

Community Integrated Care

Community Integrated Care, Leeds Regional Office

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 May 2016 and 01 June 2016 and both were announced. We carried out an inspection in April 2014, where we found the provider was meeting all the regulations we inspected.

Community Integrated Care, Leeds Regional Office provides personal care and support to people living in their own homes. They provide services to people with learning disabilities in a total of 14 supported living locations.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). However, they were no longer in day to day control of the service. The provider had recently employed a temporary regional manager to oversee the locations. There were also service leads in post for each location who were responsible for the day to day running of the location. Some service leads were responsible for more than one location. 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.

Staff did not always receive appropriate training or ongoing or periodic supervision to make sure competence was maintained. Not all staff had received an induction. Recruitment practices were safe as background checks were carried out to ensure staff were suitable to work with vulnerable adults. The service leads, staff and people who used the service told us they thought there were enough staff.

The registered person did not have effective systems in place to monitor the overall quality of service delivery and provide support to the service leads at the locations.

Risk assessments were in place for people living in the locations. However, we saw some areas within the locations that were not maintained and some certificates and assessments were out of date. We noted there were infection control concerns in some of the locations.

We were not able to see from the training information provided if all staff had received training in the Mental Capacity Act (2005). People made decisions about what they wanted to do day to day. The care and support plans we looked did contain a decision making profile but we did not see any best interest decision documented. Some staff had received safeguarding training. All the staff we spoke with were able to recognise and respond to signs of abuse.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. However, some care and support plans had not been reviewed for some months. People engaged in a range of activities, both in-house and in the community. We observed interactions between staff and people were friendly and knew how to respect people's privacy and dignity.

On the whole medicines were safely managed. People's health was monitored as required and people attended health care appointments. People's nutritional needs were met.

People we spoke with were supported by members of staff to raise any complaints or concerns if they wished.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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 always safe.

We found some areas of the locations did not comply with current Health and Safety guidance. Risk assessments were in place for people living in the locations. However, we saw some areas within the locations that were not maintained and some certificates and assessments were out of date. We noted there were infection control concerns in some of the locations.

Staff knew about the different types of abuse and how to report it. In general medicines were managed safely.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Is the service effective?

Requires Improvement ●

The service was not always effective in meeting people's needs.

Not all staff received support through their induction, supervision and training programme.

People made decisions about what they wanted to do day to day and we saw support plans we looked at did contain a decision making profile but we did not see any best interest decision documented.

People's nutritional needs were met and people had regular access to healthcare professionals and appointments.

Is the service caring?

Good ●

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

The service was not always responsive to people needs.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. However, some care and support plans had not been reviewed for more than six months.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were support to raise a complaint if they wished.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been several regional managers over the last few months. The registered person did not have effective systems in place to monitor the overall quality of service delivery and provide support to the service leads at the locations.

Accidents and incidents were recorded; however, there was no analysis of trends or lessons learned.

Requires Improvement ●

Community Integrated Care, Leeds Regional Office

Detailed findings

Background to this inspection

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

This inspection took place on 31 May 2016 and 01 June 2016 and both were announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team on 31 May 2016 consisted of one adult social care inspector and a specialist advisor in governance. The inspection team on 01 June 2016 consisted of one adult social care inspector.

At the time of this inspection there were 48 people living in 14 Community Integrated Care services in Leeds. We visited seven of the locations. We spoke with eight people who used the service, two relatives, 10 staff members, five service leads, the temporary regional manager and quality and excellence partner. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at seven people's care and support plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out surveys to 128 staff and 18 to professionals; 33 staff and one professional were returned. We have included their responses in the inspection report. We also sent out surveys to people who used the service and their relatives, but none were returned. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Before our inspection we asked staff and professionals to complete a survey. Staff told us they would know what to do if they suspect one of the people they supported was being abused or was at risk of harm and people who used the service were safe from abuse and/or harm from the staff of this service. Professionals told us people who used the service were safe from abuse and/or harm from the staff of this service.

People we spoke with told us they felt safe with the staff who supported them. One relative we spoke with told us their family member was safe. Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. Some staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available. One staff member told us, "We know the procedures to follow."

Staff said they were able to raise any concerns with the service lead knowing they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were reduced. In our survey, all staff told us they felt confident about reporting any concerns or poor practice to the management team.

