

Craegmoor Supporting You Limited

# Craegmoor Supporting You in the South West

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 21 and 22 November 2018, both days were announced.

When we last inspected the service in May 2016 we rated the service Good.

We gave the provider 48 hours' notice because we needed to be sure the manager would be available for the inspection. It also allowed us to arrange to visit people receiving the service.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The provider had arranged for a manager from one of their other services to oversee this service. This management arrangement had been in place since July 2018.

Some improvements were required to ensure the service fully worked in line with the values and principles of Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

Although people had their own home and made some of their own day to day decisions, we found staff were making some decisions on behalf of people without evidence the person lacked the capacity to make these themselves. Where restrictions were placed on people, for example, the kitchen being locked, there was a lack of evidence that this was the least restrictive option. The manager told us they would review all restrictions in place and ensure these were made in line with the Mental Capacity Act 2005.

People's communication needs were not always fully met. The manager put plans in place to address this. Although relatives told us there had been some improvements since the new manager had been in post, they had not felt their concerns were listened and responded to.

Some areas of medicines management needed to be improved. Although there were a range of risk assessments in place, we found risks to people were not all identified and mitigated. Incidents were not always recorded and reported in line with the providers policy.

Although staff told us they felt supported in their role, one to one staff supervision had not been held

regularly and in line with the providers policy.

Relative raised concerns about staff skills and knowledge to support their family members. The manager had arranged for staff to receive training and had an ongoing plan to ensure this was kept up to date.

Our observations of staff interactions were mixed. Confidentiality was not always respected. Relatives told us they thought most staff wanted to do the best for their family members and some of them were, "Really good" and they were, "Generally lovely."

The systems in place to monitor the quality and safety of the service were not fully effective.

Relatives thought their family members were safe. There were systems in place to protect people from harm and abuse. Staff knew how to recognise and report abuse and felt confident concerns would be acted upon.

There were enough staff available to meet people's needs. Recruitment procedures were in place to ensure staff employed were suitable for their role.

People received support from specialist health professionals where relevant. People were involved in the planning and preparing of their meals.

People had individual care plans that identified their needs and preferences.

There was a clear management structure in place. Staff felt well supported by the manager and spoke positively about the current team culture.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We made one recommendation around the provider following current good practice to ensure people's communication needs are met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Areas of people's medicines management needed to be improved.

Some risks relating to people had not been identified and mitigated.

There were enough staff available to meet people's needs.

The processes for reporting incidents relating to people had not always been followed.

**Requires Improvement** ●

### Is the service effective?

The service was not fully effective.

Staff supporting people did not always receive regular one to one supervision.

People's legal rights in relation to decision making were not always upheld.

People were supported by health and social care professionals.

People were supported to maintain a healthy and balanced diet.

Staff supporting people received training and the manager had a plan to address their ongoing training needs.

**Requires Improvement** ●

### Is the service caring?

Some aspects of the service were not caring.

Staff interactions with people were mixed.

People's confidentiality was not always respected.

People's relatives told us staff were mostly caring and regular staff who their relatives well.

**Requires Improvement** ●

People's relatives told us staff respected people, however they did not always respect people's belongings.

### **Is the service responsive?**

Some aspects of the service were not responsive.

People's relatives told us complaints had not always been responded, however this had recently improved.

People's communication needs were not always fully met.

People's care plans identified their needs and preferences.

People had access to a range of activities and the service was looking into ways of introducing more opportunities.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The systems in place to monitor the quality and safety of the service people received were not fully effective.

The provider had an action plan in place that identified action points to improve the service people received.

There were systems in place for people and their relatives to provide feedback on the service.

People's relatives and staff commented positively about the new manager.

People were supported by staff who felt positive about their job.

**Requires Improvement** ●

# Craegmoor Supporting You in the South West

## **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 21 and 22 November 2018 and was announced.

The inspection was carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity which included a site visit started on 21 November 2018 and ended on 28 November 2018. It included talking with staff, looking at records, speaking with the management and visiting people in their homes.

People had communication difficulties associated with their learning disabilities. We visited people in their home and observed staff interacting and supporting people. We had limited communication with people. We also used our observations and discussions with people's relatives and staff to help form our judgements.

