The Royal School for the Blind

# SeeAbility Oxfordshire Support Service

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This was SeeAbility Oxfordshire Support Service's first inspection since registering in January 2018. This is the first time the service has been rated requires improvement

SeeAbility Oxfordshire Support Service offers support for up to six adults in Banbury and up to six adults in Bicester. 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. People had a range of needs, including autism and learning disabilities. The service offered people support twenty-four hours a day to live in their own bungalows which enabled them to have space but to also have people around them as and when they wanted this. At the time of the inspection there were nine people using the service.

The care service has been developed and designed in line with the values that underpin the 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.

There was 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.

There were some systems in place to ensure people safely received their medicines. However, due to recording errors and a lack of regular medicine audits, we could not be confident that people always received their medicines correctly.

There were various audits and monitoring checks in place. However, some audits had not been recorded and did not always effectively identify where improvements needed to be made.

These were breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance (Regulation 12 and 17). You can see what action we told the provider to take at the back of the full version of the report.

We received feedback from one person using the service and overall, they spoke positively about the support they received, although said they wished they could make friends with the other people living in the service. We observed that staff treated people with kindness, respect and promoted people's right to privacy.

Relatives told us they were happy with how the move to this new service had been for their family members. The service had made detailed plans for each person and their needs were assessed to ensure the move was

at the person's own pace and accessible communication was used to ensure people could visually see where they were moving to and what to expect. Risks to people's wellbeing had been assessed and planned for along with support plans and guidance on how best to support people.

We received mixed views from the staff team about working at the service. Some told us they were supported and received training, whilst others said the service needed more monitoring, they were not always listened to and people using the service needed more to do with their time.

Social care professionals told us they recognised the service was new and there had been some problems during the first few months with the various changes of staff but that people were settling in and communication was good between the staff team and social care professionals.

There were procedures designed to safeguard people from the risk of abuse and people confirmed they felt safe using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's health and nutritional needs were assessed and reviewed on an ongoing basis.

There were enough staff on duty to meet people's needs and this was being regularly reviewed. Employment checks were in place to obtain information about new staff before they were allowed to support people. People were supported by staff who were sufficiently trained. Staff were starting to receive more regular one to one support through supervision meetings.

People were provided with information about how to make a complaint and these were managed in accordance with the provider's complaints policy. The registered provider had informed the CQC of all notifiable incidents.

## 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**

Some aspects of the service were not safe.

Medicines were not always being managed safely.

There were procedures in place designed to safeguard people from abuse.

The risks to people's safety and well-being had been assessed and planned for.

Recruitment checks were in place and there were sufficient numbers of staff to support people to stay safe and meet their needs.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

There were systems in place to protect people by the prevention and control of infection.

### Is the service effective?

**Good**

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

People received care from staff who were trained to meet people's individual needs.

People's health and nutritional needs had been assessed, recorded and were being monitored.

### Is the service caring?

**Good**

The service was caring.

Relatives commented positively on the staff team.

Staff had developed good relationships with people living at the service.

The staff team helped people express their views and be involved in making decisions on how they wanted to be supported.

Staff respected people's privacy, as well their dignity.

## Is the service responsive?

**Good**

The service was responsive.

People were supported to achieve goals and improve outcomes in their lives.

People were supported to access activities they were interested in.

The service had a complaints procedure that was accessible both to people who used the service and their relatives.

## Is the service well-led?

**Requires Improvement**

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective and had not identified the issues we found during our inspection.

We received mixed feedback from staff on the culture of the service and how they were supported.

The provider worked well with other professionals to ensure people were being supported appropriately.

# SeeAbility Oxfordshire Support Service

**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.

One inspector carried out the inspection. This inspection took place on 12 and 13 September 2018 and was announced. We gave the provider notice because the location provides a supported living service and we wanted the people using the service (tenants) to be aware of the inspection. We also needed to be sure that someone would be available to assist with the inspection.

We reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service. We also gained feedback on the service, prior to the inspection, from the Oxfordshire county council's quality and contracts team.

At this inspection we spoke with one person who uses the service, one relative, the registered manager, operations director, regional administrator, the positive behaviour support lead, four support workers and a visiting social care professional. We carried out general observations of interactions between staff and people using the service in the communal area of the service.

