

# 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 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Helping Hands on 27 February 2017.

Our last inspection of Helping Hands was in October 2015 when the service was rated as 'requires improvement' overall and for the key questions of safe, effective, and well-led. The key questions for caring and responsive were rated as good.

Helping Hands provides a 24 hour supported living service in Eccles, Salford. The service provides support to adults whose primary need for care is due to a learning or physical disability. Support is provided for people with varying needs and people with more complex needs were receiving one to one support.

Helping Hands is divided in to three separate accommodations, known as Number 19, the Milton Crescent and Bath house. At the time of the inspection there were 19 people living at the service.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to; good governance (two parts of the regulation) and staffing.

The service had a registered manager. 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.

People who used the service told us they felt safe and we found suitable safeguarding procedures in place which were designed to protect vulnerable people from abuse and the risk of abuse. The service had a robust recruitment process which included a Disclosure and Barring Service (DBS) check having been undertaken and suitable references obtained before new staff commenced employment.

We found there was no information recorded to guide staff when administering medicines which were prescribed to be given "when required" (PRN). Cream records and body maps were not in place to guide staff regarding application and we found omissions of staff signature on the MAR that had not been explored with staff as to how they had occurred. Records regarding the use of thickeners were not maintained and there was no record on the MAR to determine that this had been administered correctly.

People had risk assessments which were reviewed to meet people's needs. People confirmed being involved in the assessments and planning of their health and social care. Regular reviews were undertaken collaboratively and people expressed feeling involved.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act (MCA) and we confirmed the service had engaged with professionals for consideration of application to the court of protection when people were deemed not to have capacity to consent to their care and treatment.

We saw there were gaps in staff training and there was no identified timeframe for completion of this training. The gaps included; MCA and deprivation of liberty safeguards (DoLS), positive behaviour management, autism awareness and learning disabilities. The service is designed to support people with a learning disability so this training is fundamental in ensuring staff have the required knowledge and skills to meet people's needs. This gap had been identified at our previous inspection and remained an outstanding requirement. This meant staff had not been provided sufficient training to support them in their role.

People were supported by familiar staff that understood their needs and individual communication requirements to ensure people's needs were met. Staff encouraged people to maintain their independence and to develop their confidence to empower people receiving support to develop new skills.

People's nutritional needs were closely monitored and additional support provided when people were identified as losing weight. People told us they chose their meals and were supported by staff to shop for the meal provisions. People were encouraged to participate in meal preparation and told us they were given sufficient amounts to eat and drink.

People were promoted to live full and active lives. Activities were meaningful and reflected people's interests and individual hobbies.

Staff described the management to be open, supportive and approachable. Staff talked about their jobs positively and with pride. Staff told us they were fully supported by the management and that the deputy and registered manager were instrumental in supporting people's care.

There were systems in place to monitor the quality of the service being provided, however it was not effective given the areas of concern we identified in relation to medication records, audits and training.

## 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 in place and support plans provided staff guidance on mitigating the risks.

Medicine documentation required strengthening to support staff. PRN protocol and cream charts were not in place to provide staff with appropriate guidance.

People who used the service told us they felt safe and staff had a good understanding of safeguarding procedures.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

People were supported by staff that demonstrated a good understanding of the Mental Capacity Act 2005. The local authority had been informed regarding consideration of an application to the court of protection.

Staff told us they received enough training but we found gaps in the training staff had received and there was no identified timeframe for completion.

People received enough to eat and drink and were supported by staff where necessary.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were kind, compassionate and friendly. They respected people's choices and opinions.

Relatives told us they were happy with the care and support provided and were welcomed to visit their relative at any time.

Staff had a good understanding of how to treat people with dignity and respect and promote people's independence.

**Good** ●

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's choices and people's preferences were taken into account by the staff that were providing their care and support.

An assessment of people's needs was undertaken when they first began using the service.

There was a complaints procedure available and complaints received had been responded to appropriately.

### Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

The registered manager was visible and involved in providing people's care and support. Staff had opportunities to voice their opinion and raise concerns informally and more formally through supervision and team meetings.

