

The Royal School for the Blind

# SeeAbility Buckinghamshire Support Service

## Inspection report

The Office, Waterside House  
Taylor Road  
Aylesbury  
Buckinghamshire  
HP21 8DJ

Date of inspection visit:  
26 September 2017  
27 September 2017

Date of publication:  
30 October 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 September 2017. It was an announced visit to the service. This meant the service was given 24 hour notice of our inspection. This was to ensure staff were available to facilitate the inspection.

The service is registered for the regulated activity personal care. It provides care and support to people living in a supported living service. The registered office is on site and is situated on the second floor. The supported living scheme is on the ground and first floor. At the time of the inspection they were providing personal care support to 11 people.

There was a registered manager in post as required. 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.

This was the first inspection of the service since it was registered with the Care Quality Commission. It was a comprehensive inspection to enable us to rate the service.

We found the service was providing effective, caring, responsive and well-led care to people. Improvements were required to ensure consistent safe care was provided.

The majority of people and relatives spoken with were happy with their care and individual staff. However, most people and one relative were dissatisfied with the staffing arrangements. They felt the staffing was not what they were promised, they did not get the support they required and when required. There was a high use of agency staff which they felt led to inconsistent care for them. The shifts were not appropriately managed either to ensure the right skill mix of staff were available to people which had the potential to impact on the care people received. This was being addressed through recruitment of new staff and the introduction of a shift leader and a shift planner to ensure tasks were delegated appropriately. A recommendation has been made for the staffing levels to allow for the delivery of all aspects of the agreed care packages.

Staff took responsibility for people's medicines. Medicines were not kept secure and interim prescriptions were not recorded and signed appropriately on the medicine administration record. A recommendation has been made to address this.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence. People were assessed prior to moving into the service to ensure the service could meet their needs. They had support plans in place which provided guidance to staff on the support required. People were not involved in their support plans. A new support plan format was being introduced across the organisation which would promote people's involvement.

People were consulted with on their care and the service worked to the principles of the Mental Capacity Act 2005. People's health and nutritional needs were identified and met. They had community access included in their package of care to enable them to pursue their hobbies and interests. Some people felt this was not clear to them and not sufficient. The registered manager confirmed they clarified this in the tenants meetings held after the inspection.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively.

Staff were kind, caring and promoted people's privacy and dignity. They were aware of people's communication needs and encouraged their involvement in the service. Information was provided in an accessible way to benefit individuals.

People were provided with information on how to raise a concern or a complaint. Monthly tenants meetings had recently commenced to enable people to raise issues which affected them as group. An annual survey was to be undertaken to enable the provider to get feedback on the service. Systems were in place to audit the service to enable the provider to satisfy themselves the service was running effectively. Where issues were identified action was taken to make improvements.

The service had built positive relationships with professionals. We received mixed feedback on the management of the service. Most people, staff and relatives were happy with the way the service was managed. Some people were dissatisfied with the way the service was managed. This was fed back to the registered manager to explore further. The registered manager was committed to developing a bespoke service to individuals and in getting the service established and involved in the local community.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People's medicines were not always appropriately managed.

People felt the staffing levels were not always sufficient.

People were safeguarded and risks to them were managed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who were inducted, trained, supervised and supported.

People were supported to meet their health and nutritional needs. Health professionals and equipment was accessed by and for individuals as required.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity, independence and respect was promoted.

**Good** ●

### Is the service responsive?

The service was responsive.

People were assessed prior to the package of care being provided.

**Good** ●

People were able to use their care hours to be supported to pursue their hobbies and interests.

People were provided with information on how to raise a concern or complaint.

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

The service was well-led.

People were supported by a service which had an experienced manager.

People were given the opportunity to feedback on the service. Systems were in place to monitor practices to make improvements to the service. The service recognised improvements were needed to people's records.

**Good** ●

# SeeAbility Buckinghamshire 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.

This inspection took place on 26 and 27 September 2017 and was carried out by one inspector. The provider was given 24 hours' notice of the inspection. This was because the location provides a supported living service and we needed to make sure that appropriate staff and managers would be available to assist us with our inspection.

