

Abbotsound Limited

Helping Hands

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Helping Hands is a supported living service in Eccles, Salford and provides 24 hour support to people with learning difficulties. There are three supported living tenancies known as Bath House, Milton Crescent and 'Number 19'.

We carried out our unannounced inspection of Helping Hands on 27 October 2015. At the previous inspection in 2013 we found the service was meeting all standards assessed.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 in relation to Safe Care and Treatment and Good Governance. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in day to day charge of the service. 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.

Summary of findings

Staff recruitment procedures were safe. We saw appropriate checks were undertaken before staff began work. However, we did identify one member of staff who started their induction before an appropriate DBS had been obtained.

We found that people's risk assessments were not always reviewed at regular intervals. Some risk assessments showed no evidence of review since 2013. This meant that people's individual needs and any associated risks were not being monitored regularly enough by staff which could place them at risk. One person had no risk assessment in their support plan, whilst another person, who we had observed to be 'unsteady' on their feet, did not have an appropriate mobility risk assessment in place. These concerns meant there had been a breach of Regulation 12 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment.

The premises were not always safe on the day of the inspection. This was because there was nothing stopping people walking off the street and gaining unauthorised access to the supported living accommodation. This was mainly in relation to Milton Crescent and Bath House, as the doors leading into these tenancies were not secure.

The people we spoke with said they felt safe as a result of the care and support they received and trusted the staff who looked after them.

People's medicines were looked after properly by staff that had been given training to help them with this.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the service had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs.

We looked at the training matrix to establish the kinds of training staff had undertaken. We found there were gaps on the matrix, which the manager told us was up to date. Some of these courses included safeguarding, moving and handling, infection control and health and safety. The manager said the expectation was to update these

courses each year. Additionally, the training matrix stated only three members of staff had completed any training in learning disabilities, which was the main specialism of the service.

Several of the people who used the service could not communicate verbally and we saw staff had been appropriately training in British Sign Language (BSL).

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection, there was nobody using the service who was subject to a DoLS.

People living at the service were involved in the planning of the menus and went shopping with staff to local shops and supermarkets each week. People, who were able to, were given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the service were able to choose either to dine in or out at a time convenient to them. The manager told us an evening meal was always prepared by staff and that people who lived at the service were able to contribute where possible. We saw the service promoted healthy eating where possible and were actively encouraging people to lose weight if that was what they wanted.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the service. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis. Some people had devised their own 'weekly planner', which set out the different types of things they liked to do during the weeks and at weekends.

The service had an appropriate complaints procedure in place. The procedure was available in an easy read

Summary of findings

format that could be understood by everyone who lived at the service. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

There was a system in place to monitor accidents and incidents. However we found no analysis of these was done which would identify any trends and prevent future re-occurrences. The manager said this was down to current time constraints.

There were policies and procedures in place, however many of these required updating.

There were systems in place to regularly assess and monitor the quality of the service. These included audits

of care plans and medication. The manager also spent time speaking with people who used the service at several points during the year to ask them about the service and if it was to their satisfaction. These were clearly recorded within people's support plans.

We did find however, that there were no systems in place to ensure that appropriate risk assessments were in place and reviewed at regular intervals, that the premises were safe and that all staff training was up to date. These were areas where we found concerns during the inspection. These concerns meant there had been a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation Good Governance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. Risk assessments were not always reviewed at regular intervals. We also found some people did not have appropriate risk assessments in place to keep them safe.

The premises were not always safe during our inspection because some doors leading to the tenancies were not secured.

People who used the service said they felt safe.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. We found that there were some gaps in staff training, particularly in relation to Safeguarding, Infection Control, Conflict Management and Learning Disabilities.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People spoke positively about the food and said they were involved in choosing their favourite foods with staff at local shops.

Requires improvement



Is the service caring?

The service was caring. People who used the service were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the service. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

The complaints procedure was available in an easy read format so that it could be understood by everyone who lived in the service. People had no complaints about the service but knew who to speak to if they were unhappy.

