

Homes Together Limited

Knarborough Two Group

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Knaresborough Two Group is a residential care service. It specialises in supporting younger adults who have a learning disability, visual impairment and/or autistic spectrum disorder. The service is registered to provide accommodation for up to seven people. The service is comprised of a house and a bungalow which are approximately two miles apart. The two homes are both on residential housing estates, close to Knaresborough town centre and have good access to local services and amenities.

We inspected this service on 28 June 2017. The inspection was announced. The provider was given 24 hours' notice of our visit because this is a small service and we needed to be sure someone would be in when we visited.

At our last inspection we rated the service 'requires improvement' and identified breaches of regulation relating to safe care and treatment and around the governance of the service. During this inspection, we identified that improvements had been made and the provider was compliant with these regulations

At the time of our inspection, the service had a registered manager. They had been the registered manager since January 2017. 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 have referred to the registered manager as 'the manager' throughout this report.

We had not been notified of authorised applications to deprive people of their liberty. We are required to be notified of these so we can monitor the service provided. We also identified that the provider had not ensured that the rating, awarded following our last inspection of the service, was displayed on their public website. The failure to meet these key requirements demonstrated that the service had not been consistently well-led. We have further addressed these concerns outside of the inspection process.

Despite this, people gave us positive feedback about the manager and the service provided. We found there was a positive, open and inclusive culture at the service and the manager was clearly committed to providing a person-centred service for the benefit of the people that lived there. We noted the manager did not receive formal documented supervision and have made a recommendation about this in the body of our report.

People who used the service told us they felt safe. Staff completed appropriate training to enable them to provide safe and effective care and support. Staff understood their responsibility to identify and report any safeguarding concerns. There were effective recruitment systems in place to ensure only people considered suitable were employed. We found that sufficient staff were deployed to ensure people's needs were met. People were supported to take their prescribed medicines.

Care plans and risk assessments were in place providing detailed guidance for staff on how to safely meet people's needs. We observed that staff understood people's needs and care and support was provided in-line with the guidance set out in their care plans. Staff sought people's permission before providing care and support. Consent to care was recorded in people's care plans and appropriate applications had been authorised or submitted where people were deprived of their liberty. We noted some inconsistencies in records kept with regards to people's capacity and best interest decisions and have made a recommendation about this in the body of our report.

Staff received regular supervision and support to enable them to provide effective care and support. People were supported to ensure they ate and drank enough and to access healthcare services where necessary. Professionals told us they had effective working relationships with staff and the manager.

People told us staff were kind and caring. We observed that staff had established meaningful relationships with the people they supported. Staff supported people in a way which maximised their choice and independence. People were supported to maintain their privacy and dignity.

The care and support provided was person-centred. People's needs were regularly assessed and person-centred care plans were in place to provide detailed guidance to staff on how best to meet people's needs. Staff were attentive and responsive to people's needs. People were supported to engage in a wide range of meaningful activities and to pursue their hobbies and interests.

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 were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns.

Risks were identified and assessed. Care plans and risk assessments provided guidance to staff on how to safely meet people's needs.

Sufficient staff were deployed to safely meet people's needs.

Staff supported people to ensure they took their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and support to enable them to provide effective care.

Consent to care was sought and applications to deprive people of their liberty had been submitted to the managing authority. We noted some inconsistencies in recording around people's capacity and with regards to best interest decisions.

People were supported to ensure they ate and drank enough.

Staff supported people to access healthcare services where necessary.

Is the service caring?

Good ●

The service was caring.

Staff were observed being kind, caring and attentive towards people who used the service.

People told us staff were caring and treated them in a way which maintained their privacy and dignity.

Staff supported people to make decisions and have choice and control over their daily routines.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and understood how to best meet their needs.

Detailed care plans were in place to guide and support staff to provide person-centred care.

People were supported to maintain their independence and engage in a wide range of meaningful activities.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not ensured that all notifications were submitted. The provider had not displayed the rating awarded following their previous inspection on their public website.