This was the first inspection of the service since it was registered with the Commission on the 6 October 2016. This inspection was a comprehensive inspection to provide a rating for the service.

Prior to this inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

During the inspection we spoke with the registered manager and five staff. We spoke with eight people living in the supported living scheme. We spoke with two relatives during the inspection and spoke with two relatives by telephone after the inspection.

We looked at a number of records relating to individuals' care and the running of the service. These included seven care plans, medicine records for seven people, six staff recruitment files and staff supervision records, accident/incident reports and audits.

We asked the provider to send further documents after the inspection. The provider sent us documents which we reviewed and used as additional evidence.

## Is the service safe?

### Our findings

People told us they got the right support to take their medicine and their medicine was given when prescribed.

None of the people receiving support were self-administering their medicines. People's support plans included a medicines support assessment document and peoples' consent for staff to administer their medicines. Systems were in place to record medicines received, returned and disposed of. People had a medicine administration record in place. These were printed and provided by the supplying pharmacist. "As required" protocols were in place for paracetamol. We saw prescribed topical creams were not signed for. Interim prescriptions were hand written but were not routinely dated and signed by the staff member adding them to the medicine administration record. This was not in line with the provider's medicine policy which outlined two staff were to sign for interim prescriptions. The deputy manager told us they carried out a visual audit of medicine records but this was in the process of being developed into a written audit which would include regular stock checks of people's medicines.

Medicines were stored in a cupboard in the office which contained people's daily files, communication book and handover records. Staff were continuously accessing this cupboard. Throughout the two days of the inspection we saw the key to the cupboard which contained the medicine was left insecure and accessible. This was pointed out to staff on day one of the inspection but they continued to leave it insecure and accessible. There was no system in place to record the temperature of the cupboard in which medicines were stored and the continual opening of the cupboard would have meant the required safe temperature for medicine storage could not be maintained.

It is recommended the provider improves their medicine practices to promote safe storage of medicines and recording of topical creams and interim prescriptions in line with pharmaceutical guidance.

The service had a flexible rota which included a core number of care hours per shift with other hours provided around individual's packages of care. Therefore the staffing levels varied each day. Staff worked across both floors as opposed to having a set number of staff per floor. Staff were available 24 hours a day and back up on call management support was provided. The registered manager was not included on the rota and assisted on shift when required. The service had a deputy manager and two senior support leads who worked on shift and had one administration day each week. The service had two and a half full time vacancies and had staff on long term sick. The registered manager was actively trying to recruit into the vacancies and agency staff were regularly used to cover gaps in the rota. They tried to get the same agency staff to provide continuity for individuals.

The majority of staff spoken with felt the staffing was sufficient to enable them to provide the level of support people required. Some staff and people felt the staffing levels were not sufficient. Two people told us they believed they did not get the care hours they were supposed to get. One person commented "I get an extra five hours a week and I ask to go out but it is not happening". Another person told us they felt their care was rushed as not enough staff was provided. A third person told us they were supposed to mobilise



everyday with two staff. They commented "Not enough staff to allow it to happen so not doing it daily". We checked their care plan which indicated they were to be supported to mobilise daily with two staff. Staff told us the person regularly refused to mobilise unless staff they liked was available. The person's daily record did not indicate they were offered support to mobilise which was refused.

Some people told us they got the hours they were supposed to get. One person commented "Yes I get the hours that are allocated to me but maybe not always at the time I am supposed to get them. Staff are often late assisting me with cooking". Some people were not aware of the hours they should get and therefore did not know if they got them or not. They were not clear how the hours were broken down in relation to care, shopping, cooking, cleaning and community access. A breakdown of the hours was included in care plans but people did not recall that being made available to them. The registered manager had recognised a record was not maintained of the hours provided to individuals. Therefore they had introduced a record to log the date, time and hours given daily. This had commenced the week of the inspection.