We visited the office location on 21 and 22 November 2018 to see the manager, speak to staff; and to review care records and policies and procedures. During the inspection phone calls were made to people's relatives on 28 November and further phone calls were made to two staff on 26 November 2018.

We reviewed all of the information we held about the service before our inspection. We looked at

notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We received feedback from two relatives and spoke with six care staff, including the deputy manager; we also spoke with the manager. We looked at two people's care records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, three staff personnel files, quality assurance audits and action plans. Following the inspection we requested feedback from three visiting professionals.

## Is the service safe?

### Our findings

People required staff support to help them manage their medicines. Some areas of medicines management needed to be improved. Some people were prescribed medicines and creams to be taken or applied when required (PRN). Whilst we found there were some PRN protocols in place for staff detailing when and how they should administer PRN medicines and creams, there were two that were not in place. One person was prescribed a laxative to be taken when required. We reviewed the persons records and noted they had not had a recorded bowel movement for the last seven days, which meant they were at risk of constipation. Staff told us the person would be administered the medicines if they had not had a bowel movement for seven days. There was no guidance in place directing them on when they should administer the medicines and what the appropriate and safe time period should be. The person could not tell staff if they were constipated. The persons relative told us they had also raised this as a concern with staff in the past. We discussed this with the manager who told us they would contact the persons GP to clarify when the medicines should be administered and ensure a protocol was put in place. Following the inspection, we received confirmation this was in place.

The same person was prescribed a cream as PRN. We received mixed feedback from staff on where the cream should be applied and when, again there was no PRN protocol in place providing staff with this guidance. This meant there was a risk the cream may not be appropriately applied. The manager confirmed they would also ensure a PRN protocol was put in place for the cream.

There were range of risk assessments in place relating to areas of people's needs. For example, there were assessment in place for the environment, medicines, health conditions and people evacuating their home in an emergency. We found however one area of risk that had not been assessed and mitigated for one person. Staff had identified the person was at risk because they could make allegations against staff. There was no risk assessment in place informing staff of the action they should take if the person made an allegation. Relatives told us they had raised this risk with the service in the past. We discussed this with the manager who immediately put a risk assessment in place.

There was a system in place for recording and reporting incidents and accidents. Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system by the manager. Incidents were analysed by the manager to enable them to identify any potential risks and implement measures to prevent further incidents. We found one incident where the providers incident reporting system was not being followed. In one person's daily notes staff had recorded they were agitated and self-harming causing themselves harm. Whilst this was recorded in the persons daily notes it had not been recorded on an incident form for the manager to review. The manager told us they were aware of the incident, but not the full details. This meant the manager did not review the incident to ascertain if any further action was required. We saw evidence that this had been addressed with staff.

People were not able to tell us if they felt safe with the staff supporting them, however we observed they looked happy in the presence of the staff and sought their reassurance when their anxiety levels were raised. A relative told us, "Yes we generally feel they are safe."

There were systems in place to protect people from harm and abuse. Staff were aware of the indicators of potential abuse and how to report any concerns, and they were confident that any concerns would be investigated by their managers to ensure that people were protected.

Staff were also aware of the whistleblowing policy and that they could report concerns to agencies outside of the organisation such as the Care Quality Commission (CQC). One staff member said, "I would phone the on-call manager, if it was to do with manager I would go higher. I know I can also go to the Care Quality Commission (CQC). I am aware of whistleblowing policy and I would use it, I am confident [name of manager] would take the right action."

Relatives told us there had been a high turnover of staff within the service and there were issues with staffing in the past, however this had recently improved and stabilised. One relative told us, "We believe that this is no longer an issue and that the service is now sufficiently staffed. Staffing seems to have been more stable in recent months."

Staff told us there were enough staff available to meet people's needs. One staff member told us, "We have enough staff, we use agency occasionally. Shifts are always covered and the managers will cover if needed. [Name of manager] does shifts." Another commented, "The rotas are based on the needs of people using the service. Staffing is ok, we have a new staff member waiting to start and then we are fully staffed."

People had allocated individual staffing hours and the manager told us these were used to meet the need of the people using the service, and enable them to access chosen activities. We reviewed the staffing rotas that demonstrated staffing was suitable and flexible to meet people's needs.