People who used the service, staff and professionals we spoke with provided positive feedback about the manager and their management of the service.

There were systems in place to gather feedback and monitor the quality of the care and support provided.

Knarborough Two Group

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 was 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 announced inspection was completed on 28 June 2017. The provider was given 24 hours' notice of our inspection because this is a small service and we needed to be sure someone would be in the service when we visited. The inspection was carried out by two Adult Social Care Inspectors.

Before our visit, we looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur which affect their service or the people who use it. We asked the provider to complete a Provider Information Return (PIR) and this was returned within the agreed timescales. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

As part of this inspection, we visited the two homes and spoke with three people who used the service, two people's relatives and two health or social care professionals. We observed interactions between staff and people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us. We had a tour of the service including communal areas and, with permission, looked in people's bedrooms.

We spoke with the manager, deputy manager and four members of staff. We looked at four people's care plans and risk assessments, medication administration records, four staff recruitment and training records, meeting minutes and a selection of records relating to the maintenance and running of the service.

Is the service safe?

Our findings

At our last inspection in March 2016, people who used the service were not protected against environmental risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was now compliant with this regulation.

Regular health and safety checks were completed. Window restrictors were in place, where necessary, to manage the risks associated with falling from height. The temperature of medicine cabinets, fridges and freezers were regularly checked to ensure food and medicines were stored safely. Hot and cold water temperature checks were completed to manage the risk of scalding and legionella.

We reviewed maintenance records relating to both supported living services. We observed that appropriate checks were completed of the electrical installation and portable electrical equipment. Each service had a gas safety certificate and records showed the fire system was regularly serviced. Weekly and monthly checks were completed of the smoke and heat detectors, fire extinguishers and emergency lighting. Records evidenced that fire drills were held to ensure staff knew how to safely support people to evacuate in an emergency.

Each service had a fire risk assessment and had recently been inspected by the fire service. Personal emergency evacuation plans (PEEPs) were in place containing details about the level of support people would need to evacuate the service in the event of an emergency.

People who used the service told us they felt safe living there and with the care and support staff provided. Where people were unable to verbally communicate with us, we spent time observing the care and support provided and interactions with staff. We saw people were comfortable in their surroundings and acted in a way that showed us they were relaxed and at ease in staff's company. This showed us people felt safe.

We asked relatives of people who used the service if they felt it was safe. One relative told us, "They [staff] seem to keep a good eye on them." Whilst visiting health and social care professionals told us, "The service does what it needs to do to keep the client safe in as unobtrusive a way as possible" and "The staff are efficient at ensuring service users are protected from any potential harm. Residents are assisted or closely observed with all potentially harmful tasks."

People who used the service provided positive feedback about staffing levels. One person commented, "There's always a member of staff here." During the inspection, we observed staff were immediately available to meet people's needs. We saw care and support was provided in a timely, attentive and patient way. A member of staff told us, "We definitely do have enough time to spend with people."

We found that each of the two homes that made up Knaresborough Two Group had their own staff team

and rotas were in place to ensure enough staff were on duty when needed. We reviewed rotas and saw that sufficient staff were on duty to meet people's needs with sickness or absences covered by existing members of the staff team. We concluded that sufficient staff were employed and deployed to meet people's needs.

There had been no safeguarding concerns involving people who used the service since our last inspection. Despite this, the provider had a safeguarding policy and procedure and records showed staff completed safeguarding training. Staff we spoke with showed a good understanding of their responsibility to identify and report any safeguarding concerns to the manager. This showed us systems were in place to support staff to identify and address safeguarding concerns should the need arise.

The provider had systems in place to identify and manage risks to keep people who used the service safe. Each person who used the service had a care file containing care plans and risk assessments relating to their care and support needs. Risk assessments identified potential risks and then provided comprehensive guidance to staff on how support should be provided to manage those risks to keep the person safe. We found risk assessments were detailed and person-centred with appropriate guidance and control measures were in place to promote people's safety. Our conversations with staff demonstrated that they had a good understanding of people's needs and what support was required to keep them safe. During the inspection, we observed that the care and support staff provided followed the guidance set out in people's care plans and risk assessments. For example, where people needed specific support at mealtimes to manage the risk of choking, we saw staff were careful and attentive in ensuring this support was provided.

