Community Integrated Care

Salford Regional Office

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 inspection carried out on the 23 February 2016.

The service provides services to people with learning disabilities and complex physical health needs so that they can live as independently as possible in their own homes. People who use the service are tenants in their own right and live with support in various types of accommodation provided by a variety of different landlords. The service is currently made up of 13 homes, providing support for 38 tenants who live in the Salford area.

There was no registered manager in place during our visit, however a regional manager was present throughout the inspection. 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. We were told that Community integrated Care were currently in the process of restructuring services they provided and that a registered manager would be appointed once this programme had been completed.

This service had not been previously inspected by Care Quality Commission (CQC).

Immediately following our inspection on the 23 February 2016, we were informed that the service had moved office from its location at the time of our inspection visit to a new address. We found that the service had moved location without submission of an appropriate application request to CQC and before the application had been approved. We are currently considering our enforcement options at this time.

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

While most staff acknowledged receiving supervision and confirmed that support was always available, a number of staff stated they had not received supervision consistently and could not remember whether they had received annual appraisals.

When we reviewed staff personnel files, whilst we saw evidence that some supervision had been undertaken, we saw no evidence of any consistent annual or regular appraisal of staff performance. Service manager's acknowledged that supervision and appraisal had not been consistent as it could have been, but were currently addressing the issues.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service Adults Safeguarding Policy and guidelines together with the Local Authority Safeguarding Procedures, which provided guidance on managing safeguarding concerns.

As part of the inspection we looked at a sample of six care files and found that a range of risk assessments had been undertaken by the service. These provided guidance to staff on people's individual needs and included risk assessments to ensure people were safe.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We found that records supporting and evidencing the safe administration were complete and accurate in people's homes. People's medication was stored in a secure cabinet within each person's bedroom.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. On the whole, relatives told us they felt that there were generally sufficient staff numbers on duty to meet people's needs.

We found all new members of staff underwent an induction programme. New staff attended a six day office based training session followed by a period of shadowing based on their individual requirements and confidence.

Staff had received training in the Mental Capacity Act (MCA) area were able to provide good examples about when people may be deprived of their liberty, or may not be able to make choices for themselves.

We looked at how people were supported to maintain good nutrition and hydration. We found where this had been identified as a support need, people had appropriate care plans and risk assessment in place.

People who used the service told us they were happy and felt well looked after by staff.

Staff we spoke with were able to provide good examples to demonstrate how they respected people's dignity and privacy. One member of staff explained how they always ensured when providing personal care that doors and curtains were closed and emphasised how they respected people's privacy and dignity at all times.

Both people and relatives told us the care staff helped to promote their independence or the independence of their relative. Staff told us how people become confident after being encouraged to be more independent.

On the whole, most relatives we spoke with said the service was responsive to their and their loved one's needs.

People we spoke with confirmed they were involved in determining the care needs of their relative and were invited to annual reviews, where they felt listened to.

Each person had care plans in place which provided guidance for staff about how best to meet each person's needs. These provided staff with information on medication, personal care, dietary requirements, communication, mental capacity, mobility and behavioural issues. The care plans were located at each house we visited so staff could access them easily, with duplicates held at the office.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received.

Most staff we spoke with told us they felt well-led and supported and that the service promoted an open and transparent culture.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included a health and safety check list, accident and incident reports and medication audits. The provider used a service quarterly audit tool, completed by service managers to review the quality of service delivery.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and Mental Capacity Act.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who used the service and their relatives told us they or their loved ones felt safe and secure living in their homes.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. Supervision and appraisals of staff performance were inconsistent.

Staff had received training in the Mental Capacity Act (MCA) area were able to provide good examples about when people may be deprived of their liberty, or may not be able to make choices for themselves.

We looked at how people were supported to maintain good nutrition and hydration. We found where this had been identified as a support need, people had appropriate care plans and risk assessment in place.

Is the service caring?

Good

We found the service was caring. People who used the service told us they were happy and felt well looked after by staff.