Good



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. There were no systems in place to ensure staff training was up to date, that risk assessments were in place/up to date and that the premises were safe. These were areas we found concerns during the inspection.

Some of the policies and procedures we looked at were out of date and needed to be reviewed.

There was no analysis of accidents done to monitor trends and prevent future re-occurrences.

Requires improvement



Helping Hands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any whistleblowing information we had received or any particular complaints about the service. We also liaised with external providers including Safeguarding, Infection Control, Environmental Health and the Social Work team at Salford Council.

At the time of our inspection there were 10 people using the service of Helping Hands, although not all of them were able to verbally communicate their views to us. During the inspection we spoke with four people who used the service, four members of staff and both the assistant and registered managers. We were able to look around each of the three support living tenancies and looked at various information. This included support plans, staff personnel files and quality assurance documentation.

Is the service safe?

Our findings

During the inspection we spoke with four people who used the service, who all told us that they felt safe as a result of the support they received. One person said; “I feel safe and all of the staff are nice to me”. Another person said; “I would say I feel safe. If I had any concerns I would speak to my support worker”. A third person added; “I can’t go home unfortunately. So this is the safest place for me for now”.

We looked at how the service managed risk. We saw people had various risk assessments in place which covered personal finances, behaviours that challenge, leaving the building unsupervised and food preparation. We found that people’s risk assessments were not always reviewed at regular intervals. For instance, one person had a risk assessment on their file in relation to them leaving the building unsupervised. This was last reviewed on 31 May 2013, with no other evidence of staff input since this date. Another person had a challenging behaviour risk assessment on their file which was last reviewed on 3 February 2013, again with no evidence of any input from staff since this date. In another support plan that we looked at, there were no risk assessments. We also observed another person during the inspection who was very ‘unsteady’ on their feet, however when we checked their care plan, we found no evidence of a mobility assessment having been undertaken by staff. These issues could place people at risk. We raised these concerns with the manager who said she would update these immediately following our inspection. These concerns meant there had been a breach of Regulation 12 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment.

The premises were not secure on the day of the inspection. This was because there was nothing stopping people walking in off the street and gaining unauthorised access to the supported living accommodation. This was mainly in relation to Milton Crescent and Bath House, as the doors leading into these tenancies were not locked. The building itself is an old leisure centre which also has a day service centre onsite known as The Lynx. There is also a main reception area located at the front of the building. The reception desk itself was unmanned and at times was a hub of activity, with no clear system to identify who was using the day service and who wasn’t, other than a signing in book on the front desk. However it appeared that only

inspectors from the CQC had signed this on entry to the premises on the day of the inspection. We raised these concerns about the security of the building with the manager.

We discussed safeguarding procedures with the four members of staff that we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; “I would speak with management straight away and complete all of the relevant paperwork such as an SG1 form. Things I would be looking for would include mood changes, unusual bruising or becoming withdrawn all of a sudden. I feel we have a duty to protect vulnerable people”. Another member of staff said; “I would not hesitate to report something like this. I would look for anything that was different or out of character with people’s behaviour”.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. We looked at the staff rotas. We found the service had sufficient skilled staff to meet people’s needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people’s choices, routines and needs. Several people who used the service required 1:1 support and we saw that staffing levels had been planned around meeting these people’s needs and requirements. One member of staff said to us; “It’s enough at the moment for the people living here”. Another member of staff said; “For the time being there are enough staff in the particular house I work in. One of the people living here needs more support than the other person because he is very independent and I can manage that”.

We looked at how the service managed people’s medicines and found the arrangements were safe. At the time of the inspection, the service used the ‘blister pack’ system which clearly sets out which medication needs to be given, at which time of the day. We saw that all medication was stored in either a secure cupboard which was always kept locked when not in use. We were told that only staff responsible for administering medicines would have access to the key. We checked a sample of four people’s

Is the service safe?

medication records and found that accurate records were maintained and medicines were given at the correct times. Several people who used the service required PRN (when required) medicines and we saw there were clear protocols in place around when these needed to be given. Some of these protocols were stored in heavily documented support plans which made them difficult to access. We raised this with the manager about ensuring this information was readily available for staff.