At the time of our inspection there had been no accidents or incidents involving people who used the service. Despite this, there were systems in place to ensure these would be recorded and reviewed by management, should the need arise, to identify and ensure people were kept safe from any newly identified risks.

Records demonstrated that the provider undertook recruitment checks to help ensure suitable staff were employed. We saw new staff had completed an application form, provided references and had been checked by the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on people who intend to work with children or vulnerable adults. This helps employers make safer recruitment decisions and also minimises the risk of unsuitable people working with adults who may be vulnerable.

People who used the service were supported by staff, where necessary, to take their prescribed medicines. A person who used the service confirmed this saying, "The staff help me with my tablets." They explained that they always received their medicine at the right time.

The provider had a medicine policy in place and staff completed training to enable them to administer medicines safely. The manager completed medicine competency checks to ensure staff had the skills needed to administer medicines safely. We saw some minor gaps in these records and spoke with the manager about developing a more formal system of regular competency checks.

We saw the level of support people required with taking medicines was documented in their care files. Medication Administration Records (MARs) were used to document when people had taken their medicines or the reasons why these had been refused or not given. Our checks showed MARs were accurately completed and up-to-date. Protocols were in place to guide staff when to administer medicines which were prescribed to be taken only when needed. A record was kept of when these medicines had been administered and why.

Regular checks were completed to identify and resolve any shortfalls with the management and administration of people's medicines.

Is the service effective?

Our findings

We received consistently positive feedback about the effective care and support staff provided. People who used the service told us staff were, "Excellent", "They are good" and "The staff team are really good. We have a lot of banter." A relative said, "The staff are really good. They are dedicated and they care."

We reviewed training records, which showed staff completed a range of internal and external courses as well as online 'e-learning' to support them to provide safe and effective care. This training covered topics including safeguarding adults, diversity and equality, epilepsy, food hygiene, first aid health and safety, infection control and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Records evidenced that there was a system in place to monitor staff's training needs and ensure regular refresher training was completed to maintain their knowledge and skills. A member of staff told us, "Every year you have in-house training. The training is really important; you can never have enough training." Staff told us advice, guidance and support was available and they could request additional training if they felt this was needed.

During our inspection, we observed staff provided safe and effective care. Staff showed a good understanding of people's needs and were skilled at providing necessary care and support in a way that maintained people's safety and minimised any anxiety or distress. This showed us staff had the knowledge and skills required to effectively meet people's needs.

Staff we spoke with told us they had formal and informal supervision to support them in their role. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We saw records of completed supervisions and appraisals, which evidenced staff received on-going support and the opportunity to review and discuss their progress. The manager maintained a 'supervision and appraisal planner', which enabled them to monitor and ensure supervisions were completed. This evidenced that regular supervisions had taken place and annual appraisals were booked to review staff's performance across the year.

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. We found that people who used the service were asked to sign their care plans to record that they consented to the care and support provided. Applications to deprive people of their liberty were appropriately submitted where people lacked

mental capacity. Staff we spoke with showed a good understanding of the importance of consent and supporting people to make decisions. We found some inconsistencies in the paperwork used and record keeping around mental capacity assessments and best interest decisions and spoke with the manager about reviewing this.

We recommend the provider reviews relevant guidance on to the Mental Capacity Act 2005.

We asked people who used the service what the food was like. One person told us, "Brilliant, we get variety. My favourite is Sunday roast." Other people provided positive feedback about the food available and confirmed that they had a varied diet.

The manager explained that shopping was done online and delivered weekly. Staff told us they also did shopping if needed. In both services, there was a range of food available including fresh fruit and vegetables from which staff could prepare meals for people who used the service.

