Avocet Trust

22a - 26 Middlesex Road

Inspection report

22a - 26 Middlesex Road
Hull
North Humberside
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

22a – 26 Middlesex Road located in the east of the city of Hull and is registered to provide care and accommodation for up to a maximum of six people with a learning disability. Accommodation is provided in four semi-detached bungalows in a residential area close to local amenities.

We undertook this unannounced inspection on the 25 February 2016. At the time of the inspection there were six people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements were required to ensure confidential records and monies belonging to people who used the service were held securely in one of the four bungalows. We found the cupboard where personal records were stored was unlocked and the key had been left in the lock, which meant confidential files were not being stored securely. These issues meant the registered provider was not meeting the requirements of the law regarding confidentiality of records. You can see what action we have asked the provider to take at the back of the full version of this report.

We found further improvements were also needed to be made to the records maintained within the service. This included job sheets and hot food temperatures not being fully completed and incorrect temperatures being maintained in freezer records.

We found the environment was clean and tidy, but improvements were required to stop the practice of fire doors being wedged open and to the safe storage of disposable gloves and bags.

People we spoke with told us they felt safe living in the home. The staff understood the procedures they needed to follow to ensure people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns. However we found in one area of the service staff had not considered the potential for financial abuse by leaving a key in the safe of an unlocked cupboard. There were policies and procedures available to guide them.

Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people. This included training considered essential by the registered provider and also specific training to meet the needs of people they supported.

People who used the service had assessments of their needs undertaken which identified any potential risks to their safety. Staff had read risk assessments and they were aware of their responsibilities and how to support people in order to minimise risk.

We found people's care plans were written in a way that clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people to understand by the use of pictures and symbols. We saw evidence to demonstrate that people and their relatives were involved in their care planning.

We found staff had a caring approach and found ways to promote people's independence, privacy and dignity. Staff provided information to people and included them in decisions about their support and care.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. We saw staff monitored people's health and responded quickly to any concerns. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.
Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People had access to a range of community facilities and completed activities both within the service and the local community. They were encouraged to follow and develop social interests and be active and healthy and to go on holiday. Staff also supported people to maintain relationships with their families and friends.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

There was a complaints process and information provided to people who used the service and staff information on how to raise concerns directly with senior managers.

A revised quality assurance system had recently been introduced which consisted of seeking people's views and carrying out audits and observations of staff practice. This had been introduced to identify shortfalls that the current system had failed to action, so actions could be taken to address them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements needed to be made to ensure people's monies were held securely, to stop the practice of wedging fire doors open and for the safe storage of disposable gloves and bags.

There were sufficient numbers of staff, available at all times to meet the needs of the people who used the service. Safe recruitment practices were followed.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse, or became aware of an abusive situation. Staff in one area had not recognised how their actions had the potential to provide an opportunity for financial abuse.

Is the service effective?

Good

The service was effective.

The registered provider followed the principles of the Mental Capacity Act when assessing capacity and making decisions in people's best interests. Applications to deprive people of their liberty had been applied for appropriately.

People's health and nutritional needs were met. They had access to a range of health care professionals in the community when required. Menus were varied and provided people with a choice of meals and alternatives.

People were supported by staff that undertook a range of training, relevant to people's care needs. Staff received supervision, support and appraisal.

Is the service caring?

Good

The service was caring. People were supported by staff who had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed positive interaction between staff and people who used the service during our inspection visit.

Staff had developed positive relationships with the people they supported and were seen
to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People received person-centred care. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were enabled to maintain relationships with their friends, relatives and the local community. There was a range of activities to ensure people participated in their preferred interests. There was also access to day trips out and holidays.

People felt able to complain and there were procedures for staff to follow in how to manage complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Personal information and care support records of people who used the service were not stored securely in one bungalow. Records for cleaning and the recording of food temperatures were not always maintained or completed accurately.

The registered manager promoted a culture of fairness and support which was focused on providing the best outcomes possible for the people who used the service. Although they welcomed suggestions from people who used the service, their relatives and staff, there were no records available to demonstrate how people's suggestions had been considered or implemented.

There was structure to the organisation and levels of support. The registered provider was fully involved in overseeing the service.

A new quality improvement programme had been recently introduced which consisted of audits, observations of practice,

meetings and questionnaires.

22a - 26 Middlesex Road

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 registered 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 unannounced inspection took place on 25 February 2016 and was carried out by two adult social care inspectors.

We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. We also received information from two relatives and two professionals following our inspection. There were no outstanding concerns from any of these people.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) to evaluate the level of care and support people received. We spoke with the deputy care manager, the registered manager, two members of staff and one person who used the service. Two relatives were spoken with during the inspection. Two relatives and two professionals were spoken with following the inspection.