Recruitment procedures were in place to ensure staff employed were suitable for their role. Prospective staff had to attend a face to face interview and provide documents to confirm their identity. Staff also had a range of checks completed before they were allowed to support people, these included previous employment references and checks by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. We noted three staff member's application forms included gaps in their employment history that had not been explored. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. We discussed this with the manager who told us they would explore the gaps in employment with the staff members and record the outcome in their file.

There were systems in place to protect people from the risk of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw an infection control audit had been completed in 2018. Senior staff had also completed regular visual checks around the service that included the cleanliness of the environment.

## Is the service effective?

### Our findings

People were able to make day to day decisions for themselves, providing they were given the right information, in the right way and time to decide. However, there were some decisions people were not able to make for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied.

The 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's rights were not fully protected because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. During the inspection we found where restrictions placed on people there was not always evidence that these were the least restrictive option. We also found some decisions were made for people that were not completed in line with the MCA. For example, the kitchen door was locked when staff were not present and people had to request access to the kitchen from staff. Staff described why the kitchen was locked due to risks that people may eat inappropriate items and over eat. They told us if people wanted to have something to eat or drink that staff would support them straight away with this. Due to the access to the garden being through the kitchen, this also placed restriction on people's access to their garden. Whilst there was a mental capacity assessment and best interest decision for the kitchen being locked for one person, there was not for the other. Additionally, there was no evidence the kitchen door being locked was the least restrictive option. We discussed this with the manager who agreed to review the kitchen being locked and consider other less restrictive options.

We also found decisions were being made for people with regards to accessing food and drinks, without mental capacity and best interest decisions being completed. For example, staff told us one person had restrictions around how much fizzy drinks they could have throughout the day, and we found there were some restrictions on caffeinated drinks. Staff told us the reasons the restrictions were in place, to encourage a healthy diet for example. However, there was no assessment of the persons capacity or evidence the restrictions were in their best interest. The manager told us they would review all the restrictions placed on people and ensure any decisions that were made were in line with the MCA.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. The manager demonstrated they had contacted the local authority to request applications be

made to the Court of Protection.

Staff told us they felt well supported in their role and they received one to one supervision with their line manager. Comments included, "I had supervision yesterday, it was supportive, we talked about how I am and any issues" and "Supervision is pretty regular." Although staff told us they received supervision records demonstrated not all staff received these regularly. Three staff had not received supervision in over a year. The providers 'Clinical and care supervision' policy stated, "Every colleague working in care and service delivery will have access to regular care supervision." We discussed this with the manager who said there had been some issues with staff engaging in the supervision process and they demonstrated they had supervisions planned for all members of staff.

Relatives raised concerns over the lack of staff skills and training to meet their family member's needs. They told that although most staff tried their best to support their family member they had not received appropriate training and support from the provider. One relative gave an example of how staff called them whilst they were supporting a person in the community because they were unable to manage an incident. The relative told us this resulted in them going to their relative to support them as the staff were not able to at that point. Another relative commented, "They generally don't seem to have had much specialist training or experience specific to working with people with complex needs, such as severe autism. We have been told that current staff are now being given additional training."

The current manager had put plans in place to address staffs training needs. Staff told us they received an induction when they started working for the service and they commented positively about it. One staff member told us, "It was quite easy, I did some shadow shifts, staff showed me the procedures and guided me, it helped me. I read the care plans and asked my colleagues questions, they gave me the low down." The induction was linked to the Care Certificate. The Care Certificate standards are recognised nationally to help ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff also received a range of ongoing training and they commented positively about the training they received. One staff member told us, "The training has been brilliant, I can't fault it." Other comments included, "The training is really good, they have definitely invested in me" and "The training has got so much better, we are getting much more now."

Records demonstrated staff received training in subjects such as, basic life support, communication, food safety, equality and diversity, infection control, managing incidents and the MCA. There were some gaps in staff training, for example, where staff required refresher training in some subjects. The manager demonstrated they had a plan in place to address any shortfalls.

Staff commented positively about some recent communication training they had received based around one person's communication needs. This involved the use of specific hand signs called 'Makaton'. One staff member told us, "The Makaton training we have done is brilliant, it really suits [name of person]. We are using the signs and [the person] is now paying attention responding more, I notice its helping with communication. I definitely want to do more."