Staff we spoke with were able to provide good examples to demonstrate how they respected people's dignity and privacy.

Both people and relatives told us the care staff helped to promote their independence or the independence of their relative. Staff told us how people become confident after being encouraged to be more independent.

Is the service responsive?

Good

We found the service was responsive. On the whole, most relatives we spoke to said the service was responsive to their and their loved one's needs.

People we spoke with confirmed they were involved in determining the care needs of their relative and were invited to annual reviews, where they felt listened to.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led. We found that the service had moved location without submission of an appropriate application request to CQC and before the application had been approved.

Most staff we spoke with told us they felt well-led and supported and that the service promoted an open and transparent culture.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included a health and safety check list, accident and incident reports and medication audits. The provider used a service quarterly audit tool, completed by service managers to review the quality of service delivery.

Salford Regional Office

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 checked 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 23 February 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. We also contacted relatives of people who used the service via the phone on the 24 and 25 February 2016 to obtain their views of the services provided. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also spoke to local commissioning and safeguarding teams.

At the time of our inspection, the service was made up of 13 homes, providing support for 38 tenants who lived in the Salford area. We spent time visiting five homes, which provided accommodation for 10 people who used the service, to see how services were provided and to review care files. Due to the complexity of needs of people, we were only able to speak with six people who used the service. However, we spoke with 15 relatives and a friend of one person who used the service via subsequent telephone interviews. During the inspection, we spent time at the office and looked at various documentation including care files and staff personnel files.

At the time of our inspection the service employed a total of 74 members of staff. During our inspection, we spoke with the regional manager, three service managers, the office administrator and 12 members of support staff.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they or their loved ones felt safe and secure living in their homes. One person who used the service told us, "It's a lovely house, everybody is very friendly here." Another person who used the service said "Yes I feel safe living here." One relative told us, "I do feel she is safe, she appears to be ok." Another relative said "I think she gets good care and is safe."

Other comments from relatives included; "We think she is safe now. Initially our relative was very demanding and staff didn't have the experience dealing with her needs. Since then a new group of staff have taken over who are very well disposed to our daughter and are able to meet her needs." "Yes she is safe and well cared for. We visit very frequently and know she is." "My relatives is safe and happy. It certainly gives me peace of mind." "He is perfectly happy and certainly safe, I think this is a better provider than last time." "My son is safe, but they did have a tenant who was very aggressive and was upsetting. Staff handled the situation fantastically, made sure my relative was reassured and calm. They always checked to make sure he was ok. I felt the person had been wrongly placed in that house by social services."

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service Adults Safeguarding Policy and guidelines together with the Local Authority Safeguarding Procedures, which provided guidance on managing safeguarding concerns. We also looked at the service whistle blowing policy. We found that all staff had completed regular training in safeguarding both at an induction level and subsequently, which we verified by looking at training records.

We spoke with staff about their knowledge of safeguarding procedures during the inspection and what action they would take if they had any concerns. One member of staff told us, "In my previous employment I have reported a member of safe for safeguarding, so I wouldn't hesitate if I had any issues. I'm confident the service would respond correctly if I raised any issues. I'm aware of whistleblowing and would use that process if I thought it was appropriate." Another member of staff said "I'm confident in my knowledge of safeguarding and whistleblowing as I have raised concerns in the past. I wouldn't worry about reporting anything."

Other comments from staff included; "I've been involved in safeguarding referrals and have reported concerns in the past. It's about making sure people are safe, so I would not hesitate." "With safeguarding concerns, I would report to the manager or via whistleblowing depending on what it is." "Any concerns I would document them and contact a manager, I know they would take it on board straight away."

We found people were also protected against the risks of abuse, because the service had robust recruitment procedures in place. We reviewed a sample of 10 recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history, interview assessments and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. However, five personnel

files we looked at lacked sufficient information to demonstrate that people had been safely recruited. The regional manager told us that Community Integrated Care took over the contract from another provider and a number of staff working for the old provider were automatically transferred over. Their records had been obtained and held at the Head Office. Through contact with the Head Office, the Regional Manager was able to reassure us that those members of staff had been safely recruited. We were shown a list demonstrating that current DBS checks were in place for the staff members concerned. They also told us that immediate steps would be taken to update the content of all personnel files within the office.

