had been supported by the same staff member since joining the service over 10 years ago.

People supported by Tameside Link live in their own homes and are responsible for maintaining their own tenancies with the support from staff, where necessary. Staff told us they would liaise with landlords/housing associations when issues arose so that properties were kept in a good state of repair.

During this inspection we visited someone living alone, a shared house and a small group of flats where all tenants were supported by the service. We saw that a new health and safety file had been introduced at each of the services. The safety file contained information on floor plans, record of fire drills, safety certificates such as gas, weekly risk assessments and monthly health and safety checks including fire safety. Other checks were carried out with regards to ensuring smoke and carbon monoxide detectors were in place. We saw that personal emergency evacuation plans (PEEPs) were also being drawn up for each person. This information will help to assist the emergency services in the event of an emergency arising.

Is the service effective?

Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection we found that some people were under constant supervision due to the level of support they required. The principles of the MCA had not been considered and staff had little understanding about how they applied it to practice.

During this inspection we again checked to see if the registered provider was working within the principles of the MCA. We saw that the relatives of one person had signed the care plan and consent form for them. We asked if the person was unable to consent to their care and support. We were told the person had capacity to advocate for themselves and was therefore able to agree how they wished to be supported by staff. Consent must only be sought from the individual themselves, where they have the mental capacity to make decisions or by someone who has lawful authorisation to do so on their behalf. The records for two other people included a 'scoping tool' which provided a judgement tool to help determine if unlawful restrictions were in place and whether an application needed to be made to the Court of Protection. The tool asked if people had capacity to consent to their care and support. Records showed that people had been determined as lacking capacity however there was no mental capacity assessment to show how this had been determined. This did not demonstrate the principles of the Act were understood and followed so that people's rights were protected. This is a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told the service would liaise with relevant health and social care professionals so that any decision which needed to be made in the person's 'best interest' could be made and a record of this would be documented in the person's records. The manager gave us an example and records showed where a best interest meeting had been held for one person due to a decision needed about a medical procedure. This had involved the person, their family, staff and relevant health professionals.

We saw that training in MCA had been scheduled for all staff in March 2017. The manager was also to attend training with the local authority the day following the inspection. Whilst staff spoken with did not fully understand the principles of the Act, they were able to provide good examples of seeking people's consent when carrying out support. This training is important and should help staff understand that where a person lacks the mental capacity they will need special protection to make sure their rights are safeguarded.

During the last inspection we found that opportunities for staff induction, training and supervision needed improving so that staff had the knowledge, skills and support needed to effectively meet the needs of people.

As no new staff had been employed since the last inspection, inductions had not been undertaken. The manager said they were aware of the Care Certificate, which was to be implemented across the service. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care work, in carrying out their role and responsibilities effectively.

We asked the manager and staff if supervisions and team meetings were held enabling them to discuss their work.

The manager told us that a programme of supervision had been introduced. The manager took responsibility for supervising team leaders, who in turn met with staff. Records reviewed and staff spoken with confirmed what we had been told. Team meetings had also been held with staff, providing further opportunity to share information and enable staff to discuss their work. One staff member we spoke with commented, "There's loads of support for staff now."

We reviewed the training opportunities offered to staff. The manager had developed a training plan which identified areas of training that needed updating, including areas specific to the needs of people. We saw information to show, and staff confirmed that recent training had been completed in medication, first aid including choking and dysphagia (difficulty in swallowing). Additional training had been planned for February and March in safeguarding, MCA, health and safety, food hygiene, positive behaviour support and fire safety; with further training to be sourced in epilepsy, autism and mental health. It was anticipated the programme of training would be completed by all staff within a six month period. Staff spoken with were aware of the training plans in place and acknowledged that up to date training was needed. Staff commented; "The support is brilliant", "Learning a lot", "There's loads of training" and "Staff are now getting the back up and training needed."

We looked at how people were supported to meet their nutritional needs, where this was part of their support plan. We saw some people required support with shopping and food preparation. One person told us staff helped them to plan their meals and made sure they cooked them properly. A review of training records showed that food hygiene training was planned and where risks had been identified staff had undertaken training in dysphagia. This helped staff understand how to keep people safe.

We saw that a 'hospital passport' document had been implemented. This provides hospital staff with important information about the persons support needs, health care needs, medication and people they may need to contact. We were also provided with examples where staff had worked in partnership with other professionals to ensure people's physical and health care needs were effectively met. A review of people's records showed that people were registered with a GP and had access to physiotherapists, epilepsy nurses, SALTS and cardiac and eye specialists. Information about all appointments were now recorded on the 'health appointment sheets' detailing the health professional visited, reason why and outcome. This information helps ensure people are kept safe and supported appropriately.

In the supported living projects we visited we saw that aids and adaptations had been provided to help maintain people's safety as well as promote their independence. We were shown the bathroom at one property which had items to assist with toileting and bathing. This enabled people to maintain some independence and be supported in a safe way.

Is the service caring?