All of the people we spoke with were unhappy with the use of agency staff. They commented "I have no relationship with the agency staff," "There is no continuity in my care". "I never know what stranger is going to be supporting me". The service had a shift co-ordinator who was responsible for the shift. However a record was not maintained to indicate who was responsible for supporting individuals and carrying out tasks such as cooking, cleaning and community access. During the inspection we saw the shift was not appropriately managed to ensure the right skill mix of staff were available to people. The shift coordinator went out shopping with another permanent staff member. This left a permanent staff member on the first floor who was busy supporting a person, with two agency staff and a new staff member on the ground floor who was unsure of people's needs and risks. At the inspection the deputy manager showed us a shift planner they were about to introduce to ensure all tasks were allocated and guide the shift coordinator to consider the skill mix of the staff on shift.

A relative told us they did not think the staffing was sufficient. They said there was often a delay in the front door being answered and they can see that their family member was not getting the support they require or was promised. Therefore they were supporting with shopping but commented "I feel like my involvement is getting staff's back up and I feel staff find me interfering". They told us no one had sat down and really explained to them how the hours were broken down and allocated and have only found out through experience that if you do not use your hours one week you are not able to carry them over to the next week. They told us prior to their family member moving in they were told there would be three staff on each floor during the day. This was not the case and had caused them a great deal of worry and distress. These concerns were fed back to the registered manager and deputy manager to address with the relative.

Another relative commented "They appear short staffed at times. It does not impact on my family member so much but probably do on others who are less independent".

A health professional involved with the service commented "Staffing appears stretched sometimes". They gave us an example where people had missed out on pre booked activities on occasions because there was no one available to take them on the day.

It is recommended the provider ensures the staffing allows for the delivery of all aspects of the agreed care packages.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to

work with vulnerable adults. Risk assessments were in place where there was delay in getting a reference or Disclosure and barring check on a staff member. Files contained an application form, completed medical questionnaire and interview assessment records. The registered manager told us people who used the service were involved in staff interviews and during the inspection we saw this was the case. None of the staff files viewed contained a recent photograph. This was fed back to the registered manager to address.

People were protected against the risks of potential abuse. They were provided with information on safeguarding and guidance on how to report any concerns. People told us they felt safe. A person commented "I feel safe because staff are on hand in case of an emergency". Another person commented "Yes I feel safe, I cannot remember a time when I haven't felt safe". Relatives believed their family members were safe. One relative told us they had some concerns around safety as equipment such as the buzzer was not suitable for their family member's needs. They confirmed they were in discussion with the landlord around those issues.

People were provided with equipment and alarms to keep them safe. Staff had a good understanding of how to keep people safe. They were aware of their responsibilities for reporting accidents, incidents or concerns. Policies, procedures and guidance on safeguarding were prominent on notice boards and accessible to staff. Staff had been trained in safeguarding vulnerable adults. During discussion with us they demonstrated a good understanding of what abuse was and were aware of their responsibility to report poor practice or concerns that put people at risk. Accident and incidents reports were completed. They were reviewed and signed off by the registered manager or deputy manager and action was taken to prevent reoccurrence.

People were supported to take risks and were provided with equipment such as a talking microwave, one cup kettle and talking watches to promote their independence. People's support plans included risk assessments in relation to medical conditions, eating and drinking, behaviours, life skills and community access. Some people had moving and handling assessments in place. For people who self-transferred it was not clear how the risks were managed. This was addressed during the inspection and relevant risk assessments put in place. Staff spoken with were aware of the risks people presented with and the level of support and intervention they needed to manage the risk.

A health professional involved with the service commented "The managers at Waterside House are good at formulating care plans based on risk reduction and flexibility for residents". They gave us an example where a person was supported to use local facilities with staff initially supporting them and then withdrawing.

Another professional commented "Staff encouraged the service user I worked with to take positive risks, with staff support initially regarding accessing the community, and making full use of their living environments (e.g. preparing snacks, drinks and meals, personal care and mobilising around the service). SeeAbility has a wide range of equipment which enables people living with sight impairment to be able to be as independent as possible around the premises of Waterside House".

Environmental risk assessments were in place. These outlined risks to people who used the service, staff and visitors such as risks associated with medicine administration, moving and handling, health and safety, infection control and lone working. The registered provider owned the property. They had systems in place to deal with maintenance issues and the servicing of equipment such as gas, electric, fire safety and the water supply. People had personal emergency evacuation plans and a fire risk assessment was in place. The service had no system in place for logging who was in or out of the building. The registered manager told us that in the event of a fire staff would be expected to check the service to see who was in the building. The registered manager confirmed after the inspection they had contacted the local authority fire department

who confirmed this was acceptable.