In their PIR the provider commented, 'Safeguarding training is mandatory for all in relation to adults and responsibilities are regularly discussed with staff during service visits, team meetings and supervisions. Safeguarding procedures are accessible to all staff and people supported. Whistleblowing, health and safety, equality and diversity policies and procedures are in place'. The provider also commented, 'Safeguarding across Leeds we will be enhancing our mandatory safeguarding training by complimenting additional training made available by the local authority'.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at each location required should they need to be evacuated in an emergency. However, we noted at one location, all but one were out of date having been last reviewed in 2013. We saw equipment and locations had been regularly tested, however, not all the certificates we saw were in date. For example, one locations gas safety certificate had expired in April 2016. The service lead told us an appointment had been made for early June 2016 for the gas to be checked. Another location the gas safety certificate had expired in May 2015. The service lead said they would arrange for this to be addressed immediately.

We noted one location had used electrical profiling beds; pressure relieving mattresses and bed rails in were place. There was no evidence of regular checks being undertaken on such equipment. We also noted two of the locations used hoists and slings, however, we saw one sling in use was thrown away, following discussion with the service lead, due to its poor condition having holes in the sling and the velcro was compromised to the extent it could not hold any pressure placed upon it.

We saw there was no evidence of first aid boxes having been checked to ensure the contents remain in date and were replenished as and when required.

We saw the locations fire risk assessment and records, which showed fire safety equipment was tested and

fire evacuation procedures were practiced. However, we noted one location's fire risk assessment was dated April 2014. The service lead told us they would have expected a more up to date version to be made available. Another locations fire drill was last practiced in 2012, which meant people may be at risk as staff had not practiced evacuation procedures.

We saw health and safety checks were carried out weekly, which included first aid boxes, water temperatures and infection control. However, one location was unable to provide evidence of up to date maintenance checks.

We concluded the provider did not ensure some of the locations were safe for use for their intended purpose. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We asked in the PIR 'How do you ensure the service you provide is safe?' The provider stated 'Fire risk assessments are carried out by consultants based on risk. In some situations additional risk assessments and safety measures may be in place i.e. door alarms and bed sensors. Environmental risk assessments, fire drills and health and safety checks are undertaken. Emergency response files contain contact details for a wide variety of situations and a two tier on-call system includes senior managers 24/7'. The provider also stated 'We have routine repair and maintenance arrangements in place with all our service leads and people receiving care and support and supported to report any housing related issues which may affect their safety'. 'We are reviewing our staff handbook to ensure that staff have the most up to date guidance relating to safety'.

There were sufficient numbers of staff available to keep people safe. We spoke with the temporary regional manager and service leads who told us staffing levels were determined by the number of people and their care and support needs. People we spoke with said there was always a member of staff if they needed any help or support. One person said, "There is always someone to help." Another person said, "There is always someone around." One relative we spoke with said, "There has been a lot of turnover of staff."

Staff we spoke with told us, "Generally we have enough staff but on occasion we can be very busy." Another staff member said, "There is always something to do, we are busy but have enough staff."

The service operated a robust recruitment and selection process. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included an application form, interview notes and recruitment checklist. However, not all the files looked at contained references. The temporary regional manager told us the references were kept electronically. One person who used the service told us, "I want to get involved with recruitment of new staff."

We asked in the PIR 'What improvements do you plan to introduce in the next 12 months that will make your service safer, and how will these be introduced?' The provider stated 'Sufficient numbers of suitably qualified staff, within Leeds it has been a particularly difficult geography to recruit so we are adopting innovative methods of attracting paid and unpaid workers to ensure that staffing levels are kept at the required standards, but that also people supported have staff with similar skills and interests and provide opportunities (adopting skills matching)'. 'When recruiting DBS, references and eligibility checks are in place prior to start date'.

We looked at the systems in place for managing medicines and found there were generally appropriate

arrangements for the safe handling of medicines. One staff member told us, "I have never known people not to have their medication on time." Another staff member said, "It is safe and we do audits and everything is locked up."

People who used the service told us they felt well supported with their medicines. One person told us, "I get all medication when I need it." The service completed a medication care and support plan to establish the support people needed with their medication. These included a photograph of the person; detailed medicine in a pictorial format and information about any allergies they may have.

Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

For recording the administration of medicines, medicine administration records (MARs) were used. We reviewed the medication administration records and found not all had been completed correctly. We looked at one person's MAR and noted a signature had not been recorded for the 28 May 2016. The service lead told us the medication had not been given and this had been reported to safeguarding. We noted from the PIR there had been 17 reported errors with medication in the last twelve months. We saw in one of the locations empty liquid medications bottles in a box in the open access laundry room. One staff member told us they were due to be returned to the pharmacy and all the bottles were rinsed out. However, we found one bottle still had a little bit of medication in.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely. The service had a clear medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines.

We saw medication stocks were audited by the locations weekly and actions were identified. However, in one location we saw the audits had been completed on 13 February 2016, 03 April 2016, 02 May 2016 and 23 May 2016.

We looked around the seven of the services which included the communal areas and a number of bedrooms (with people's permission), bathrooms and toilets. We saw some of the locations were clean and hygienic and people were cared for in a clean and pleasant environment. However, we found in other locations some bathrooms; kitchens and laundry areas were not as clean. For example, one locations communal bathroom had a very rusty radiator, broken tiles in the shower area and a broken and unclear shower screen. The second bathroom also had rusty toilet support bars. Another locations communal toilet had no floor covering and mops, mop buckets were stored in the laundry area, the laundry room was also been used for storage, which included peg feeds. A third location had flaky walls in the laundry area with clean washing in close proximity. We also saw several of the locations had fabric hand towels in the communal bathroom and toilet areas with some having no soap. These were potentially an infection control risk.

We noted in some of the locations food items had gone passed there sell by date and some meat products were sat on a window ledge over night to defrost. There was no date on the packaging detailing when the product had been removed from the freezer. For example, one location had a mince tart pie in the fridge

with a sell by date of 27 December (no year was on the packaging). We saw a cabbage also had a sell by date of 21 May 2016.

Is the service effective?

Our findings

In our survey, staff told us the training enabled them to meet people's needs and preferences, 88% of staff agreed they received regular supervision and appraisal which enhanced their skills and learning. Professional dis-agreed the care staff were competent to provide the care and support required by people who used the service.

Staff we spoke with said they had supervision but the frequency depended on the location they worked at and their role. Staff told us they did not receive an annual appraisal. We looked at supervision records which confirmed some staff had received supervision on a regular basis. However, we saw some staff had not received supervision in line with the provider's policy which stated, 'the supervision 1-2-1 review form is completed every two months for each operations staff member by their line manager'. The provider's policy changed in February 2016 to staff receiving a meeting four times per year. One staff member told us, "I have had one supervision in the last year." Another staff member said, "I have not had a one to one for two years." Other comments included, "I don't remember when but normally we have supervisions every three months" and "I have not had time to do supervisions routinely." We asked the temporary regional manager for an overview of staff supervisions and they were unable to provide this but had created a schedule for each service lead to receive a one to one meeting in June 2016.

We asked in the PIR 'What improvements do you plan to introduce in the next 12 months that will make your service more effective, and how will these be introduced?' The provider stated 'Supervision and appraisal is carried out at a service level; however, increased oversight of this is to take place at an organisation level through the implementation of KPI s for 2016/2017. This will enable us to go beyond compliance and look at the quality of supervision for our staff group. The organisation has developed "you can" a performance and management tool kit for managers , this will be launched and implemented across Leeds in June and a programme of appraisal will be agreed ensuring that all staff have an appraisal in line with the new framework during 2016'.

Staff we spoke with told us they received training in specific subjects. Staff said they did not do training in subjects such as food hygiene and infection control. We looked at the training records provided by the temporary regional manager. We saw information related to five different training courses, these were emergency first aid, management of actual or potential aggression, safeguarding, medication and moving and handling.

We saw some of the training information was provided for seven of the 14 locations and some for 13 of the 14 locations. We noted 15 members of staff's moving and handling training had expired with no future training date booked and 12 members of staff had not received this training. Safeguarding training showed 13 locations where 16 staff had not received training, four staff members training had expired with two staff members training booked for the 1 April 2016. Emergency first aid training showed 13 locations where 13 staff had not received training, four staff members training had expired with three which had not been rebooked. One staff member told us, "My training is up to date."