We looked at the premises including people's bedrooms (with their permission), care records in relation to two people's care and medication. Records relating to the management of the service including; the recruitment files, supervision and appraisal records for two staff members, staffing rotas, minutes of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures were looked at. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interests. A tour of the buildings was carried out to make sure it was clean and tidy.

Requires Improvement

Is the service safe?

Our findings

People who used the service had communication and language difficulties; because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We had limited discussions with one person who used the service who told us they felt safe and staff were their friends.

Relatives told us, "The service is very good, there are a lot worse places!" Another told us, "Avocet places a great emphasis on training which feeds down to the clients," and "It is safe here – no question about it."

Professionals told us, "The service are very quick to contact us if they have any concerns" and "On the whole the service is good."

Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space. During our inspection we observed that people who used the service were comfortable in the presence of staff and did not hesitate to go to them for support or assistance.

During a tour of the premises with the registered manager we observed some practices that required improvement. In one of the bungalows we found a key had been left in the door to an unlocked cupboard, the cupboard contained a small safe which held people's personal monies, the door to the safe was closed, but the key had been left in the safe door, so finances were not being held securely on behalf of the people who used the service.

We also found some of the doors were wedged open, which meant there may be a delay in closing doors in the event of a fire. When we brought this to the attention of the registered manager, they told us there was a planned programme in place to fit identified doors with hold back devices and showed areas where these had already been fitted.

Boxes of disposable gloves and clinical waste bags were seen to be openly stored in bathrooms and were accessible to the people who used the service. In one of the bungalows we saw toiletries were stored in the bathroom and were accessible. The care plan for one person plan who used the service stated they had previously attempted to consume soap. We spoke with the registered manager about this and they offered us assurances they would ensure these items would be removed and stored more securely.

The registered provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff confirmed they had completed safeguarding training with the local authority and they were aware of what to do if they had any concerns. They were also aware of the whistle blowing policy and procedure. In discussions, staff demonstrated knowledge of the different types of abuse and signs and symptoms that may alert them to concerns.

Risk assessments were seen to be in place to support people to maintain their independence and to

minimise risks. These had been developed with input from the person, professionals and staff. Risk assessments we saw included falls, activities, accessing the community, correct posture, nutrition and changing behaviours.
Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

We looked at the recruitment checks the service had carried out for new staff. These showed robust measures were in place to ensure staff were suitable to work with vulnerable people. New staff had completed an application with a detailed employment record and references had been sought. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff starting work. DBS checks consisted of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Interview records were maintained and contracts and terms and conditions for employment were in place. Staff spoken with told us they had received an induction and had access to training, supervision and support to help them to develop and feel confident when caring for people and carrying out their roles. Records reviewed confirmed this.

We found there were sufficient staff on duty to meet the current needs of people who used the service. Rotas indicated each of the people who used the service had an individual staff member allocated to them during their waking hours. Two waking staff and two sleeping in staff provided support during the night. The registered manager told us they were currently recruiting to four staff vacancies and following recent interviews had appointed to three of the current vacancies. They explained the shortfalls caused by the vacancies were being covered by existing staff, bank staff and on occasions agency staff. They told us they always tried to obtain the same bank and agency staff to cover shortfalls in order to provide continuity to the people who used the service.

There was a complaints process and information provided to people who used the service and staff in how to raise concerns directly with senior managers.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. We saw medicines were ordered, recorded and stored in line with national guidance. We found the registered manager checked the medicine records every month, no issues had been identified. This meant systems were in place to monitor and review the medicines processes and ensure they were safe. We checked the storage arrangements and the medication administration records during the inspection visit and found these were safe and satisfactory. The staff confirmed people's medicines were regularly reviewed by their GP.

Good

Is the service effective?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We had limited discussions with one person who used the service who told us they had been helping staff to make their favourite meals, curry, lasagne and shepherd's pie to put into the freezer before they had gone out to watch the wrestling. They told us they also went out for meals and the food was good.

Relatives we spoke with told us they thought staff understood their family member's needs and had the skills and abilities to meet them. Comments included; "The staff are really well trained generally and they look after [Name] well, it's great" and "They are very good at keeping us up to date with everything what is going on, as I am not able to visit as much as I did before. They let me know about any appointments that are planned and then ring me with an update once they have attended, so I know exactly what is going on, it is very reassuring." When asked about the food provided in the service, one relative told us, "There is a good range of food provided and they often go out for meals."

Professionals told us staff contacted them if they felt people's needs had changed or they needed advice or support.