A four weekly menu plan was in place, but staff and people who used the service confirmed that alternatives were always available. Staff explained that they talked with people who used the service and used their knowledge of what people liked and disliked to ensure people were offered appropriate meals and drinks. Staff we spoke with showed a detailed knowledge of people's preferences and support needs around mealtimes.

We observed staff supported people where necessary to ensure they ate and drank enough. Monthly weights were completed to monitor people to identify signs of significant weight loss or weight gain. We spoke with the manager about talking to people who used the service to explore whether they would like further support or a referral to the dietician regarding their weight. The manager agreed to explore this.

Staff supported people who used the service to ensure their health needs were met. People who used the service told us, "They sort out the doctors or dentist quickly for me if I need them." Whilst a relative said, "If there are any health issues, they sort it out."

We saw information was recorded in people's care files regarding any health needs they had and how these affected them. Care files documented any support required from staff to meet people's health needs as well as contact details for any professionals involved in supporting people who used the service.

A record was kept of any medical appointments people had and these evidenced that people were supported to access a wide range of healthcare services where necessary.

Professionals we spoke with told us they felt they had effective working relationships with the manager and staff. One visiting professional told us, "Any changes to the client's circumstances are discussed fully at meetings with myself...the service has been very responsive in ensuring that any action which needs to be taken is dealt with appropriately."

Is the service caring?

Our findings

We received positive feedback about the kind and caring staff who worked at Knaresborough Two Group. A person who used the service told us, "They [staff] are caring; they are respectful." A relative said, "The staff care for them; they do seem to genuinely care." Whilst a visiting professional commented, "It is clear from speaking with staff they genuinely care about the residents and are willing to go the extra mile to ensure they are well supported and happy." A member of staff explained, "It feels like a family rather than a business, it's very caring."

Each of the two homes that made up Knaresborough Two Group had its own staff team. This meant people who used the service were supported by a small group of regular and familiar staff. A relative of someone who used the service told us, "It's been the same staff for quite a while so the people are used to them." A member of staff commented, "Because we are a small team, we know them well." This consistency supported staff and people who used the service to get to know each other and to develop meaningful caring relationships.

People who used the service said they got on well with staff and enjoyed spending time with them. People knew all of the staff by name and told us they had good 'banter' with them. It was clear from our conversations that people who used the service valued the positive caring relationships developed with the staff. Where people were unable to verbally communicate, we observed that they were relaxed and at ease around staff and responded positively to their interaction. We observed that staff were kind, caring and gentle in their approach and treated people in a way that showed us they genuinely cared about their wellbeing.

People told us staff treated them in a way which maintained their privacy and dignity. One person said, "They [staff] treat us with respect. I enjoy my own space. They do respect my privacy; they knock on the door if it's closed." Another person told us, "It's quite good, you have got your own room and your own space." Our conversations with staff demonstrated that they understood the importance of maintaining people's privacy, dignity and confidentiality. We observed staff treated people with respect. For example, we saw a member of staff supporting a person to put their coat on. They showed kindness and sensitivity and provided support in a gentle and caring way. We saw staff spoke with people in a kind, caring and attentive way. Where people who used the service were unable to verbally communicate, staff used tactile contact to gently guide and support people or to provide reassurance.

Staff supported people who used the service to maintain their independence and to have choice and control over their daily routines. Staff we spoke with understood the importance of seeking consent and respecting people's decisions. During the inspection, we observed that staff offered people choices and supported people wherever possible to make decisions. We saw staff were skilled at making suggestions or providing information, but allowing people to make their own choices.

We saw that care plans contained information about people's likes, dislikes and personal preferences. This demonstrated that people were asked about their care and support and involved in decisions about how

this should be provided. One person who used the service told us, "They read me what has been written as I am blind. If I didn't agree what had been written I can say." This showed us staff were mindful of people's communication needs and put strategies in place to ensure people were involved as much as they wanted to be in decisions about their care. Information was recorded in people's care files to help staff understand non-verbal communication. This information supported people to make decisions as it aided staff to understand what certain behaviours or actions might mean.