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'Food hygiene training is completed by staff managing foods. Staff are trained in Managing Actual and Potential Aggression to be equipped to diffuse escalating situations supported by lone working procedures and risk assessments'. We asked in the PIR 'How do you ensure the service you provide is safe?' The provider stated 'All new support workers and senior support workers will be inducted to the standards recommended by Skills for Care under the Cavendish Care Certificate'.

In our survey, 97% of staff said they completed an induction which prepared them fully for their role before they worked unsupervised.

We spoke with staff about the induction programme and received a mixed response. Some staff told us they had completed an induction programme, which included training, policies and procedure for the organisation and shadowing of other staff members. Other members of staff told us they had not completed an induction. One staff member said, "I have had no induction, no supervision and no support." Another staff member told us, "Induction is only what I have found out for myself." A third staff member told us, "I am going through induction now." Other comments included, "I had an induction."

We concluded the provider had not taken appropriate steps to ensure staff received appropriate timely training and ongoing or periodic supervision to make sure competence was maintained. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

In our survey, all staff told us they received training in and understood their responsibilities under the Mental Capacity Act (2005). Professionals disagreed the managers and staff understood their responsibilities under the Mental Capacity Act (2005).

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. We saw some people who used the service had a communication plan to help with decision making.

In the care and support plans we looked at we saw people had a decision making profile which informed staff about the decisions people were able to make, However, we did not see any best interest decisions for people who were deemed to lack capacity to make specific decisions. We did see one person had a generic best interest in place which was not specific to each area where a best interest decision was needed. Best interest decisions are needed if someone was deemed to lack capacity and decisions were needed to be made concerning a person's wellbeing or finances.

In the PIR we asked 'How do you ensure the service you provide is safe?' The provider stated 'Listening to people's concerns and take appropriate action. Team leaders have been briefed on MCA and DoLS and protocols for assessing DoLS in collaboration with social services are in place to assess whether any proposed restrictive intervention is reasonable'.

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'We have an annual training plan with regular provision of mandatory training as part of that programme the MCA 2005 is covered this is also complemented through the training that is currently rolled out in our person centred care and support plan training'. We asked in the PIR 'What improvements do you plan to introduce in the next 12 months that will make your service more effective, and how will these be introduced?' The provider stated 'We have recognised that although our staff teams receive MCA training at induction there is further work to implement this into day to day practice, so we will be developing supporting material workshops and briefing sessions to revisit MCA DoLS and restrictive practices'.

We were not able to see from the training information provided if all staff had received training in the Mental Capacity Act (2005). One staff member told us, "I have training in MCA tomorrow."

The staff we spoke with told us some people who used the service help with the weekly food shopping. They said they encouraged people to join in with making meals. One staff member told us, "People go shopping and some help to cook. On Sunday we have a meeting with the residents to discuss the menu and people's choices." Another staff member said, "There is always plenty of food and everyone has individual choice." Other comments included, "Some people will help with food preparation and each person has a meal plan, but people have options" and "There are options for a balanced diet." We saw the kitchens were well stocked with a variety of fresh produce for main meals and snacks.

We noted a counter top had been lowered in one of the locations which enabled one person to be more independent with making drinks and snacks.

We found people's relatives dealt with people's healthcare appointments, although staff told us they did arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell then they would call either a GP or an ambulance.

One staff member told us, "People go to the optician, dentist and chiropodist." Another staff member said, "Appointments are well organised." A third staff member said, "I have supported [name of person] to the dentist." Other comments included, "We always contact the GP if there are any problems."

Is the service caring?

Our findings

In our survey, staff told us they were always introduced to people who used the service before working unsupervised with them. Professionals told us staff were kind and caring towards the people who used the service.

People we spoke with said they were happy with the care provided. Some people told us they could make decisions about their own care and how they were looked after. People told us, "I am happy at the moment, but long term I want to move out and be more independent", "I am happy here", "I like the staff", "I like it here, this is my house", "It is alright" and "I like living here, I like the people."

Relatives we spoke with were positive about the care and support their family member received from staff. One relative told us, "[Name of person] is happy here and he is generally well looked after."

Staff we spoke with demonstrated they knew the people they supported and how to respond to their needs and were confident people received good care and support. One staff member told us, "People are laughing all the time and people are put first." Another staff member said, "People are well looked after." A third staff member said, "Care is top quality. People are happy here and we make it a happy environment." Other comments included, "Care is good and we promote independence and skills."