We reviewed the care records for two people using the service. We also looked at two support worker's recruitment documents and records related to the running of the service. These included, checks and audits carried out on the environment and medicines records.

Prior to the inspection, we emailed six health and social care professionals to gain their views on the service and we received feedback from two. We also spoke with one social care professional on the telephone.

Following on from the inspection, we emailed three relatives and received their feedback on the service.

Requires Improvement

# Is the service safe?

## Our findings

People's medicines were not always managed safely. Keeping an accurate check on medicine quantities ensures that if there were any medicine administration errors these could quickly be identified. For example, we could not count one person's medicines that was in boxes. This was because the procedures for recording the quantity of medicines had not taken into account the newly delivered medicines along with any carried forward medicines. The registered manager confirmed that every day medicines that were not in a dosette box needed to be counted and that staff would record a running daily balance. A dosette box is a sealed container for a person's medicines that have separate compartments labelled with the time and date for administration. We saw that the procedure for the daily recording of the medicines that were not in a dosette box had not always taken place. There were gaps on the daily medicines balance document and in some cases the quantity did not match the amount of medicines in the service. There was no evidence that staff had informed the registered manager of the issues with these daily balance records.

We checked another person's medicine administration record (MARs) and found three gaps for August 2018 on the MARs. The MARs was where staff sign to confirm they had given the person their medicines. For the 'as and when required' medicines, (known as PRN) staff had not always been counting the quantity in the service to make sure this continued to match the medicine balance record. Staff told us that they had understood that as the PRN medicines had not been given to one person, as they had not required it, they did not need to count the balance. Shortly after the inspection, the registered manager confirmed that other people's medicines and MARs were audited and no other issues were found.

Although after the inspection the registered manager had sought to check that people had been safely receiving their medicines, we could not be reassured that the recorded amount of loose medicines that was in bottles and boxes was accurate at the time of the inspection. The errors we found could have had an impact on people's welfare and systems should have been in place to follow the provider's policy and procedures on medicines management and record keeping.

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

For one person, who had their medicines in a dosette box, we saw they had received their medicines as prescribed and the MARs had all been signed for. Staff received training on medicines management and observed medicines being given to people before carrying out this task unsupervised. We saw a sample of other medicines competency checks on staff which the deputy manager or registered manager had carried out to ensure staff were confident and skilled to give people their medicines.

People were supported by sufficient numbers of staff. Although there were mixed views from relatives and social care professionals about staffing levels. Since the service started operating there had been a high turnover of staff. The regional administrator confirmed there were approximately six staff vacancies to fill and the registered manager was considering moving forward how best to fill the remaining staff vacant posts. We saw from the staff rota that agency staff were used. Where possible, these were regular agency

staff who were familiar with the people using the service. The staff we spoke with said although the agency staff were good, people did not always go out into the community when there were staff shortages. Some people required two staff to safely access community places and this was not always possible. One relative told us there had been some issues with staff supporting the person as some staff had refused to work with the person, or "did not have the ability to work with [person using the service]." However, they told us one staff member had supported the person from the start of them using the service and worked well recognising what might upset or anger them. Some professionals also spoke of their concerns about the staff turnover but that this was beginning to be less of an issue.

During the inspection, we saw staff worked together to ensure people went out if they wanted to. The registered manager explained that if someone did not receive all their support hours this was not lost and was added to on another day so that they still went out into the community. Staff were assigned to work with the same person and this rarely changed. This system was set up so that people could develop a trusting relationship and staff in turn could learn in detail what people liked, disliked and what their support needs were. One staff member told us they had to ask senior staff to sometimes work with another person to ensure they received a break. They described how working with one person on every shift could be too intense. We were satisfied that although there were times people did not go out of the location, they did receive the level of support they needed at their home and could access their garden and spend time with staff if they wanted to.

Recruitment checks were carried out before staff started working for the service and staff we asked confirmed they had gone through an interview, which we saw evidence of, and had provided all the necessary information to the provider. These included obtaining references from previous employers, checking a person's identity and ensuring a criminal record check was completed. The registered manager confirmed that the provider was considering how best to test applicant's reading and literacy skills as part of the recruitment process.

However, we saw for one staff member the provider had obtained references but not from a care employer. This was obtained swiftly once we highlighted this to the registered manager. We viewed this and saw there was information on the reference that had not been explored by the provider due to them only receiving this during the inspection. The registered manager confirmed they would look into this and feedback to the provider and human resources team that references from care employers should always be sought. Furthermore, that any information that could require further investigations would be acted on and recorded to show what the provider had considered when employing a person.