Although audits and quality assurance systems were in place, they were not wide enough in scope to be fully effective in identifying the concerns we found during the inspection.

The service had relevant policies and procedures in place which the registered manager was in the process of reviewing and updating at the time of inspection.

# 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 February 2017 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 liaised with external providers including safeguarding, infection control, environmental health and social work team at Salford council. We also reviewed the PIR. This is a document where the provider can state any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led.

At the time of our inspection there were 19 people using the service. During the inspection we spoke with people and viewed care records and documentation in order to help inform our inspection judgements. This included speaking with four people that lived at Helping hands and one relative. We spoke with the registered manager, deputy manager and three care staff. Records we looked at included three support plans, three medication administration records (MAR), five staff personnel files, training records, building checks and any relevant quality assurance documentation.

We observed care and interactions in the communal areas which included the lounge and dining areas. We also looked in people's bedrooms accompanied by the staff and looked at bathrooms, toilets and the kitchen facilities.

# Is the service safe?

## Our findings

The people we spoke with who used the service told us they felt the service was safe. One person said; "I feel safe living here. I have a walking frame when I need it and it prevents me from falling." Another person said; "I feel safe and like living here." A third person added; "The security at night makes me feel safe and there are always staff on." A relative told us; "I've no concerns about [person's] safety. I don't tell them when I'm visiting and I've never had any cause for concern regarding [person] or anybody else."

We looked at the systems in place to safeguard people from abuse and improper treatment. There was a safeguarding policy in place and staff understood the procedure to follow to report concerns if they felt that people might be at risk of avoidable harm. There was also a whistle-blowing policy in place to enable staff or visitors to report concerns anonymously without fear of the consequences of doing so. Statutory notifications were also sent to CQC when instances or allegations of abuse had occurred.

The staff we spoke with described what action they would take if they had concerns about people's safety. The staff members could describe types of abuse and told us what they would do if these circumstances arose. One member of staff said; "If people were to be neglected then that would be a safeguarding matter. Financial and sexual are some of the types of abuse that can occur. If I felt someone's money wasn't being handled correctly then that could be financial abuse. If I had any concerns then I would speak with the manager." Another member of staff said; "I would report and document everything immediately. I'm aware that we can go above management if needed such as contacting social services, CQC or the police." A third member of staff added; "If someone was in danger or neglected then that could be safeguarding. I know I can speak with other agencies as well."

We looked to see if medicines were handled safely. We asked people who used the service for their opinion of how their medicines were handled. One person said; "I only have medication when I have a headache and the staff always give it to me when I need it." Another person said; "I've no concerns with my medicines, I get them on time."

We saw medicines were stored in a locked cabinet attached to the wall in people's bedroom. Only the identified member of staff responsible for administration had access to the key. During the inspection we reviewed three MAR (Medication Administration Records). Each MAR had a picture of the person, reducing the risk of medicines being given to the wrong person. There were also details of any allergies people had and basic instructions for staff to follow to ensure people received their medicine safely. This included guidance about reporting medication errors, ensuring people were sat in an upright position and to check the MAR was completed correctly.

We identified some gaps in signatures on the MAR we looked at. Where signatures had been missed by staff, the reason for this had not been recorded on the back of the MAR to determine whether the medicine had or hadn't been given.

We also found that PRN (where required) protocols were not in place to guide staff on when these medicines

should be given and in what circumstances. We noted several people were prescribed creams. However, there was no cream chart or body map in place detailing which part of the body the cream needed to be applied. The absence of PRN protocols and cream charts meant staff did not have the required record and documentation in place to support administration.

Staff told us that one person used the supplement 'Thick and Easy' due to them having swallowing difficulties. Although staff told us this person received this consistently, this prescribed medication had not been added to the MAR chart and therefore staff were not maintaining records to show that this was being added to drinks as required. This was also not documented on any food and fluid intake sheets to demonstrate that this had been used in line with prescribers recommendations..