As part of the inspection we looked at a sample of six care files and found that a range of risk assessments had been undertaken by the service. These provided guidance to staff on people's individual needs and included risk assessments to ensure people were safe. These risk assessments provided clear guidance for staff as to what action to take to reduce risks and how best to support people. Risk assessments we looked at included medication, mobility, eating and drinking, mealtimes and cooking, going out into communities, bathing and showering.

In each house we visited, we saw that regular checking of fire safety systems and equipment was undertaken. Individual fire evacuation plans existed for each person who used the service. We looked at records, which demonstrated that regular water temperature monitoring was undertaken, including checks of equipment such as wheelchairs, bed rails and mattresses.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. The service medication policy included guidance to staff on how to deal with the administration of medicines including dealing with medication errors. We found that records supporting and evidencing the safe administration were complete and accurate in people's homes. People's medication was stored in a secure cabinet within each person's bedroom.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as to relieve pain. We found that medicines prescribed in that way had adequate information available to guide staff on to how to give them. Staff we spoke with confirmed they had received medication training, which we verified by looking at training records.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. On the whole, relatives felt that there were generally sufficient staff numbers on duty to meet people's needs. One relative told us, "Staffing levels have never been an issue." Another relative said "No concerns about staffing, we are always made to feel welcome." Other comments from relatives included; "There is always different staff on. They are all kind and nice, but there is no continuity for residents in this house." "I have no issues with staffing, who are consistent and make me feel welcome." "They have been short of staff, but always provide cover. No concerns." "Staff seem to change a lot, which doesn't help people's routine."

We spoke with staff to gage their feeling on staffing levels across the service. One member of staff told us, "Staffing currently with the two ladies in this house is fine. At night time there is always a service manager on call." Another member of staff said "I have no concerns with staffing." Other comments from staff included; "No concerns with staffing levels here, people are safe." "No issues with staffing, we are a really good team." "We have two full time members of staff. At times when you are single cover it can be hard with four people in the house. It seems to be quite often especially with annual leave. I have raised the issue and have been told that they are recruiting staff to address matters in this house." "I don't think there is enough staff in this house. We go for weeks with just one member of staff per day for four individuals. Things have improved, but have some way to go." "No concerns with staffing levels, there are four permanent staff for this house. If we

need staff we use bank staff."

Requires Improvement

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. One relative told us, "From what I've seen, staff seem very competent and well trained, I have no concerns."

We found all new members of staff underwent an induction programme. New staff attended a six day office based training session followed by a period of shadowing based on their individual requirements and confidence. As part of the induction programme, staff worked towards obtaining the care certificate, which required the completion of work books and practical assessments. Staff we spoke with confirmed they received training both at induction and then annually through refresher training. We saw that all training requirements for staff including annual mandatory training were managed by way of a training matrix, which was maintained by the office administrator.

One new member of new staff told us, "The induction consisted of training in the management of aggression, food hygiene, health and safety, safeguarding, autism and medication." Another new member of staff said "My induction consisted of a seven day course, it was really informative and included management of aggressive behaviour, first aid, autism, medication and safeguarding. You had to complete work books as part of a Betec qualification. I then did seven days of shadowing. I had competency assessments in medication as part of the training. I felt the training prepared me for the role."