People were not able to directly tell us if they felt safe using the service. However, the feedback we received from relatives and social care professionals indicated that people were safely supported with staff who received safeguarding training and guidance on how to meet people's needs. The provider had reviewed and updated their safeguarding adult's policy and procedures in April 2018. Staff could describe the different types of abuse that they might encounter whilst working in the service and had received training on this subject. Staff told us what they would do if they felt a person using the service was being abused. Some of their feedback included, "If there was immediate danger, I would step in. I would also report concerns to the line manager and complete an incident form." We saw the safeguarding records which matched the information the Care Quality Commission was aware of. Action had been taken where needed.

Risks were assessed in detail with guidance for staff on how best to support each person. The various triggers and things that could distress or anger a person were recorded and reviewed on an ongoing basis. People's individual behaviours were noted and risks such as accessing the community, blocking the toilet and refusing to take medicines were noted along with steps to take to minimise the risk to the person

and/or others.

Personal emergency evacuation plans (PEEPS) were in place so that staff knew how people responded when the fire alarm went off and who required support. A fire drill had been held in July 2018 and the registered manager confirmed all staff would be involved at some point in a fire drill. The deputy manager was booked to attend fire marshal training so they could then pass down information to the staff team. Other checks on water temperatures and emergency lighting took place to ensure people lived in a safe environment.

The housing provider was responsible for the upkeep and maintenance of the buildings. Health and safety checks were in place via the staff team, the provider's health and safety staff member and external professionals. The registered manager told us the monthly health and safety checks had not yet started but they were aware this would form part of checking areas in the service.

People were protected by the prevention and control of infection. Staff received training on this subject and we saw had personal protective equipment available to them, such as disposable gloves and aprons. People were helped to keep their homes clean and we had no concerns about the cleanliness of the service.

Following any significant events and incidents, the positive behaviour support (PBS) lead staff member said they were informed of what had occurred so that lessons could be learnt. This included talking with the staff team to look at what had worked well and what could be changed to benefit the person. Support plans and risks assessments were then reviewed to ensure staff had the right information and guidance to successfully support the person. The registered manager told us the trends and patterns were also looked at by the PBS lead staff member which we saw a sample of following on from the inspection. This helped them see where people might become more anxious, upset or angry and then look at putting measures in place to help the person manage or cope with how they were feeling.

Good

# Is the service effective?

## Our findings

People's choices and needs were assessed in line with current legislation and good practice guidance. People's needs were assessed over a period of time prior to moving into the service. Work was done both with the person, their relatives and the staff, where relevant, who had been supporting the person prior to the move to the service. During the transition period, both the staff team from where people had been living and the staff team at this service worked alongside each other spending time observing how people were supported. One professional told us "The assessor showed lots of insight into [person using the service] needs and provided a person- centred and strengths based assessment."

Before people moved into the service, relatives had the chance to see videos of staff so they could choose who they thought would work best with their family member. The registered manager explained that whilst some staff had not had a previous background in social care, they had shown they had the values to work in the service and were keen to learn. This worked in some cases and a few staff who started working before people had moved into the service remained as part of the team, whilst others had left for various reasons. This change had been difficult for the staff team and people using the service as they had to get used to new staff joining the team who would then need time to get to know people's needs.

We received mixed feedback from some staff on how they were supported and the training they received. Those who spoke positively, said they were very much supported, had flexible working hours and equipment was being installed to meet their needs. Another staff member said the changes with the previous manager leaving and several staff members could affect morale but that things were "getting better." However, some staff said working in the service had proved to be difficult, comments included, "We are not supported," "I have had to ask for support" and "Things are not getting better or worse." There had previously been a lack of regular one to one supervision offered to staff which was beginning to be addressed. A spreadsheet was in place to record planned meetings with individual staff so that they could use these to talk through any issues and look at their performance. We talked with the registered manager about the staff feedback and they were aware that the staff team needed more supervision and staff meetings. They were making attempts to ensure these forms of support were in a place on a more regular basis so that staff felt supported in their roles.