## Is the service effective?

### Our findings

People told us they felt the regular staff had the skills to support them but that agency staff were less knowledgeable about their needs. People commented "Fantastic staff who are good people". "I cannot fault the staff. They do a great job".

A health professional involved with the service commented "The senior staff at Waterside House are very knowledgeable about caring for young adults, and have undertaken training with my colleague to help better understand the nature of caring for young adults with brain injuries".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Systems were in place to ensure new staff were inducted into their role. New staff completed induction training, induction into the home and worked alongside other staff in getting to know people and their needs. All new staff were enrolled on the care certificate training. This is training to ensure care staff have the required skills and competences for their roles. Staff were observed in their practice as part of the care certificate induction training and this was signed off when completed.

Staff spoken with told us they were aware of their role and responsibilities and they felt suitably skilled and trained to do their job. Permanent staff had access to training the provider considered mandatory such as safeguarding of vulnerable adults, dysphagia, health and safety, moving and handling, infection control, food safety and fire. Some staff had specialist training in diabetes, epilepsy and supporting communication. Alongside this staff were assessed and deemed competent to administer medicines and carry out glucose monitoring. A training matrix was in place which showed the training that had taken place. It highlighted when updates in training were due and booked. The provider had an in house trainer which allowed for regular access to training.

Staff told us they felt suitably supported and received regular one to one supervision sessions with their line manager. Records showed staff were formally supervised every six to eight weeks. New staff had three and six monthly reviews of their performance. Staff who had been in post over a year were due an annual appraisal which had to be completed by the end of November 2017.

People told us staff supported them to make an appointment to see a doctor if they needed that support. Some said staff or their relative go to health appointments with them if they require it.

People's healthcare needs were met. They were all registered with local GP's. Their support plans included a health record. This outlined key professionals involved with individuals. It outlined the support individuals required in meeting their health needs as well as identifying relevant health issues such as diabetes and epilepsy. Staff were proactive in referring people to the speech and language department, diabetic services and other health professionals where this was required. People had a hospital passport in place which provided key information on individuals if they required admission to hospital.

A health professional involved with the service commented "When necessary Waterside involve residents'

therapists in problem solving more difficult situations together, this collaboration is very effective for the residents and helps all the professionals involved and clients feel like we're working towards the same client-centred goals".

Another professional commented "SeeAbility worked with both myself and the service user in order to determine and aim to achieve positive outcomes for the service user. Their encouraging approach to working with service users enabled the service user I worked with to develop confidence in themselves to promote their independence in day to day living".

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 so that they can 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.

Staff were trained in the Mental Capacity Act 2005 (MCA) and had a good understanding of the act. People's support plans outlined if they had capacity to consent on their care. People told us they felt involved in their care. Throughout the inspection we saw people were informed and involved in making decisions on their day to day care.

People's nutritional needs were identified and met. Their support plans outlined the support they required with meals and risks around mealtimes. Staff supported people to do the shopping for their meals. They supported them to cook their meals or cooked for them if that level of support was required. Staff were aware who posed risks with eating and why. Support and aids were provided to minimise the risks. Some people chose not to follow guidance from the speech and language therapist to minimise risks to them. This was recorded and staff had an awareness of it.

## Is the service caring?

### Our findings

People and their relatives described staff as friendly, welcoming, kind and caring. People commented "Staff are brilliant, exceptional and I love them all". "I love the staff and feel genuinely cared for". "I love living here, staff treat me well and they always promote my privacy and dignity". One person told us the permanent staff go above and beyond what is expected. They were unable to think of an example.

A relative commented "I am 100% happy with the care. {Person's name} is treated as an adult and involved in their care. Another relative told us they were impressed with the effort made to enable their family member to settle in. They commented "All staff are very good in the way they support and care for {person's name}".