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring and friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people went out for the day and some choose to stay home. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff we spoke with confirmed they asked people what they wanted to do and would use different communication methods to support people to make a choice. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information.

The locations provided a person centred service and ensured the care and support people received was tailored to meet their individual preferences and needs. People looked well cared for. People were encouraged to do as much for themselves as possible. We saw people answer the door whilst being supported by a member of staff and welcome visitors into their home. We also saw one person was helped with preparing vegetables. Some people cared for their pets, which included tropical fish, a kitten and guinea pigs.

People had individual rooms and these were decorated with the colour they liked. People's rooms were personalised with items such as photographs of their family, holiday pictures and their favourite items. For example, one person's bed was full of their favourite cuddly toys. Another person's room had items from the football team they supported. One person told us, "I chose the colour and design of my bedroom."

In our survey, all staff and professionals agreed care and support provided helped people who used the

service to be as independent as they could be. They also agreed people who used the service were always treated with respect and dignity by staff.

Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering the person's room and informing people what they were going to do before supporting them with personal care or other support tasks. One staff member told us, "People are well dressed and wear clothes that are appropriate for the weather." Another staff member told us "Things are done behind closed doors."

Staff told us people's rooms were their own personal space and they respected this. One staff member told us they did not go into people's rooms unless they were invited to do so.

We asked in the PIR 'What do you do to ensure the service you provide is caring?' The provider stated 'We have signed up to the Dignity in Care Campaign and have a network of dignity champions across support services who raise awareness of dignity and respect'.

Is the service responsive?

Our findings

People had their needs assessed before they moved into a location. This ensured the location was able to meet the needs of people they were planning to support. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care and support.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care and support planning process was continuous. They also liaised with family members and other professionals when required. One relative we spoke with said, "Once every couple of months we review the support plan and have a family meeting."

The care and support plans we reviewed contained information that was specific to the person and covered areas such as managing medical conditions, eating and drinking and weight management. People had a communication plan which contained information of how people liked to be spoken with. We saw the care and support plan included a one page profile; a document entitled 'all about me' which detailed people's personal preferences and their likes and dislikes. They also included what was important to the person and a profile of their typical day. One staff member told us, "Support plans are very good and informative. People are involved in their care." Another staff member said, "Support plans are much better than the old format, more detailed." However, we noted that some information was not available in people's care and support plans. For example, one person had a food chart in place however, the name on the chart did not correlate with the name in the care and support plan. In addition, the food chart did not make reference to the fact the person required a gluten free diet. We saw the person had a good supply of gluten free food items and staff knew of the person's dietary needs. Another person care and support plan stated hourly position changes were needed to reduce the risk of pressure damage however; there was no documented evidence of these taking place.

There was documented evidence in the care and support plans we looked at the person and/or their relative had contributed to the development of their support and care needs. However, we did see some of the care and support plans had not been reviewed or updated for some time. For example, one person's care and support plan and risk assessment for weight management had not been reviewed since September 2015. Another person's care and support plan for personal care and keeping hygienic had not been reviewed since November 2015. When we asked staff and service leads we were told different timescales of when care and support plans should be reviewed. One staff member said monthly and another staff member said six monthly.

We asked in the PIR 'What improvements do you plan to introduce in the next 12 months that will make your service more responsive, and how will these be introduced?' The provider stated 'Person centred care and support planning training will be rolled out across all services alongside person centred review training to enable an improved support planning format to be introduced that will include robust and comprehensive processes relating to positive risk taking'.

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. Two people we spoke with talked about a planned holiday to Blackpool. One person said, "I go to bingo and do poetry." Another person told us they were going bowling. They also said, "I am doing a child care course" and "We went to Scarborough yesterday." One person said, "I like going out to the White Rose, shopping. I like going into town and the park. I like horse racing."

Everyone had an individual programme and people went out daily and engaged in varied activities such as pub lunches, going to the day centre, college, shopping and going to the coffee shop. One staff member told us, "People go to the day centre, go shopping and go out for social evenings." Another staff member told us, "People go carriage riding, to the theatre and like to spend time in the garden."

In our survey, staff and professionals agreed the managers were accessible and approachable and dealt effectively with any concerns raised.

The service leads told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us.

People were able to maintain relationships with family and friends without restrictions.

Is the service well-led?

Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). However, they were no longer in day to day control of the service. The provider had recently employed a temporary regional manager to oversee the locations. There were also service leads in post for each location who were responsible for the day to day running of the location. Some service leads were responsible for more than one location. We were told by the temporary regional manager a new regional manager was due to start in July 2016. There had been several regional managers over the last few months.

Observations and discussions confirmed the service leads had a good knowledge of people who used the service, their families and their individual care and support needs. We saw staff in the locations had a relaxed and friendly relationship with the service leads. We noted some senior support staff were also at times left to run and support some locations when the service leads were required to oversee other locations. The service leads had their own network of support and were able to obtain advice if needed.

There was a clear ethos of enabling people to live as independently as possible and giving people choice. Staff were very positive about the service leads and complimentary about how each individual location was managed. Staff said they felt well supported in their role from the service leads. One staff member said, "We get enough support." Another staff member said, "It is a lovely home to work in and I feel supported." Other comments included, "When I started they was no real manager but now we have [name of service lead] and I am really happy", "We have a fantastic staff team" and "We have had quite a few area managers. I am not sure who [name of temporary regional manager] is."

However, the service leads were not as complimentary about their support. Comments included, "Lots of issues with regional manager", "Management from the top down is fragmented", "Lots of management changes in the last six months", "The management has been shocking, hopefully it will get better when we have a permanent regional manager. There is no structure", "We have had no consistent support, each manager has different ways of working" and "It has been unsettling, with no consistency. You don't know what expectations are and you have been left to fend for yourself."

The temporary regional manager told us, "Leadership has been changeable. There have been many regional managers." One staff member said, "Staff are able to feedback concerns but this stops with the regional manager."

We asked in the PIR 'What do you do to ensure the service you provide is Well-led?' The provider stated 'There is clear management structure in place across the organisation and this allows for the management and delivery of the strategic objectives that are set. Team Leaders and Regional Managers are present at service level enabling them to keep updated on the day to day delivery and culture of the services including keeping in touch with our workforce through service visits, supervision, team meetings and forums for people supported and their carers'.

In our survey, 94% of staff and 100% of professionals would recommend the service to a family member.

Staff told us managers ask them what they think about the service and take their views into account. Professional disagreed the service was well managed.

We asked the temporary regional manager for quality management information for the service. They told us there was an overall quality audit in place, but were not able to advise as to how it was implemented and/or how frequently it was meant to be completed. We saw a CIC review had been completed at one of the locations, and noted there were seven areas described as being 'amber' however, there were no dates by which actions needed to be completed by. We saw the same location had a 'health and safety checklist' dated 21 May 2016 however; we saw there were a number of sections that were blank.

We asked in the PIR 'What do you do to ensure the service you provide is effective?' The provider stated 'Regional managers visit services regularly to review support delivery including auditing support plans and outcomes with people supported. The regional manager also carries out finance audits to ensure effective financial management both of the persons own finances and those of the organisation'. We did not see any evidence of finance audits been carried out by the regional manager.

Regarding accidents and incidents, there was evidence of these being recorded however; there was no analysis of trends, lessons learned and/or measures put in place to reduce the risk of re-occurrence. We noted one service lead, who started about a month ago, told us they were still awaiting their password to access the computerised accident and incident system.

We asked in the PIR 'How do you ensure the service you provide is safe?' The provider stated 'All accidents/incidents and medication errors are logged and regional managers are alerted to these so that follow up discussions with team leaders and quality managers occur where trends are identified'. 'Accidents/incidents are logged electronically and regional managers are alerted to each incident which is then followed up with intervention where required'.

We saw one locations control of substances hazardous to health (COSHH) risk assessments referred to another home locations name and dated 2004. We saw the COSHH policy was dated, 02 February 2005, the management of Health and safety at Work was dated 25 July 2003 and accidents/Incidents policy was dated October 2009.

We saw staff meeting minutes at one location for April 2016, discussions included volunteer drivers, intensive interaction training, keyworker meetings and handover sheets.

The registered person did not have effective systems in place to monitor the overall quality of service delivery and provide support to the locations. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We concluded the provider did not ensure some of the locations were safe for use for their intended purpose.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective systems in place to monitor the overall quality of service delivery and provide support to the locations.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We concluded the provider had not taken appropriate steps to ensure staff received appropriate timely training and on-going or periodic supervision to make sure competence was maintained.