The provider had measures in place to ensure there was no discrimination when making care and support decisions. For example, staff completed equality and diversity training during their induction to the service. During the induction process new staff spent time shadowing and observing experienced staff members. Staff undertook a range of training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

There was a learning and development training plan for staff and training covered different topics. Some of which was general, for example, fire safety and emergency first aid and some courses were linked to the individual needs of the people using the service. For example, 'Proact Scip' training was provided to all staff. This offered guidance for staff on offering positive options and strategies for supporting people and to avoid

a crisis. Staff also spent time with the positive behaviour support (PBS) lead staff member to gain skills and knowledge on how to support each person using the service. Agency staff received training from the PBS lead before working unsupervised with people using the service. A professional told us that training had improved for the staff team and they now received training on epilepsy awareness and autism, which we saw evidence that many of the staff members had completed.

There were processes in place to help staff work together to ensure that people received consistent support. For example, staff explained that there was a communication book which was used during handovers to make all staff aware of any important issues. Other means of communication involved shift handovers, daily records and staff meetings.

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. We checked whether the service was working within the principles of the MCA and confirmed they were.

People were going through the process of being assessed to determine if they needed to have a community deprivation of liberty order placed on them via the Court of Protection. One social care professional we spoke with confirmed they had begun this process to ensure the person was restricted lawfully. Staff received training and information on MCA. Staff spoke about giving people choices and knowing people's preferences and abilities. One staff member confirmed, "People are completely supported in making daily decisions about their lives, from what time they get up, go to bed and what they eat." Throughout the inspection we observed staff talking with each other and planning how best to support people. Staff we asked could clearly describe people's needs and how decisions were made where possible with people and in people's best interests.

People had different abilities in relation to planning and cooking their meals. Some could do this with the support of the staff team, whilst others required staff to prepare and cook their meals. One person using the service told us, "I can cook a meal." One relative said they were concerned about their family member's weight and that they would be bringing this up at the review meeting so that plans could be put in place to address this. As staff were getting to know each person the focus was on making sure people were offered healthy choices but recognising that for some people they might only want to eat certain foods. Staff worked with healthcare professionals to monitor how best to support those people who had limited exercise and had a small range of foods that they enjoyed.

People had a range of health needs and could access health care professionals when needed. Appointments and outcomes were recorded so that staff could monitor people's health needs. Staff were in the process of completing health passports and/or health action plans which would be information for staff if a person had particular health needs or was admitted into a hospital.

Good

# Is the service caring?

## Our findings

Relatives were positive about the staff team. Comments included, "They [staff] are all likeable and friendly, and seem good at what they do. We are assured we can call or visit at any time, and we are always welcomed when we visit," "There was one member of staff who worked very well with [person using the service]. They show confidence and is able to recognise the warning signs and divert the [person using the service]" and "[Person using the service] appears to be happy and settled in their home."

A staff member told us the staff team, "really care about the people using the service."

The feedback from professionals on the staff member's attitude and the support people received was favourable. One told us, they found the staff team "very positive."

We observed good interactions between the staff members and people using the service. We saw staff gave people space when they needed this and time to talk when they wanted to. The support people received was not rushed and we saw that the staff took their time offering people as much or little support as they asked for or needed. Staff helped people who became upset and ensured they were safe as well as others. At times the atmosphere was jovial and staff joked with people and encouraged them to express how they were feeling in a safe environment.

Where possible people were supported to make daily decisions. For some people they might take staff to a picture or object to show what they wanted, whilst others verbally communicated their needs and wishes. People's views and wishes were taken into account when they were in the process of moving into the service and were part of review meetings if they felt able to sit in a meeting. As people were settling into their new homes staff encouraged them to be as independent as possible and staff supported people to gain daily living skills where people were interested.

Where possible people were involved in the recruitment of new staff and one person had spent time with a person showing them their home and asking them questions to help ensure staff with the right behaviours and attitudes were recruited.

Staff respected people's choices and personal preferences. Staff knew there was a balance to be struck between their duty of care and enabling people to make decisions for themselves. One staff member explained that for one person they preferred female staff to work with them and where possible this was arranged. Another person responded positively when being supported by a particular staff member and we observed the interactions were caring and light hearted to encourage the person to prepare to go out into the community. We saw that where one person liked to be left alone, staff would carry out checks on the person at spaced out intervals ensuring they did not invade the person's privacy. In one person's support plan it was detailed how the person might ask the staff member to leave their home and that staff needed to listen to the person, act quickly and remove themselves from the person's space.