Our findings

As part of the inspection we sought feedback from people and their relatives about the support provided by Tameside Link. All the people we spoke with were happy with the support offered and the kindness shown by staff that supported them. People told us, "I like the staff, they help me", "They've helped me get a job" and "I can do what I want really."

People's relatives thought staff were kind and caring, describing staff as, "Well intentioned" and provide "Good care." Other comments included, "Fabulous team", "Massive respect for the staff", "The support is really good", "The team is caring and understanding" and "Lovely people."

During our last inspection we identified that people who used the service were not always treated with dignity and respect and information about them was not kept confidential. For example; staff spoke with us about a person in front of them without including them in the conversation or were having loud conversations which could be heard by others. During this inspection we spent time visiting people and staff. We did not witness a reoccurrence of this behaviour and saw staff engage with people in a polite and respectful manner. We were told and saw information to show that issues around confidentiality and information sharing had been discussed at the recent staff meetings, reinforcing what was expected of staff.

At our last inspection one person shared with us details of a family bereavement however there were no plans in place to support the person when they felt upset. During this inspection we were told that counselling sessions had been arranged and were to commence the week of the inspection. Staff had also helped the person to create a memorial in the garden where they could spend time remembering their relative.

People who used the service and staff had worked together for many years and were seen to enjoy a good rapport with each other. Interaction between people and staff was polite, friendly and good humoured. Staff spoken with were able to demonstrate their knowledge of people and tell us what was important to them, their likes and dislikes and the support they required.

The service employed a mix of male and female support staff. Where possible this enabled them to provide same gender support if people preferred, taking into consideration people's individual preferences.

We saw information about people who used the service was treated confidentially. Care records were kept securely and yet were easily accessible to all staff. A staff handover also took place at each shift change so everyone was made aware of any changes in care and support that people needed.

Is the service responsive?

Our findings

At our previous inspections it was noted that up to date, detailed and person-centred care plans had not been implemented to reflect people's current needs, wishes and preferences. We also found that people and their relatives (where appropriate) were not involved in care plan reviews or given choices about how they would like their care to be delivered. There was also a lack of information to guide staff in supporting people with complex needs, such as epilepsy and autism to help ensure they were supported in a way which kept them safe.

During this inspection we looked at how people were involved and consulted with about their care and support. The manager said they had been visiting people, speaking with staff and families to gather all relevant information about the needs and wishes of people. People's relatives we spoke with confirmed they had been involved in recent reviews and had been able to share their views about the care and support their family member needed. Two relatives of one person told us they had been actively involved and had provided information to the team about their relative, their experiences, their support needs as well as information about their like, dislikes and preferences. Another relative said they had spoken with the manager about their relative and were aware of the new care plan that was being drawn up.

During this inspection we reviewed the information for three people with varying needs. We found the new care documentation was comprehensive and explored all activities of daily living. Information detailed the level of support required and how this was to be delivered. Where areas of risk were identified this was supported by a risk assessment to help minimise concerns. An 'All about me' booklet was also completed. This provided a good overview of people's like, dislikes, routines and preferences. Information was written in a sensitive manner and clearly directed staff in the support needed to meet people's individual needs. Clear and detailed information helps to promote and encourage people to maintain their independence in a safe and supportive way. One staff member told us, "[The manager] has worked really hard to improve them [care plans]." The manager anticipated new care records would be in place for all people who used the service by the end of February 2017.

At our last inspection we found there was no formalised system in place to inform staff about the changing needs of people. During this inspection we were told that team leaders had delegated responsibility for managing and supporting a group of staff ensuring they were aware of any changes in people's support. The manager said that in addition to this, formal handovers were now completed particularly where staff provided 24 hours support for people. There was also a communication diary so that information could easily be passed on to members of the team. Staff spoken with told us, "Communication is better" and "We are working more as a team."

At our last inspection we found that whilst some people were protected from social isolation by having activities planned for them during the week and weekends, other people had less structure. Records to show how people spent their time were also inaccurate and out of date.

During this inspection we were told that a review of staff rotas had been undertaken. It was identified that in

some areas of the service where people required 24 hour support from staff, the shift pattern did not provide flexibility in support. It had been agreed that shifts would start earlier in the day allowing more time for people to take part in activities, particularly away from home. This was confirmed by three staff we spoke with.

People we spoke with told us about how they spent their time. One person was going out to the gym, another person said they had a voluntary job which they liked as it "kept them busy" and a third person said sometimes they were too busy and at times would "like to just stay at home". Two of the people were also looking forward to a planned holiday. It was recognised by staff that further opportunities could be provided for some people. Staff said this was being explored with people and that the changes in shift patterns would also help to facilitate this.

From our observations and discussions with people we found staff supported people to develop their independent living skills. People were encouraged to follow a lifestyle of their choosing and were helped to find opportunities available to them in the local and wider community. This included voluntary work at a church café and charity shop, attending drop in centres, visiting the cinema, local gym and local shops and cafes. People also took part in other activities whilst at home; these included the use of a computer, watching DVD's, listening to music and crafts.