Comments from other staff regarding the level of training they received included, "I think the training here is very good. We get annual training such as safeguarding, first aid and a fire safety course. I do a load of training to support my role." "I get annual training mainly in manual handling, safeguarding and food hygiene. I have recently covered the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), which was covered in safeguarding training." "We get a lot of training here, you can request training and if relevant they will always let you do it. I'm due to attend training in ensuring care plans are person centred." "Since my initial training I have had regular further training and I am now a qualified moving and positioning facilitator. This enables me to assess people's needs and the equipment they need and to ensure staff are competent in meeting these specific needs."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Regular supervision and appraisal enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. While most staff acknowledged receiving 'one to one' supervision and confirmed that support was always available, a number of staff stated they had not received supervision consistently and could not remember whether they had received annual appraisals. One member of staff told us that the last supervision they received was in March 2015 and that they had never had an annual appraisal. Another member of staff stated that supervision had not been regular or consistent in the last two years and that they had not received an appraisal since working for the service.

When we reviewed staff personnel files, whilst we so evidence that 'one to one' supervision had been

undertaken, we saw no evidence of any consistent or regular appraisal of staff performance. Service manager's acknowledged that supervision and appraisal had not been as consistent as it could have been, but were currently addressing the issues.

We looked at the service performance appraisal policy, which stated 'all employees will receive a supervision/review at least once in a six week period, with the goal of meeting monthly as the ideal.' Additionally, it said 'all employees will receive two formal Performance Appraisal's; a half year review in September and full year review in March.' We found no supporting evidence that this policy was being adhered to.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff.

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. We saw staff had received training in this area and gave good examples about when people may be deprived of their liberty, or may not be able to make choices for themselves.

People we spoke with told us before receiving care, staff always asked them for their consent. During our visits to people's homes, we witnessed staff seeking consent from people before undertaking any activity or task. One member of staff told us, "People can express themselves here, so people can say or communicate whether they are consenting or not." Another member of staff said "What people say matters here, we do listen and they know we take account of what they say."

Other comments from staff included, "I have one service user who can't communicate verbally, but I've learnt basic sign. When you spend time with people you get to know when they are consenting or refusing. Another person rubs their top lip to indicate consent." "Both my residents can communicate verbally, so obtaining consent is not an issue in this house."

We looked at how people were supported to maintain good nutrition and hydration. We found where this had been identified as a support need, people had appropriate care plans and risk assessment in place. Where people had been referred to Nutrition And Dietetic Services, clear instructions were available to staff in care files providing guidance on how to support people, such as with percutaneous endoscopic gastrostomy (PEG) feeding.

We asked the people we spoke with for their opinions of the food and if they were offered choices by staff. One person who used the service told us, "Food is alright and I can choose what I have." Another person said "I decide what food I have and I'm happy living here, no complaints." Other comments included, "The food is nice." "Food is fine, I can choose what I want." "I choose my food and go shopping in the morning with staff."

Good

Is the service caring?

Our findings

We asked people for their opinions of the staff who supported them. People who used the service told us they were happy and felt well looked after by staff. One person who used the service told us, "They are great, they look after you properly, you get treated great." Another person who used the service said "I like all the staff, they are kind and nice." Other comments from people who used the service included, "The staff are very kind to me and I'm very happy here." "The staff are ok and friendly. They are good at helping me." "I like it here. I think the staff are ok." "Very happy no complaints. Staff are fine, smashing. I get on well with everyone."

One relative told us, "They appear to be kind, caring to my daughter and she appears to be happy." Another relative said "The staff are utterly committed to residents and we are seeing positive changes. The present staff group we feel positive and confident about." Other comments from relatives included, "Staff are a warm and kind to our daughter and genuinely fond of her. The style of care is informal." "Our relative is well looked after, the staff are very caring and kind." "The staff and the relationship they have with our daughter is very good." "Staff I meet are nice and caring. They know my relative's likes and dislikes, who has a good quality of life." "My son is well cared for and has a good relationship with staff. We also have a good relationship and are always made to feel welcome when there." "Staff are very caring and have people's interests at heart. You can see the enthusiasm and connection they have with residents, which is great to see." "I have peace of mind where my son is, he is content and happy." "He gets on well with staff, who are very kind with him and they have a fantastic relationship."

People also told us that care staff respected their or their family member's dignity and privacy. Comments from relatives included, "They are good at respecting his privacy and dignity and always responds to what he wants." "From what I see staff have a very good relationship with my relative and are definitely respectful of her dignity and needs." "They are very respectful of her privacy and have a good relationship with her." One person who used the service said "They help me shower and always cover me up."