During the inspection we looked at seven staff personnel files and found that recruitment procedures were not

always safe. We found that appropriate checks were undertaken before staff began work. This included ensuring that application forms were completed, interviews were carried out and that appropriate DBS (Disclosure Barring Service) checks were undertaken. During the inspection, we looked at seven staff recruitment files and saw that these checks were in place. We did see in one file however, that the member of staff had started their induction before an appropriate DBS check had been undertaken. We raised this concern with the manager.

Is the service effective?

Our findings

We looked at the staff induction programme, which all staff completed when they first commenced employment at the service. Records showed there was an in depth induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they had a good introduction to the role. One member of staff told us; “I was satisfied with the induction that was provided to me”.

We looked at the training matrix to establish the kinds of training staff had undertaken. We found there were gaps on the matrix, which the manager told us was up to date. Some of these courses included safeguarding, moving and handling, infection control, fire safety and health and safety. The manager said the expectation was to update these courses each year. Additionally, the training matrix stated only three members of staff had completed any training in learning disabilities, which was the main specialism of the service. It also stated that not all staff had attended training in conflict management/restraint. We raised our concern about staff training not being up to date with the manager.

During the inspection we spoke with staff and asked them for their opinions about the training they received. One member of staff said; “I would say we get plenty of training. One of the good things is that we can put forward other training requests to our manager. I have done a diploma in Autism”. When we asked a third member of staff if they felt they received enough training they said; “I’d say so. We get put on different training courses quite regularly”.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance and we saw records to support this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. One member of staff said to us; “I have worked for the company for about a year now and have had three or four already. They always seem to take place”.

During our visit we observed people were asked to give their consent to care and treatment by staff, for instance before receiving their medication, entering people’s

bedrooms or asking what they wanted to do during the day. The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection, there was nobody using the service of Helping Hands who was subject to a DoLS. The training matrix identified that several people had attended training in this area in July 2015, however this was not consistent for each member of staff. We raised this with the manager.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the service told us they were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets each week. People, who were able to, would be given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the service were able to choose either to dine in or out of the house at a time convenient to them. We were told an evening meal was always prepared by staff and that people who lived at the service were able to contribute where possible. During the inspection we observed people entering the kitchen freely and making food of their choice when they wanted to. One person said to us; “I like to eat steak pie and chips but I’m offered choice and the staff encourage me to eat other things”. Another person said; “The staff make good food. I get a choice of what to have for my tea”.

We saw that staff promoted ‘Healthy Eating’ where possible and saw that several people were actively trying to lose weight. We saw that fresh fruit was available in each of the tenancies we visited. One person told us they chose to do ‘laps’ of the premises in a bid to undertake regular exercise and lose some weight and told us they had done 10 laps on the day of the inspection. Another person told us about how they attended ‘Slimming World’ and that they were having success with it so far. This person had also been involved in making their own soups from ‘scratch’, with support from staff.

We looked at how people were supported with their health. Each person had a Health Action Plan which showed people living in the service or their relatives were involved

Is the service effective?

in discussions and decisions about their health and lifestyles. For instance, in one health action plan we looked at, one person had been given specific instructions about how to brush their teeth from the dentist and as a result, this had then formed part of their support plan with the service. In addition, several people had a 'hospital passport'. This provided a brief overview of people's current

health needs, which could be presented in the event of them going to hospital or the doctors and could be easily understood by the staff. Additionally, there were records of regular visits to chiropodists, doctors, dentists and opticians within people's support plans. One person who used the service told us about staff supported them to attend appointments when they were due.

Is the service caring?