Good

# Is the service responsive?

## Our findings

People had person-centred support plans in place. These had been based on people's previous history and information gathered during the assessment process and since the person had moved into the service. The support plans reflected people's physical, mental, emotional and social needs. A relative told us, "The initial support plan was written with a lot of input from ourselves and was pretty thorough." Other professionals had been involved in assessing people's needs to help the staff team work effectively with the person. There was a communication sheet devised by a speech and language therapist. This included, how the person expressed themselves, what they appeared to understand, how they made choices and how they interacted with other people.

People's support plans included information such as likes and dislikes, communication, religious, cultural, and nutritional needs. These were regularly reviewed and added to as staff became more familiar with people's preferences and wishes. Where possible people were involved in the development of their support plan along with other people involved in their lives.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. The provider ensured information was in an accessible format. If communication needs were identified then resources would be sourced such as pictures and photographs, which we saw evidence of when people were first moving into the service.

Different technology was available in the service where it was needed. For example, one person had a motion sensor so staff did not need to check on them at night and disturb them. Another person who had epilepsy had a monitor, as they do not want to wear a watch which would alert staff if they were having a seizure. The monitor enabled staff to know the person was safe when they were not with them. One person had a mobile phone and this helped them keep in contact with their family.

A relative described how some staff had found working with their family member challenging, however, this had improved recently and there were more regular permanent and agency staff who now provided more consistent support resulting in a positive impact on the person. The relative they told us, "The number of incidents appear to have decreased." Another relative commented, "We have been impressed with how attentive they are to [person using the service] needs and how they try to come up with new strategies to help them understand the daily routine." They also gave us an example of good practice where the staff team had informed the GP surgery that a longer appointment slot than usual was required, and that where possible, the waiting time needed to be kept to a minimum, "to minimise the likelihood of [person using the service] becoming distressed."

There were various records staff completed daily as part of supporting people. We saw that for one person their food temperature log had not always been completed. We checked with a staff member and they confirmed this should be filled in each time a meal was heated up. We saw two gaps for August and one for

September and there were no other records for food temperatures for September 2018. We drew this to the attention of the registered manager so that they could address this with the staff team.

Where possible staff rotas were organised around people's needs and could be changed to meet changing circumstances and activities that occurred. Activities were planned based on people's likes, dislikes and needs. One person using the service told us, "I go to the gym and do shopping." For another person they were settling into the new move to the service and based on their previous history would need a long time to feel secure enough to leave the service and access community places. For other people they enjoyed a drive out and going to places such as the cinema or bowling. One person told us they went to the gym and there was a mentor at the gym who they could talk with and learn skills in coping with everyday life. Not every person had their own vehicle and there was a limited amount of staff who could drive. Arrangements were made for people to have a hire car if they did not own one, but without a driver on shift people would sometimes need to use taxi's or public transport, which would not always be appropriate. One social care professional told us this was proving challenging for the person who benefited from going out of their home. Accessing the community was constantly being looked at by the staff team and the registered manager was aware that there were times that people did not go out when they were planned to.

Some people would be able to raise a complaint to the staff team themselves. Relatives were confident to bring to the attention of staff any issues or queries they had. One told us, "It seems unlikely that we would be making any complaints, but if we did we would raise any issues with the manager or deputy manager." A second relative said, "I would normally take any complaints or questions to the Deputy Manager first, as she is looking after [person using the service] team, and if needed to I would go up the chain. I do feel that my concerns would be acted on, as they have listened so far when we were discussing incidents and staffing."

The provider had an easy read complaints policy and procedure which was available for people using the service. The registered manager showed us there had been one formal complaint recorded along with the outcome and this had been resolved. Other comments and issues were addressed through telephone calls and regular meetings with the relatives and where possible, people using the service. One relative told us they had some queries that they didn't feel were complaints but were going to bring them up at the review meeting which was due to be held shortly after the inspection.

There was no-one currently being supported with an end of life condition or illness. The registered manager confirmed that training on this subject had not been identified as a priority but would be considered to see when this could be made available. We were told end of life wishes would be explored and recorded in people's files during the review meetings that were currently being held.

Requires Improvement

# Is the service well-led?

## Our findings

People did not give us their feedback on the management of the service. Relatives spoke about the running of the service. One told us, "The managers on site are very stretched and could do with more help, but I do have every confidence in them." Another said, "Staff are helpful and pleasant."