A health professional involved with the service commented "Clients I see appear to have a better quality of life for living there: I enjoy visiting them at this supported living home as there is a pleasant atmosphere to the place that is not always the norm for these type of residences". They told us their experience of working with the support staff had been very positive. They commented "Many support staff appear to have good professional working relationships with the residents, and have very pleasant attitudes and a caring nature at work".

Another professional told us "Staff at SeeAbility were sensitive in their approach to working with service users as they were aware of the service user's previous experiences of care and support, as well as the person's mental health needs".

Permanent staff had a good knowledge of the people they supported. They treated people equally and responded appropriately to people's diverse needs and wishes. They showed concern for people's well-being and were aware of their communication needs and abilities. Throughout the inspection we observed positive interactions between staff and the people they supported. When communicating with people staff used good eye contact, provided clear explanations and used appropriate touch. Throughout the inspection staff and people who used the service were overheard talking, laughing, joking and having fun.

People's privacy and dignity was promoted. People had their own one bedroom flat with an en-suite shower. They shared the kitchen, dining/sitting area and bathrooms. People told us staff always knocked on their flat doors and waited for a response before entering. Throughout the inspection we saw this was the case.

People were encouraged and supported to be independent. People who were able to attend to their personal care needs were supported and encouraged to do that. They were involved in activities of daily living such as cleaning, laundry, shopping and cooking. The level of involvement varied and was dependant on individual's abilities.

People were encouraged to be involved in their care and supported to make decisions on what they required support with. People were provided with information in a user friendly way and had the option of

information being provided in braille for those who needed it.

People's care plans did not make reference to end of life care or wishes. The registered manager told us the intention was for this to be explored with people once they had settled into the service.

The service had no advocacy involvement. The service was aware how to access advocates for individuals if they required it. A leaflet was available to people to make them aware of advocacy services.

## Is the service responsive?

### Our findings

People were assessed and encouraged to visit the service before coming to live there. A relative told us their family member was given the opportunity to look around the building and spend short periods of time there before moving in. The relative and person using the service felt it was a smooth and supportive transition from their previous placement to the service.

Some people felt the service had not considered whether new people moving in were compatible with people already living there. They felt the different level of care needs impacted on the time and staff available to them. This was fed back to the registered manager to explore further with people.

Each person had an assessment document on file. This outlined people's personal care and health needs as well as their spiritual, cultural and sexual needs and preferences. Support plans were in place. They provided information on what was important to and about the person as well as guidance on how the support was to be delivered. These were generally detailed and specific as to the level of support required.

Some people were aware support plans existed, others told us they had not seen sight of their support plan. The support plans viewed showed no evidence of people's involvement in them. There was no record to say they had been discussed with individuals and whether individuals had been given the opportunity to sign the care plan or refused to sign it. The registered manager told us care plans were under review and people's involvement would be more evident in the new format which was being developed.

The registered manager told us people had access to reviews of their care. Some people and their relatives confirmed reviews had taken place. Others were not aware of the frequency of their reviews or if one had been planned. We asked for this to be made known to people and their relatives. The service had recently introduced a key worker system. This was where a named staff member was identified to work closely with individuals. People were aware who their keyworker was. The role was still under development.

A health professional involved with the home commented "The area manager is very experienced and responsive, and the onsite manager has been very cooperative in setting flexible care plans that maximise my clients' independence and contribute to rehab goals.

Another professional commented "SeeAbility were slow in their communication and action to enable the service user to move into See Ability, however following their admission to Waterside House, communication was very good and the six week review not only included the senior support staff and management, but also included carers who worked directly with the service user on a day to day basis with a range of daily living activities. Staff communicated transparently with both myself and the service user which enabled us all to work together to achieve the best outcomes for the service user".

The service had considered how people had access to the information they needed in a way they could understand it, in order to comply 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. The assessment document made reference to the accessible information standard and established how a person accessed information. This was then included in the communication guidance for individuals. We saw in one person's support plan they required information in braille. This was then contradicted in other areas of their support plan. The registered manager told us the person did not require written information in braille and agreed to update the support plan.

People were supported with community access as part of their allocated hours. Some people felt the time allowed for community access was not enough. Other people were unaware how many hours were provided for community access. Some people had developed friendships and therefore went out together. Some people went to work placements, college or on social activities. Support was provided in line with the package of care provided.