People were not able to tell us their thoughts about how staff supported them with their meals. They relied on staff to support them with planning and preparation. One relative told us, "[Name of relative] appears to be mostly provided with a varied and healthy diet." Another commented they thought the planning of meals could be improved because staff had told them they supported the person with their meals "One day at a time." They thought the person would benefit from knowing their planned meals for the week.

Staff described how they supported people to plan and choose their menus based on what they knew people liked. Records demonstrated people made choices for what they ate for their meals. For example, "Chose soup for lunch" and "Chose their own lunch." Records demonstrated people received enough nutrition.

Relatives told us regular staff recognised and responded to changes in their family members health. One relative commented, "Staff who have worked regularly with [our relative] over a period of time do pick up on and report and changes in behaviour or poor health. They take them to the GP if they are poorly." However, they went on to raise concerns over the lack of important historical health information being recorded and identified. For example, lack of information relating to allergies being recorded and the monitoring and treatment of bowel movements. They told us the manager had recently contacted them to enquire about this.

People's care records showed referrals had been made to a specialist support for people, such as a psychiatrist, epilepsy nurse and speech and language therapist. Each person had a Health Action Plan (HAP). Health action plans are documents that include a personal plan that describes what people can do to stay healthy and the support that is available.

Relatives told us they were happy with the environment. People were supported by staff to raise any concerns relating to the maintenance of their home to the landlord. People's bedrooms were personalised with their personal items. Staff had transformed a spare bedroom into a sensory room for one person to use. The room contained lights and music. Staff told us one person liked spending time in the sensory room and their daily records confirmed this.

## Is the service caring?

### Our findings

People who used the service were unable to tell us about how happy they were with the staff supporting them. However, we observed people appeared relaxed and comfortable in the presence of staff. We observed one person who was unable to verbally communicate touched staff on their head in an affectionate manner. Another sought out staff to seek reassurance when they were becoming anxious.

Our observations of staff interactions were however mixed. One person became slightly anxious and was interacting with staff. The staff member said to them, "Don't be silly" and "Go and sit down", rather than offering distraction techniques as identified in their care plan.

Other interactions were more positive with staff reassuring, encouraging and using distraction techniques, which appeared to be effective. One staff member also described how they supported the person at these times commenting, "[Name of person] needs a lot of reassurance, we tell them there is nothing to worry about and occupy them talking about things they have done during the day, it takes their mind off things."

Relatives told us they were generally happy with the staff supporting their family members. Comments included, "Some of the staff are really good, they try their best" and "Yes, staff do mostly appear to be caring. [Name of relative] has good relationships with regular staff."

Staff described how they supported people with dignity, privacy and respect. For example, knocking on doors, waiting outside of the bathroom whilst a person used the bathroom and offering assistance when required. One staff member told us, "We always knock on bedroom doors and ask if it is ok to go in. When supporting [name of person] with a shower I ask them to wash themselves and assist where support is needed, always asking if it is ok and talking things through." We observed staff knocking on people's bedroom door during the inspection. A relative told us, "Staff are polite and respectful towards [name of relative], but not so respectful of their personal possessions." They went on to describe how staff did not always respect the persons laundry or reported when clothing became damaged or stained. They also commented that at times they had experienced concerns around staff supporting their relative in ensuring their personal care needs were met.

We found people's confidentiality was not always respected by staff. We observed a staff member having a telephone conversation with a relative. During the conversation personal information relating to the persons wellbeing was being discussed. This conversation was held in front of the other person living in the home. We discussed this with the manager who told us they would ensure this was discussed and addressed with the staff.

Relatives told us regular staff knew their family members well. One relative told us, "Yes, their regular core support team do. There has been a very high level of staff turnover which has in the past had a negative effect on our relative's wellbeing. They need staff who know them well and can understand and anticipate their needs." They went on to say the staff team had stabilised and had improved recently.

Staff spoke positively about the people they supported. Care plans included details of people's likes and dislikes and staff could describe what was important to people. For example, family members, structure, routines and having personal space. Staff spoken with were aware of this information.