Is the service responsive?

Our findings

Throughout our visit we observed staff provided responsive person-centred care to people who used the service. It was clear staff knew people well and understood how best to support them. A visiting professional told us, "The client's needs are met and staff attempt to give them as good a quality of life as possible."

Each person who used the service had a detailed care plan containing person-centred information about their needs and guidance for staff on how those needs should be met. These records incorporated information about people's likes, dislikes and personal preferences, demonstrating that people who used the service and people important to them had been involved in planning their care and support. We saw good evidence that care plans and risk assessments were regularly reviewed and updated. People we spoke with confirmed that they were involved in this process and consulted about their care and support. A visiting professional told us, "[Name] is at the heart of all decisions made on their behalf and they are consulted, along with their family, as to what they would like to happen."

We asked staff how they got to know people who used the service to ensure they provided person-centred care. One member of staff said, "You go through the care file and talk with the manager. We attend meetings with medical experts and spend time with the person." We found that staff knew people very well. Staff we spoke with were able to provide detailed information about people's hobbies and interests, social history, important people in their lives, what people did for themselves and the level of support required from staff to meet their assessed needs. We observed that staff provided care and support in line with best practice guidelines and as set out in people's care plans. This showed us that there were effective systems in place to ensure people received person-centred care.

Staff supported people who used the service to maintain their independence. People told us, "I help them [staff]. I wash up. It gives the staff a bit of leeway" and "I put the mats out and put knives, forks and spoons out." We observed that people were encouraged to do things for themselves including activities of daily living and chores around the house. We saw people were free to spend time how they chose and staff supported people to pursue their hobbies and interests. One person told us, "I chill out and relax and listen to CD's or the radio" and "I tend to like doing things on my own, but I go out with staff if I want to – I choose."

Other people who used the service were encouraged and supported to engage in a wide range of meaningful activities. We saw activities planners were in place which evidenced people attended regular activities, classes, went on trips out or socialised with friends. A member of staff told us, "We do get people out most days for activities." Relatives of people who used the service said, "The staff do take them out and about. They take them out for meals" and "They keep them occupied; they have a programme of activities through the week." A visiting professional told us, "When [Name] is not at activity groups, they spend time with their keyworker in the community and they are always provided with choice as to what they would like to do, therefore ensuring they have autonomy wherever possible." One person who used the service was supported to attend a local college. They told us, "I like going there, because I can spend time with my friends. We are like a big family."

People who used the service were supported to maintain important relationships that were meaningful to them. One person told us, "If my friend wants to come for tea, there is no problem – they would be made welcome." Relatives of people who used the service told us they were free to visit when they wanted to and that staff made them feel welcome.

The provider had a policy and procedure in place for managing and responding to comments or complaints about the service provided. We saw no complaints had been received since our last inspection of the service. People who used the service confirmed they had not needed to complain about the service, but told us they felt comfortable speaking with staff or the manager if there was anything they were unhappy or worried about. A visiting professional told us, "I feel confident in stating that should an issue arise, it will be dealt with efficiently and appropriately by staff."

We saw a house meeting had been held in one of the homes and the complaints procedure had been discussed. Minutes evidenced that people had been encouraged to provide feedback or raise any concerns they had. This showed us the manager was open to feedback and had a positive approach to receiving and dealing with complaints, issues or concerns.

Is the service well-led?

Our findings

At our last inspection in March 2016, people who used the service were not protected against risks due to the lack of adequate quality assurance systems within the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made to the governance of the service and the provider was now compliant with this regulation. The service had a manager who became the registered manager in January 2017. The registered manager was supported by a deputy manager and senior staff in the management of the service.

Providers and managers of adult social care services are required to notify the Care Quality Commission (CQC) about certain changes, events or incidents that affect their service or the people who use it. This is important as it allows the CQC to monitor the care and support provided. During our inspection, we identified that a small number of notifications had not been submitted when applications to deprive people of their liberty had been authorised. The manager acknowledged this, but told us they had been wrongly advised about who was responsible for submitting these notifications.