A health professional involved with the service told us staff could be more proactive in making suggestions as how to get the most out of individuals support hours to increase their leisure activity.

People were offered choices in relation to their day to day care. One person felt they should be able to choose which staff supported them which created difficulties for that person when those staff were not available. People's individuality was promoted and staff respected their choices and decisions in relation to their care.

People told us they would talk to staff if they had any concerns. Some people mentioned key staff they would go to such as their keyworker or the deputy manager. The majority of relatives told us they felt able to raise concerns and felt confident they would be addressed. One relative raised concerns with us. They were worried about raising them with the service as concerned of any implications for their family member. They agreed to me letting the registered manager and deputy manager know. The registered manager confirmed after the inspection they had set up a meeting with the relative to address their concerns and provide them with reassurance around raising concerns. The service had a complaints procedure in place. People were provided with a copy of it in a user friendly format. Staff knew how to respond to any concerns people raised. A system was in place to log, investigate and respond to complaints.

## Is the service well-led?

### Our findings

We received mixed feedback on the management of the service. Some people were complimentary of the management team. They found them pleasant, friendly and helpful. One person commented "I like the manager, very easy to talk to". Another person commented "Good manager who does listen to you".

Relatives told us they felt the service was well managed. They described the registered manager as "A nice person, find her easy to talk to, very supportive, professional and always gets back to me, like what I see so far, the manager is around, chats and helps out".

Two people told us they did not feel the registered manager had a presence in the service. One person commented "I find it awkward to have a conversation with the manager". Another person commented "I don't find the manager a people's person". One relative told us they did not feel welcome in the service. They felt they had not built a relationship with the registered manager. They commented "Always upstairs and no presence". This was fed back to the registered manager to reflect on.

Staff felt the service was well managed. They told us they felt very well supported. They described the registered manager as accessible, approachable, understanding, knowledgeable and experienced. They felt team work was promoted and issues in the team were addressed and managed. Staff commented "I feel so lucky to be working here with such a great manager and team". "I am happy in my role". "The manager is lovely, they get stuck in and help out which is always supportive".

Staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. Staff meetings took place regularly. Staff felt able to contribute to the staff meetings and felt their views and input were taken on board to develop the service.

The registered manager had previous registered manager experience. They had been in this post since April 2017 and felt supported by the organisation. They were aware of their responsibilities under duty of candour and to notify CQC of significant events.

They had completed the organisations induction training and was working through the management induction standards. The Manager Induction Standards set out what a manager needs to know and understand to perform well in their role. They can be used in all care settings and are a measure of good practice.

The registered manager was clear of their vision for the service. They wanted people to develop more independence skills and have greater opportunities made available to them. They intended to employ volunteers and the service had become a student nurse and work experience placement. The manager was keen to improve community links. Links had been established with Bucks Vision with a view to them working in partnership. Work placements had been set up for people and the service was involved in a community coffee morning at a local supermarket. The local counsellor had chosen them as their local charity and they felt they were been accepted in their neighbourhood.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager carried out monthly audits of practice such as audits of support plans, accident and incidents, complaints and staff files. The provider carried out quarterly audits of the service. These were detailed and comprehensive and included feedback from people as well as sampling records. Health and safety was referred to in the monthly and quarterly audits and a detailed health and safety audit was completed in August 2017. Action plans were put in place to address issues from audits. These were added to a central action plan and signed off when completed.

People were empowered to contribute to improve the service. Systems were in place to promote this. Tenant meetings had recently commenced which people found beneficial. Keyworkers had recently been introduced and people would have the opportunity to meet with their key worker monthly to discuss their needs, support required and influence change in their support. The organisation carried out annual surveys in November of each year. The first one for this service was due in November 2017.

People had signed to consent to the service keeping their personal information on file and being available to staff and others who required access to them. During the inspection we saw people's daily files were not always kept secure. Handover records and individual's daily records lacked detail around the care given. Therefore they were not an accurate record of the care given. The registered manager and deputy manager had recognised improvements were necessary to the way daily records and handover records were completed and this was being addressed by them.