People used various methods to communicate their wishes and choices. These included speech, vocalisations, objects and body language. Staff described how they supported people to make day to day decisions about their care and support. One staff member told us, "[Name of person] has a good understanding of words, they take us to what they want. We offer choices and use objects as we go along. We don't tell people what to do, we ask them what they want to do." People's care plans contained details about how each person communicated. For example, one person's plan explained how they would communicate if were happy or unhappy and they were in pain. Staff supported people to maintain their independence, by encouraging them to be involved in aspects of their care and support.

## Is the service responsive?

### Our findings

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Some improvements were required to maximise people's communication opportunities. One person was unable to communicate verbally, they had a communication passport in place which was completed by a speech and language therapist. A communication passport is a person-centred approach to passing on key information about people with complex communication needs. It included information about what is important to the person and how to meet their communication needs. The communication passport referred to the person using a "Now and Next" communication tool. A now and next board is a visual timetable used to support people to understand what is happening and move from one activity to another. We discussed with staff whether the now and next timetable was in place for the person. Staff told us this was used in the past, however had not been used recently. Following the inspection, the deputy manager confirmed this would be put back in place.

Staff also described how the person had used a range of objects of reference to support them to communicate in the past. The staff member was not sure where these specific objects had gone, they told us the person did use various items throughout the home to communicate what they wanted, such as a cup if they wanted a drink. The care plan referred to the person using objects of reference but did not specify what these were.

We recommend the provider follows current good practice guidance in supporting people to meet their communication needs.

There were also some positive examples of how staff communicated with people. The communication passport also referred to them being supported using "Intensive interaction." Intensive interaction is an approach to interacting with people who do not find it easy communicating or being social and is led by the person. Although staff had not received any formal training in the subject, we discussed this with one person and they were able to describe how they communicated with the person using this approach.

People's participation in the planning of their care was limited by their communication needs or anxieties. People's relatives told us although they had not been involved in creating the original care plan, more recently they had been involved. One relative told us, "We are currently involved in drawing up a new support plan."

Each person had a care plan that was personal to them. Care plans contained information relating to people's routines and how they liked to be supported. The care plans were personal to the individual and gave information to staff about people's needs, important routines, what they were able to do for themselves, the support required from staff and how they made choices. Care plans contained person-

centred information, for example, one person's care plan described how the person liked their hair styled and nails painted. The care plans had been regularly reviewed and updated to ensure they remained up to date and accurate.

Care plans included information on how staff should support them if they became anxious or upset. This included what made them anxious, the signs that they were becoming anxious and how staff should respond. One person's care plan stated staff should use, "Distraction techniques", the care plan didn't describe what distraction techniques staff should use. Staff however were able to describe these to us. The manager told us they would add this additional information into the care plan.

We received mixed feedback from relatives with regards to how staff supported people to participate in activities. One relative commented they felt their relative's activities were limited and they did not always receive encouragement to participate in a range of activities they enjoyed. They felt staff lacked the skills to fully support their family member with this aspect of their support. Another relative told us, "Staff try and tailor the day around what they enjoy or need. For example, food shopping trip, the hydrotherapy pool, a walk to the park, beach, or coffee shop, or occasional longer trip out by bus. They do not force them into doing activities if they want to do them."

People were supported to attend a range of activities. Records showed people attended day services, walks and a hydrotherapy pool. Staff described how people liked to walk along the seafront and go into arcades. Staff told us one person had a bus pass, but this had been lost. They stated they were in the process of applying for another one. The deputy manager told us they were going to consider creating a range of pictures of places to visit to increase people's choices of activities.

Not all the people being supported by the service were able to verbally raise concerns or complaints, and relied on their relatives and staff to raise these on their behalf. Relatives told us concerns had not been responded to in the past, although this had improved since the new manager had been in post. One relative told us, "In the past, we have often had to escalate complaints to director/head office level due to receiving inadequate response from local managers, but even then, the response has been inadequate, or complaint unanswered. More recently complaints have been handled quickly, compassionately and appropriately by the local manager." Another commented, "We have had ongoing issues and they have had every opportunity to respond but there have been no significant changes."

There had been 12 complaints raised in 2018. Since the new manager was in post there was evidence where complaints were raised, these were responded to these in line with the providers policy. Any actions or learning from complaints was also communicated to the staff team.