Providers are also required to display the ratings awarded following a CQC inspection in every location and on any website maintained by or on behalf of the provider. We identified that the rating awarded following our last inspection was displayed in the service, but our checks showed this rating was not displayed on the provider's public website.

The failure to submit notifications and to display the location's rating on the provider's public website demonstrated that the service had not been consistently well-led. We have further addressed these issues outside of the inspection process.

Despite these concerns, people who used the service told us, "I'm quite happy actually" and "I like it here." People's relatives said, "I think it is excellent. This is by far the best place [Name] has been" and "We are very happy with the service...it suits [Name] well and we are pleased with it."

Staff provided positive feedback about the service, the manager and deputy manager. Staff told us management were approachable, listened to them and responded to any issues or concerns they had. Staff said they felt supported by the manager and that advice and guidance was available when they needed it. A member of staff told us, "You can go to your manager and they offer a lot of support." A visiting professional told us, "I cannot stress too highly that the manager of the home is also very supportive of my own role and informs me immediately of any developments."

We found there was a relaxed, open and inclusive culture within the service. A member of staff told us, "There is no tension in the house and if there were you could talk about it." Management had a visible presence within the service and both the manager and deputy manager were actively involved in providing 'hands on' care and support. A member of staff said, "The manager gives instruction by example. They are

very, very good." It was clear that staff and management had effective working relationships and staff worked well as a team. We saw staff were relaxed around management and people communicated openly and respectfully with each other.

Staff meetings were held to share information and to discuss developments or changes within the service. Meeting minutes evidenced that topics discussed included people's needs, improving paperwork, training, audits, rota's, holidays and any other issues or concerns. Minutes showed that there was an inclusive culture within the service with information effectively shared and issues discussed with a view to improving the service.

During our inspection, we asked to look at a variety of records and documents relating to the service provided. We found that records were stored appropriately and were generally well maintained and updated regularly. We identified minor examples where some information needed to be updated, because it included outdated terminology. The manager acknowledged this and agreed to address the issue.

There were systems in place to monitor the quality and effectiveness of the care and support provided. In addition to checks of medicines, health and safety and the home environment, we saw the provider completed audits covering all aspects of the service. This included audits of finances and 'petty cash', personnel files, care records, health and safety, safeguarding accidents and incidents, complaints, training and the policies and procedures. We saw that audits completed identified areas requiring improvement and an action plan was in place and had been signed off where actions had been completed.

The manager completed quality assurance surveys to gather feedback from people who used the service, staff and visiting professionals. We saw how these were used to monitor and improve the service provided. For example, we found that a staff survey completed in April 2016 included comments about the lack of regular supervisions and appraisals. A further survey had been completed in November 2016 and feedback in this area had significantly improved reflecting the work that had been done to address these concerns.

We identified that the service was generally clean, tidy and well-maintained, but found one area which required further attention. We spoke with the manager about monitoring this to ensure that tasks were completed at suitable intervals to maintain cleanliness. They agreed to address this.

The manager told us they attended management meetings with the provider and managers of other services. This provided the opportunity to share information and access additional advice, guidance and support. The manager told us that support was available from the provider; however, we noted the manager did not receive formal documented supervisions. It is important that staff, including the manager, receive regular supervision as this provides an opportunity to review and discuss progress, identify any training or development need and to monitor performance.

We recommend the provider reviews their policy and procedure with regards to supervision.

Throughout our inspection, the manager demonstrated they were open to feedback and keen to improve the service for the benefit of the people who lived there. The manager explained the work they were doing to ensure people's care and support needs were reviewed by the local authority. They explained these reviews were important in ensuring people's wishes and views were safeguarded and provided an invaluable opportunity for professional insight, advice and guidance regarding the service they provided. This demonstrated a person-centred approach to providing care and support and evidenced the manager was keen to ensure they provided the best service possible for the people they supported.