Staff we spoke with were able to provide good examples to demonstrate how they respected people's dignity and privacy. One member of staff explained how they always ensured when providing personal care that doors and curtains were closed and emphasised how they respected people's privacy and dignity at all times. One member of staff told us, "If I'm helping someone dry after a bath, I will always cover up one side of their body so they are not exposed." Another member of staff told us, "With people's privacy and dignity, that is basic human respect and that is what I would demand. I never forget this is their home and I'm a guest here."

Both people and relatives told us the care staff helped to promote their independence or the independence of their relative. Staff told us how people become confident after being encouraged to be more independent. This involved taking people out on trips and holidays, encouraging people's involvement in cooking and cleaning and making choices in respect of food, dressing and what they wanted to do. One relative said "My relative doesn't interact well, but staff do their best and they are introducing a sensory room, which he will benefit from." Another relative told us, "My relative is happy and is in a wheel chair and

can't talk. They encourage him to do things, but he can only do so much because of his condition." Other comments from relatives included, "She is involved in activities and goes out. They encourage her to do household tasks, but our relative is not very interested and difficult to motivate."

One member of staff said "We encourage people to be independent, such as choices of what they want to eat, personal care and choosing what they want to wear. We always encourage them to do as much as possible. We have supported one resident going to church, which is where she has now met friends." Another member of staff said "I will always promote choice, such as what do they want to wear. I will bring different outfits so that they can choose. This is even though they say they are not bothered, but they always choose."

Good

Is the service responsive?

Our findings

On the whole, most relatives we spoke to said the service was responsive to their and their loved one's needs. One relative said "When I contact them, they do respond promptly." Another relative told us, "They are very responsive in my view, they will always get back to me."

Other comments included; "They do listen, one example related to lone male staff in the house. They responded to my concerns." "They do listen and action any concerns I have." "CIC were initially falling short in respect of behaviour issues with our relative, which impacted on cleanliness, so they initially didn't have the capacity to meet the practical needs of our relative. I felt they weren't responsive to our relative's need or our concerns as perhaps they should have been. It required the involvement of commissioners for our concerns to have been addressed." "I made an enquiry to take my relative for a spa day, but they never got back to me, which was disappointing." "We have had a few issues, but they are good at replying to us to resolve matters."

People we spoke with confirmed they were involved in determining the care needs of their relative and were invited to annual reviews, where they felt listened to. One person told us, "I have been invited to a review of my relatives care and did feel listened to and involved in their care." Another relative said "I'm involved in my relative's annual review and they do keep me informed." Other comments included, "They are very good at keeping me informed about what my relative is doing or what is happening. I'm very happy with things as is my relative." "They ring us from time to time and we get invited to reviews." "I'm involved in yearly reviews and they keep me informed." "Yes I'm involved in reviews of care and I'm listened to. They involve the manager, carers and the social worker. It seems very thorough."

The service was able to provide examples of how they effectively responded to people's needs. One example provided described how they identified a person with 24 hour supported tenancy who was unhappy about having to live with other people and who felt he did not need the level of support he was receiving. In consultation with other agencies, the service were able to identify a flat for this person, which resulted in the person moving and living more independently.

We looked at a sample of seven care files. Each person had care plans in place which provided guidance for staff about how best to meet each person's needs. These provided staff with information on medication, personal care, dietary requirements, communication, mental capacity, mobility and behavioural issues. The care plans were located at each house we visited so staff could access them easily, with duplicates held at the office.

The care plans also contained 'One page profiles'. These provided information about what was important to people, what people liked and admired about each person, important things people needed to know about them and how to best to support them. This enabled staff to have relevant information available to them about what people wanted and what their choices were and how best to support people's needs. We saw that people's weights were monitored, together with bowel movements or food and liquid intake as directed by other health care professionals.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. Most people we spoke with knew how to make a complaint and felt that they would be listened to. Each house held regular meetings to address issues and identify any concerns that people had. We looked at notes, where the service had met with relatives to discuss and resolve concerns. Issues discussed included behaviour, medication, activities and staffing concerns.