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies in the service. Staff confirmed that menus were planned in consultation with people who used the service where possible. Where people were unable to inform staff verbally of their preferences the staff would show people different meals to choose from and their known likes and dislikes were always considered. When people had tried and liked different food, records of this were maintained and incorporated into menus for people.

Staff we spoke with had a good understanding of people's preferences for food and their individual dietary requirements. They gave examples of one person whose independence skills had deteriorated and as a result of this, experienced difficulties in eating and drinking. They explained the person had been referred to the dietician and speech and language team for advice. The introduction of adapted cutlery had been unsuccessful but they were able to offer a range of supplementary fingers foods, which the person was able to manage independently between meals and maintain their weight.

Staff recorded people's food and fluid intakes in order to monitor people's nutritional needs were being met as well as using this to offer a varied balanced diet to people. People who used the service were supported to maintain good health and had access to health check services for routine checks, advice and treatment. Staff we spoke to told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as; neurologists, dentists, opticians and members of the community learning disability team. Care records seen showed people's health needs were planned, monitored and their changing needs responded to quickly.

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. The document described what actions professionals and others could take to help and support the individual in their approach and what was not helpful to them.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. They told us applications for DoLS had been made for six people who met the criteria. Authorisations by the local authority had been made for three people and they were awaiting further response for the three remaining applications made.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included MAPA [Management of Actual or Potential Aggression Training Programme], epilepsy, moving and handling, safeguarding of vulnerable adults, challenging behaviour, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards [DoLS], Parkinson's disease, mental health and autism. Staff were also either working towards or had completed an NVQ. [National Vocational Qualification in Health and Social Care]

The registered manager told us, that after their appointment, all new staff completed a week of induction which covered essential training including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further more specialised training was also made available to them during this time including, epilepsy and autism. Records seen for a newly appointed staff member confirmed this process.

Staff we spoke with told us, "We have more than enough training and it is really useful" and "We can raise a request for any additional training that we feel would benefit us at any time as well as at supervision or during appraisals." They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice. Other members of staff said, "We can go to the manager about anything, whether it is of a professional or personal nature and we know they will do their best to support us." Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rota's and training.

We looked at the environment and found this had been designed to promote people's wellbeing and safety. Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms.

Good

Is the service caring?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We had limited discussions with one person who used the service who told us they liked staff and some had worked with them previously at another location.

Relatives told us they considered their family member was cared for well by staff. Comments included, "I couldn't look after them any better than they do" and "The staff are caring and are always kind." Another told us, "Staff look after [Name] very well, it is great," and "The care is beautiful and they do really care for him."

Professionals told us the staff team were well meaning and supportive and maintained good records, but previously there had been situations where communication could have been better.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases for example toiletries.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. Staff told us they always knocked on people's doors before entering their room and told them who they were. They told us they explained to people what support they needed and how they were going to provide this. We observed examples of this during the day with staff explaining routines and activities the person had chosen with them and planning timescales for these.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this; in home visits and sending birthday cards to family members. They told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of a core group of staff had led to the development of positive relationships between staff and the people who used the service. We observed one person seek reassurances from staff that they were on duty for the rest of the day and another staff member who they referred to by their first name would be coming on duty in the morning. The staff offered reassurances to them this was the case and discussed the activities they had planned for the rest of the day. We saw the person visibly relax following this discussion.

During discussions with staff, they were clear about how they promoted people's independence. One person described how they supported an individual to make choices about where they wanted to go on holiday.

The person they supported had asked to go on holiday and had expressed they wanted to go somewhere that had its own pool. Staff had taken them to various travel agents, where they had obtained travel brochures. At the time of our inspection visit the staff and the individual were working through the brochures and compiling a shortlist of possible venues.

Staff we spoke with told us that on occasions the people they supported may at times become withdrawn, but they were able to identify patterns of these behaviours emerging quickly and take appropriate action to engage and support them during these periods. We later looked at care records and these showed the actions described by staff were appropriate and in keeping with the protocols within their care plan. As each person had individual staffing in place to support them, this gave people who used the service the opportunity to choose their preferred activities and when they wanted to engage in them.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover, a communication book and staff meetings. People's care records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices. Relatives spoken with confirmed this.

Good

Is the service responsive?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We had limited discussions with one person who used the service who told us they went out to lots of different places with staff including wrestling, the pub, swimming, bowling and they were currently planning a holiday.

Relatives told us they considered the service was responsive to their family member's needs. Comments included; "Nothing seems too much trouble for them" and "We are involved in all aspects of their life and decisions making process, we are kept well informed about everything." Another told us, "The only thing I would comment on is the fact that staff changes from time to time, they go to do another job or get a promotion, I wish they could just stay there for him" and "When this happens there is key staff working with him, but it takes him time to get to know new people." Further comments included, "There is always plenty for them to do and they are always out and about. We can join in if we want to and we are always invited to the relatives meetings."