There were various audits in place to ensure the service was running safely and effectively and in people's best interests. However, we found issues with medicine records and checks and this had not been picked up and resolved prior to the inspection through their audit system. A staff member told us that "record keeping needed to be improved." There had been no formal audit system on medicines to demonstrate how often the registered manager was checking people's medicines and associated records. Some of the other records staff were expected to complete, such as the food temperature records had not always been filled in. There was an outcome for activities document on one person's file but this last had a staff record on it in May 2018. We viewed a waking night cleaning rota where records indicated that various tasks had not been completed. There was no evidence of any audits of this document to check staff were completing this.

A night spot check visit had been carried out by the registered manager and operations director. However, this visit was not recorded and therefore we saw no evidence of what was checked during that visit and if any learning or improvements had been made because of the visit.

The issues found highlighted that monitoring systems needed to be more effective and completed more regularly to ensure people were being safely and appropriately supported.

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

There were some audits in place included. The regional director, who was currently the registered manager, carried out a quarterly visit and we saw a report from June 2018. This covered a range of areas and included highlighting what needed to be addressed, such as, making sure health and safety checks were carried out and staff were supported through supervisions and training. People's care records were in the process of being audited to ensure they were up to date and accurate. The monthly health and safety check had not yet started but the registered manager was aware this needed to be up and running to ensure problems were picked up quickly.

The registered manager confirmed that although there was no formal process in place for checking people's finances, each time there was a transaction the balance was counted.

There was mixed feedback from the staff team about how the service was managed. Positive comments included, "Best company to work for" and "You get a thank you for your work." However, there was a consistent theme from some staff who spoke about not feeling listened to, that people did not do enough activities and that the majority of staff had rarely received one to one supervision meetings with their line manager, although we saw evidence that staff supervisions were being offered regularly.

Social care professionals were positive about the registered manager and how they have led the service when the previous registered manager left their post. They told us, "[Registered manager] is a strong manager, he has been very supportive when dealing with a complex family, he is willing to listen and to work as a team. He has spent a lot of time at the service offering staff support." They also confirmed that the staff team had worked well with professionals and said, "There have been some very positive outcomes for these service users and their families from the joint working that has taken place." Another social care professional confirmed the staff team were good at communicating with them and sending them information relevant to the person using the service. A third social care professional told us that at review meetings senior staff were good at supporting relatives and giving them information. They did say communication could be "quicker and better" but overall were happy with how the service was run.

The previous registered manager had left their post a few months prior to this inspection and in the short term the regional head of operations had registered as the manager. They had a relevant qualification in management in social care and confirmed they felt supported by the provider. They explained that they spent time with the positive behaviour support staff member and speech and language therapist so they could ensure they were kept up to date with how people should be supported. They attended the provider's regional meetings and met monthly with the operations management group. The registered manager confirmed they would be attending the Oxfordshire Association of Care Providers meetings where they could share experiences and learn lessons from other managers in the geographical area. The registered manager spent most of their time based at the Banbury location, but was in regular contact with the day to day manager at the Bicester site. A new manager had been recruited and was due to start working in the Banbury service shortly after the inspection.

The registered manager explained that they would be arranging a 'driving up quality day' where people using the service, relatives and professionals would be invited to share their views on the service and for the provider to understand what areas were working well and where improvements needed to be made. The registered manager told us, satisfaction surveys would also be sent out to those people involved with the service towards the end of 2018 as another way to gain feedback on the service.

The provider was a member of various groups which included, being a member of Learning Disability England, (an organisation bringing together people with learning disabilities, relatives and professionals) and Voluntary Disability Organisation Group (bringing together the skills, experience and knowledge of member organisations to share learning, challenge barriers, influence policy and promote good practice.) Being a part of these different groups enabled the provider to keep up to date with the current situation that people with a disability face and help make changes to improve people's lives.

The registered manager had submitted relevant notifications to the Care Quality Commission and other relevant bodies.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person had not ensured that care and treatment was provided in a safe way because:<br><br>The registered person had not ensured the proper and safe management of medicines.<br><br>Regulation 12 (1) (2)(g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services or maintain accurate and complete records in respect of each service user.<br><br>Regulation 17 (1)(2)(a)(c) |