Our findings

During the inspection we spoke with four people who lived who used the service and asked for their opinions of the care and support they received. One person said to us; “Yes, it’s very nice here. I get everything I need and am being well looked after. I get on with the staff well and they are nice to me”. Another person said; “I like living here and watching the TV. I like the staff as well. I’m happy living here”. Another person told us; “It’s alright here. I’ve got my own bedroom which I like. The staff are alright as well they always talk to me. They are caring and they meet my needs”. A fourth person also added; “It’s brilliant. The staff are really good”.

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people’s choices and opinions. There was a relaxed atmosphere and the staff spoken with had a good knowledge of the people they supported. Staff told us they were nominated ‘key workers’ for named people living in the service. A key worker is a member of staff who with the person’s consent and agreement takes a key role in the planning and delivery of their care.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day, which were respected by staff. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. We saw that people had been able to personalise their own bedrooms with memorabilia of their choice and decorate it with specific colours of their choice. One person said to us; “I chose the colours in here”. One person who lived at one of the tenancies chose to wear a rubber ring around their waist, as well as inflatable arm bands whilst in the house. Another person seemed to enjoy the crunching sound that was made by wrappers and crisps packets. Staff however, respected these were people’s choices and that it was what they wanted to do.

We spoke with staff about how they allowed people independence when providing care and support. During the inspection we observed one person approach a member of staff and ask them to take them to the toilet, however the member of staff asked them if they would be ok going on their own which gave them their independence. One member of staff said; “It’s important to make sure we prompt people but at the same time don’t push them to do things they don’t want to do”. Another member of staff said; “We encourage people to make their own meal, do their own washing and tidy their bedrooms. This allows them to be independent”. One person using the service also told us; “The staff work around us because we all have different routines. They let us do things for our self if we can”.

People’s privacy was respected. Each person had a single room which was fitted with a lock. People could have a key to their room if they wished. During the inspection, we saw that one member of staff was in a bathroom assisting with personal care and made sure the door was closed behind them to ensure there was privacy. One member of staff said to us; “When people become upset I think that at times it is important to take them somewhere quiet as they don’t need an audience to see they are upset”. Another member of staff said; “I support a couple of people to have a shower and always ensure the doors are closed”. Another member of staff said; “I always make sure people are clean and presentable, knock on doors and offer people a dressing gown if they are unclothed”.

There was an advocacy services and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Is the service responsive?

Our findings

Each person who lived at the service had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. Staff told us they found the support plans to be useful and were involved in updating the documents in line with any changing needs. We saw that the care plans were updated at regular intervals and that people who used the service, where possible, had signed their support plan stating they were happy with any changes that were being made. One person said to us; "They do go through my support plan with me. I'm asked about changes and am involved with my support".

We saw that there were systems in place to ensure staff could communicate with people properly. For instance, several people had a 'How to communicate with me' document in their support plan which provided an overview of things staff needed to be aware of. This took into account people's medical condition, if they understood verbal language and they types of things they often asked people such as being repetitive or continually asking what people's name was. Several of the people who used the service could not communicate verbally, although we saw staff had been appropriately trained in British Sign Language (BSL). We observed staff communicating effectively with people using BSL during the inspection.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in many interesting activities both inside and outside the service. There was also a day centre onsite, where people had access to different activities during the day. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual's preferences. Activities were arranged for groups of people or on a one to one basis. Some people had devised a 'weekly planner' and set out the different types of things they liked to do during the weeks and at weekends. On the day of our inspection, many of the people who used the service had gone out with staff to participate in activities in the community and several had gone to local shops in the

nearby town centre. One person said to us; "I go swimming on a Thursday and bike riding on a Friday. The staff also take me to the cinema and into town". Another person who used the service was interested in skiing and had regular lessons at a local ski centre. At the time of the inspection, Halloween was approaching and some people had decorated parts of the tenancy with Halloween themed decorations.

We found people who used the service were supported to live as independent lives as possible with people having access to a range of services within the local community. This included, college/training facilities and employment/voluntary work where necessary. At the time of the inspection, nobody was accessing employment or voluntary work. We were told that although this was encouraged, it was people's choice as to if this was something they wanted to undertake. Several people living at the service were able to cook their own meals, although nobody was yet at the stage where they could administer their own medication. Staff were always available to support these tasks and accompanied people where necessary.