The provider, Community Integrated Care undertook an internal survey of staff including management. The feedback was analysed with 'positive' and 'negatives' being identified. People and relatives we spoke to could not remember being supplied with any questionnaires to comment on the quality of services provided. We looked at satisfaction survey forms, with pictorial diagrams to assist people answering questions, however staff told us these had yet to be circulated.

On the whole, people and relatives felt they or they relatives received adequate stimulation and involvement in activities, so that people maintained active lives and were involved in the local community. One person who used the service said "I go out to appointments, I do shopping. I went on a cruise last year with a staff member and had a great time." Another person said "I'm going to a community centre, where I do exercises and play bingo." Other comments from people who used the service included, "I go out to a club, where they do bingo and disco. I'm go to a community centre every Wednesday and go on holiday." "I go out and do dancing to music and all sorts of things."

One relative told us, "I think they could provide a little more to stimulate my relative, but on the whole I'm very satisfied with the care and support they get." Another relative said "I think my relative needs more stimulation as she spends a lot of time in bed. I've been told they can't take her out when there are other residents in. She does get taken out, but not as often as I would like." Other comments from relatives included, "She always goes out and about and they always keep her busy doing things." "My relative has a will of her own and goes to day centres and goes out. They take her on holiday and she has been to Wales and Blackpool with at least one member of staff to go with her." "Three days a week he goes to an adult training centre, on other days he is taken shopping and kept very busy." "They take her out for lunch and give her positive experiences and stimulation."

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place during our visit, however a regional manager was present throughout the inspection. 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. We were told that Community integrated Care were currently in the process of restructuring services they provided and that a registered manager would be appointed once this programme had been completed.

Immediately following our inspection, we were informed that the service had moved office from its location at the time of our inspection visit to a new address. We found that the service had moved location without the submission of an appropriate application request to CQC and before the application had been approved. We are currently considering our enforcement options at this time.

We asked relatives what they thought of how the service was led and managed. All of the people we spoke with told us staff were friendly and approachable when they had spoken to them and had tried to be helpful. Relatives we spoke with knew individual service managers, who were responsible for a set number of homes. One relative told us, "It does seem there is a thin management structure. We would feel happier if there was a resident senior manager in post." Another relative said "There is a new manager in place that I wasn't told about. A member of staff texted me, that is how I found out." Other comments from relatives included, "I recently visited and spoke to a member of staff who said they hadn't met the new manager. I'm not sure what the management structure is, don't actually know who is in overall charge." "I'm not really aware of management structure. I met the old registered manager a few times, but I don't know who has taken over."

Most staff we spoke with told us they felt well-led and supported and that the service promoted an open and transparent culture. One member of staff told us, "The atmosphere is definitely open and honest and that gives us confidence as everybody's views are listened to." Another member of staff said "I love it and I'm very happy. People are open and honest. Managers are easy to talk to if I need anything."

Other comments from staff included, "I have found when I need support from a manager that support wasn't forthcoming. Absent management is an issue, which I have raised as staff are left feeling isolated." "I feel the managers are not involved enough." "They are quite open and honest here. If you have anything to say, you can say it without fear."

We found that regular reviews of care plans and risk assessments were undertaken. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included a health and safety check list, accident and incident reports and medication audits. The provider used a service quarterly audit tool, completed by service managers to review the quality of service delivery. This identified any required actions, which were reviewed by the Quality and Excellence Partners, who attended meetings to validate any responsive action taken to address concerns

We looked at the minutes from recent house, team and regional meetings. This provided staff with the opportunity to discuss concerns or talk about areas which could be improved within the service. We saw that topics of discussion included issues such as training, medication and one page profiles.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and mental capacity act.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider could not demonstrate the appropriate support and professional development of staff.