Relatives told us that they felt able to raise concerns. Comments included, "I have never had any cause to complain, but if I had I know I could go to the manager and they are very approachable."

We looked at the care files people who used the service. We found these to be well organised, easy to follow and person centred. Sections of the care file were in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes preferences, what made them laugh, what made them sad and their health and communication needs. For example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way. We saw that when there had been changes to the person's needs, these had been identified quickly.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, hot drinks, use of lap belts in wheelchairs and choking. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes in people's needs where this was required.

Risk assessments to guide staff on people's changing behaviours were detailed and provided information so they could recognise triggers and offer the appropriate support to the person to prevent further escalation

of their behaviour. Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews.

Records showed people had visits from or visited health professionals including; psychologists, psychiatrists, chiropodists and members of the community learning disability team, where required in relation to identified changing needs.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. They were able to give examples of how they supported individual choice for example: for one person who used the service, if staff offered the person a choice of two things if it was something they wanted they would smile and be very vocal. If their preferred choice had not been offered they would lead staff to the kitchen, where staff would offer further choices, until they were able to determine what they wanted. Staff would then ask the person if this was their preferred option and they would acknowledge this with staff. During discussion with staff, they told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported.

During the day of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with shopping, going out swimming, walks in the local community, watching television and going out for meals. Activity records showed other activities people had participated in including: trips to the theatre, going to watch wrestling, dancing, pub visits, cycling and bowling.

Staff we spoke with described the progress and achievements of the people who used the service and comments included; "After [Name] became ill we were concerned that they would not fully maintain their independence. We have seen them express their frustration on days when they are unable to complete a task they were able to do previously. We have worked with other professionals so we could support them to maintain their skills and independence for as long as possible. As a staff team we are so pleased to see his determination to overcome his health problems."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that no complaints had been received by the service, but a number of satisfactions had been expressed about the service.

Requires Improvement

Is the service well-led?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We had limited discussions with one person who used the service who told us they liked the registered manager. We observed the same person seek out the registered manager at various times of the day approaching them in a relaxed and confident manner.

Relatives commented, "I can't put enough emphasis on how good the service, the staff are friendly, it's like a family atmosphere." Another told us, "They understand him so well as an individual and this is so important" and "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me."

We observed people who used the service were comfortable in the registered manager's presence and although they did not always approach them directly, they engaged with them confidently when they were approached by them. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by senior managers and a board of trustees within the organisation.

During a tour of the building we found in one of the bungalows, confidential records were not held securely, the door to the cupboard containing these was unlocked and had been left in the cupboard door. We observed staff look for the keys in the door once they had been removed, suggesting this was not a one off practice. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager showed us a copy of the monthly quality audits completed within the service these included; medication, health and safety, the environment, fire checks and care records. However, where actions had been identified we were unable to find recorded details of actions having been taken to address identified shortfalls.

Although a quality assurance system was seen to be in place, we saw improvements needed to be made in the way the registered provider acted upon feedback from surveys. For example, where the most recent surveys had been returned from the previous quality assurance system and where recommendations had been made, there was no records to demonstrate what actions had been taken from these. This did not demonstrate the system was effective or the registered provider acted upon recommendations made for improving the service. When we spoke to the registered manager and deputy care manager about this, they told us the new audits were being implemented to ensure the robustness of the system was improved.

We found that improvements were also needed to be made to ensure records were fully completed in relation to cleaning tasks carried out as we found gaps in recording. Similarly incorrect freezer temperatures were being recorded for example; 20 C instead of - 20C. We noted the registered manager had already

brought this to the attention of staff at their most recent staff meeting, but the practice had continued.

Social and health care professionals told us that they had no current issues with the service and that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were now acknowledged and implemented quickly and there was open communication with the registered manager and staff.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. A senior support worker worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the registered manager and comments included, "She has an open door policy we can speak to her at any time about anything and we will be listened to" and " She is fair but firm when she needs to be. I think she is a good balance of both and at the end of the day it is about what is best for the people living here."

The registered manager said, "I consider myself to be fair, I have an open door policy, and staff can come to me at any time with any queries. I prioritise what needs to be done and firmly believe we are here for the benefit of the people who use the service. I share information with the staff and support them to understand what we need to do to achieve any new legislation requirements." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. Staff were provided with handbooks which explained what the expectations were of their practice and described the organisation's vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices, an inclusive society where people have equal chances to live the life they choose'. Staff received awards for long service within the organisation.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, physical interventions policy and complaints. We found these reflected current good practice.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Confidential information was not held securely at all times.