People were also supported to maintain their own tenancies, carrying out budgeting, household tasks and shopping. We visited three people living in their own flats. Two people told us staff helped them when visiting the bank and shopping. They also said they did their own housework but staff helped them when they needed it.

At our last inspection we were concerned that where people lived with others either together in their home or in flats in one block, staff wrote daily information about people in the one diary. This meant it was difficult to extract information about each individual person to review their care. During this inspection we saw that individual communication books had been put in place. This meant people's information was kept separate and helped to monitor the individual needs of people as well as ensure confidentiality was maintained.

We looked at how the home responded to people's complaints and concerns. The service had a complaints procedure, which outlined the process and timescales for response. We were told the service had not received any complaints or concerns since the last inspection. The manager told us and information showed that a system for recording, responding and monitoring complaints and concerns had been put in place.

People and their relatives said they felt able to speak with staff if they had any concerns or were worried about something. All were confident the manager would listen and act on what they said. People's relative's told us, "Very approachable, things would not go on without being addressed now", "Would have no hesitation in speaking with [manager] and "Feel they listen and respond to issues." One staff member said that previously "Nothing was done when issues were raised." However added, "Systems are far more structured and supportive."

Is the service well-led?

Our findings

The service had a registered manager however they were no longer in day to day responsibility. A new manager had taken over in November 2016 and was in the process of completing their application to register with the Care Quality Commission (CQC).

At the inspection in September and October 2016 we found that significant improvements were needed across the service to ensure people received a good standard of care and support. At that time we rated the service inadequate and placed them in 'special measures'. During this inspection we found that improvements had been made to improve the quality of service for both people who used the service and the staff team.

All the people we spoke with, who used the service, said they knew there was a new manager and had met her. Staff we spoke with said they were aware of the changes taking place across the service and were fully supportive of the manager. They told us they too had recognised the service did not have adequate systems and processes in place and that the new documentation and recent training opportunities had helped to provide them with clearer direction and support. Staff commented; "There's a lot to be done but we are working through it", "I feel a lot happier than I did a few months ago", [the manager] knows what needs to be done", "Changes are for the benefit of the service" and "We're getting back on track."

The relatives of three people we spoke with also felt the management change had been a positive one. They told us; "It wasn't working well but now it's much improved", "[the manager] appears to be very proactive and responsive", "They deserve to be doing well" and "The staff appear more confident with the extra training and support they are receiving." One relative told us they had been involved with the service for many years and the provider had also been "Very helpful and supportive" to them and their relative. Adding, "I don't think they could do more."

During our last inspection we identified that notification of events involving people who use the service, which by law should be reported to CQC had not been forwarded. Prior to this inspection we reviewed information we hold about the service. Where necessary information had been sent to the CQC. We also discussed this with the manager during the inspection. They were aware of the incidents or events which should be reported where necessary. This helps us to monitor events at the service and see if the manager has taken appropriate action to ensure people are kept safe.

At our last inspection we identified there was no effective system in place to monitor and review the quality of service provided as well as seek feedback from people about their experiences. Records across the service were also found to be inaccurate and out of date. During this inspection we were told and saw information to show that an overhaul of the service records had been completed. Whilst improvements had been made in some areas of the service, work was ongoing to ensure this was addressed across all areas.

We found that all documentation had been reorganised so that a standardised system was in place across all areas of the service. Records were completed of monitoring visits carried out by the manager and

provider as well as monthly health and safety checks and monitoring of training and development, complaints and accidents and incidents. We were also told that as part of the service improvement plan, a consultant supporting the service was currently reviewing all policies and procedures to ensure information was up to date and reflected current good practice. Whilst a number of new policies had been introduced, further work was required.

We looked at what opportunities were provided by the service for people and their relatives to comment about their experiences. We were told that annual feedback surveys were distributed to people, their families and staff. Whilst there were currently no tenants meetings, there were plans for these to be introduced. Recent opportunities had been made available for people and their families to comment on the service provided through the recent care review meetings.

Records showed that recent staff meetings had been held. These had been facilitated by the manager so that consistent information was shared with staff about the improvements being made and what was expected of them.

Prior to this inspection we were sent a copy of the service improvement plan produced by the manager and provider detailing their work priorities over the next six months. The manager acknowledged that some areas of work were still needed and that systems needed embedding to evidence robust monitoring of the service so that people received good quality care and support.

Due to the work being completed to improve the service the manager told us that there were currently no plans to increase the service provision until areas of improvement had been addressed.

As part of this inspection we contacted the Local Authority Commissioning and Safeguarding teams and Healthwatch. We were not made aware of any issues.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's records did not evidence their consent had been sought with regards to their care and support. Where people had been assessed as lacking the capacity to consent for themselves there was no mental capacity assessment to show how this had been determined. This did not demonstrate the principles of the Act were understood and followed so that people's rights were protected. This is a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>