## Is the service well-led?

### Our findings

There were systems in place to monitor the service provided. These included a range of audits completed by staff and the manager. Areas covered included, medicines, infection control and health and safety. The provider also had put an action plan in place in July 2018 in response to concerns that had been raised about the service, the plan was regularly reviewed and updated by the manager.

We reviewed the audits and action plan and found they were identifying areas where improvements were required and demonstrating where improvements had been made. For example, we saw supervision had been identified as an area for improvement and a plan was in place to address this. The action plan also identified health action plans had been implemented and that staff training that was required.

However, the systems in place were not fully effective in identifying all the shortfalls we found during this inspection. For example, the action plan identified as required medicines protocols (PRN) required reviewing and updating and this had been completed, but had not identified these were not in place for two medicines. The action plan identified Mental Capacity assessment and best interest decisions were required and stated these had been completed. We found evidence during the inspection there were areas that had not been assessed or completed in line with the Mental Capacity Act 2005.

Although there were systems in place to respond to complaints and one relative told us this had improved with the new manager in post, the systems had not been effective in addressing complaints in the past.

Although there were plans in place to address the lack of staff supervision, the systems in place had failed to ensure these had been carried out regularly, in line with the providers policy.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who had been managing the service since July 2018. The manager told us since being in post they had worked on identifying the issues that needed addressing and they had prioritised these. The manager demonstrated they were keen to address issues and were committed to improving the service people were receiving.

Relatives were not happy with the service their family members had received and they felt in the past their concerns had not been acknowledged and responded to. However, they told us since the new manager had been in post things had improved. One relative told us, "The current manager is approachable, they appear efficient, caring and keen to ensure the support service is good."

Staff spoke positively about the manager and they told us since they had been in post things had improved in the service. One staff member commented, "Since there has been a change in management things are running better, communication is much better. [Name of manager] is brilliant, I've not had a manager who is as good with communication as they are, they are definitely approachable." Other comments included,

"[Name of manager] is brilliant, they always answer the phone if you call. Any concerns you can call her phone her for anything, she is always there for a query or problem. I do feel supported. She listens to us and any suggestions, we have her support" and "[Name of manager] is really good, they are the best manager I have had, relaxed and fair and will address what is needed. I've learnt a lot from them."

The manager told us they kept their knowledge and skills updated thorough on-going training. They also told us the provider sent out a weekly newsletter with any updates to legislation and policies. The manager told us they were well supported by the providers operations director, who provided them with supervision. They also told us they attended managers meetings and local providers meetings which were a source of information and support.

The manager maintained a regular presence in the service. They had knowledge of the people they supported and the staff who supported them. The manager and deputy manager worked alongside staff on shift. This enabled them to monitor the standards of care and support people received. There was a clear staffing structure in place. The manager was supported by a deputy manager and senior member of staff and staff told us they felt well supported by each of them.

Staff talked positively about working for the service and the team culture. Comments included, "We are a good team, we work well together and communication in the team is good" and "Things have got much better." The manager told us their vision for the service was to implement more person-centred goals, for support more individualised and for people to be have and have a meaningful life. Staff told us, "We want to support people to have normal lives and go out and do the things they want to" and "We want people to be treated the same as anyone else and respect the fact that we are in their home. We encourage people to make choices and support them to be as independent as they can."

Staff meetings were held which were used to address any issues and communicate messages to staff. The manager told us staff attendance to the meetings had not been consistent, and needed to be improved, they told us they had set an expectation that staff attended these meetings from January 2019. We reviewed staff meeting minutes from March 2018, where staff had attended the meeting. This meeting was used to discuss, communication, people's medicines, reporting incidents, activities, training and supporting people with meal choices.

There were systems in place for people and their relatives to give feedback on the service. These included a survey, which we saw one relative had completed in October 2018. In response to the feedback received from the survey the manager had created an action plan which monitored the progress made. People were also supported to participate in monthly one to one meetings with staff to give feedback on the service. People did not always choose to attend the meetings and one person's family member had been involved in a recent meeting. Areas discussed included, feedback on staff, the environment, health, any concerns or compliments and anything the person wanted.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's rights were not fully protected because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. Regulation 11 (3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to assess, monitor and improve the quality and safety of the services provided were not fully effective. Regulation 17(1) (a)