People who lived at the service were supported by staff to undertake activities of daily living, in areas which allowed them to retain their independence. This included tasks such as laundry, tidying their bedroom, attending appointments and preparing meals in the kitchen. One person had also undertaken some specific training with regards to crossing the road. This gave this person an understanding of the green cross code and how to use zebra and pelican crossing safely. People who lived at the service also told us that they were able to go on trips and holidays of their choice and that staff supported them to do this. One person said to us; "I'm looking forward to going to North Wales next year. The staff are going to come with me". Another person said; "We have been to Blackpool together in the past. It was a good day out".

We looked at how the service handles complaints and saw that there was a policy and procedure in place. The procedure was available in an easy read format that could be easier to understand for anyone who was not able to read the standard policy. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. One person said; "I have never needed to complain, but would speak with staff if I did I think".

Is the service responsive?

The service ran 'house meetings' regularly. This provided people with the opportunity to raise any concerns or change anything about the support they received. We

looked at the minutes of these meetings, which were also available in easy read format and saw people had been able to speak about how things could potentially be improved.

Is the service well-led?

Our findings

There was a registered manager in day to day charge of the service. 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 saw that there were systems in place to monitor the quality of service provided to people in order to ensure good governance. This included audits of care plans and medicines. These audits had been completed as recently as August 2015. We saw that the audit stated which areas had been covered, if any discrepancies were found and what action needed to be taken.

However, there were no systems in place to ensure that appropriate risk assessments had been undertaken and were reviewed regularly and that the premises were safe for the people who lived there. The service did use a training matrix to monitor staff training, however many of these courses were not up to date. These were all areas where we had concerns during the inspection. These concerns meant there had been a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation Good Governance.

There were systems in place to seek feedback from people who used the service. These included one to one discussions with people where they were asked about the staff team, dignity and respect, activities, food/meal preparation, holidays and if they were happy. Similar discussions were also held with relatives where they were asked if they were happy with the current placement, if they were made to feel welcome, complaints and communication. There was also a separate survey sent to ask people about the food provided at the service. This covered preferences, assistance required with preparation and their preferred choice of drink. These systems provided an opportunity for people to share their views about the service, in terms of the things they liked, or wanted to improve.

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or

discuss people's care at any time. All staff were made aware of their roles and responsibilities within the organisation and received regular feedback on their work performance through regular supervision from their manager. Staff had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and were encouraged to share their views, opinions and ideas for improvement.

We looked at how accidents and incidents were monitored. We saw that there was a clear description of what the incident was, any injuries that were sustained and if any further action was required. The manager told us that they did not do any analysis of these incidents to monitor trends and therefore prevent future re-occurrences. The manager said this was due to time constraints and not having time to undertake this work at present.

We looked at the minutes from various team meetings which had taken place. Topics of discussion included cleaning of bedrooms, finances/spending money and outings/activities for people. These meetings had been held as recently as October 2015. We saw that staff had been able to voice their opinions and discuss any concerns that were currently affecting their work

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive, however many of them needed to be updated. This meant any change in current practices may not be fully reflected in the policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme. We raised our concerns with the manager about ensuring that policies and procedures were updated and reviewed at regular intervals.

There was also a wide range of policies and procedures available in 'Easy read' format. This meant that if people had difficulty reading certain words or phrases then the information was available to them in pictorial format. Some of the easy read policies covered complaints, safeguarding, fire safety, attending the dentist and guidance around promotion of healthy eating.

The service worked in partnership with other agencies and external organisations. This included services that

Is the service well-led?

specialised in dignity and respect and challenging behaviour. The service also had links within the local community, such as a social club, which was well attended by other people with learning difficulties.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Appropriate systems were not in place to ensure appropriate risk assessments were in place and were reviewed at regular intervals.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Appropriate systems were not always in place in order to monitor the quality of service effectively to ensure good governance within the service.