These issues meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This was because the provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their care plan. There were detailed management strategies documented to guide staff on how to safely manage risks in order to help keep people safe. We saw risk assessments had been developed in conjunction with people and their relatives when this had been deemed in people's best interest. Risk assessments had been reviewed in April 2016. We saw measures had been taken to mitigate risks. For example, a person had seen the physiotherapist due to increased falls. A sensor alarm had been fitted to alert staff when the person was awake so they could monitor their safety accordingly.

We checked to see there was sufficient numbers of staff available to meet the needs of people using the service. Both people using the service and staff told us there were enough staff to care for and support people safely. Staffing levels were also based around the needs of people using the service. For instance, several people using the service required one to one support during the day and we could see from looking at previous staffing rotas that enough staff had always been available to meet this requirement. One member of staff told us; "There are enough staff to meet people's needs. Some people need one to one here and that is always provided. There are always enough on and it is consistent." Another member of staff said; "There are enough staff I would say. Absence is usually covered well and we use bank staff if necessary." A third member of staff added; "It can depend on people's mood on the day but it usually runs smoothly. Cover is available if we need it."

People who used the service told us they felt there was enough staff available. One person said; "There are enough staff. I'm never left waiting for things." Another person said; "Always enough staff on from what I can see."

We checked to see that staff working at the service were recruited safely and looked at five staff personnel files and saw evidence of robust recruitment procedures. The files included written application forms, photo identification, contracts of employment, proof of identity and two references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This showed us staff had been recruited safely.

We found checks of the building had been completed to ensure the premises were safe for people using the service. We saw electrical installation of the building, fire alarm system, gas safety, legionella and the lift. Certificates of work undertaken were available and we reviewed these during the inspection.



The registered manager maintained a record of any accidents and incidents which took place within the service, with a monthly trends analysis also undertaken. This provided details about the description of the incident and actions to be taken or recommendations to prevent re-occurrence. A member of staff said to us; "Some people do have frequent falls but we have appropriate equipment in place. We document all accidents and incidents that take place". A person using the service also said; "I did have had one fall. The staff responded quickly and were there for me."

## Is the service effective?

### Our findings

The people we spoke with said they felt staff were well trained and had the right skills to do their job effectively. One person said; "I think the staff have good skills and they seem good at their jobs. They know what they are doing." Another person said; "The staff are good at what they do. There's no doubt."

There was an induction programme in place which staff told us they completed when they first started working at the service. One member of staff said; "I did do the induction and I was able to learn about all of the clients and do a lot of training. It was quite thorough I would say." Another member of staff said; "I had worked with children previously so the induction gave me a good insight into working with adults."

We looked at the training matrix which identified what training staff were required to undertake. We saw the following training was identified; safeguarding, MCA (mental capacity) and DoLS (deprivation of liberty safeguards), data protection, first aid, health and safety, fire, moving and handling, infection control, positive behaviour management, autism awareness, learning disabilities, medication administration, food safety, equality and diversity, sensory needs and epilepsy. We asked staff about the training they received. One member of staff said; "I've done a lot of training since working here. I've done health and safety, first aid, challenging behaviour, safeguarding, infection control and autism. I feel I'm getting all of the training I need." Another member of staff said; "They certainly keep on top of all the training. There is enough available." A third member of staff added; "I've done quite a lot. I've no concerns about training and they keep on top of refresher courses."

We saw there were gaps in the training matrix which indicated some of the staff working at the service had not completed training required to support them to undertake their role. We saw the following percent of staff had completed training in areas such as; MCA and DoLS 48%, autism awareness 48% and learning disabilities 17%. Other areas with low percentages of training completed included; Health and safety 17%, Medication 43%, Moving and handling 22%, Infection control 9%, food safety 9%, equality and diversity 4%. There was an identified date in March 2017 for six staff to complete positive behaviour support (PBS) training but even with this taken in to account, this would only take the staff completed PBS percentage up to 48%. The service is designed to support people with a learning disability so this training is fundamental in ensuring staff have the required knowledge and skills to meet people's needs. Training had been identified at our previous inspection and remained an area outstanding address. This meant the registered manager had not provided staff with the required training to enable them to fulfil the requirements of their role.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

We saw staff received supervision as part of their on-going personal development. We looked at six staff supervision records during the inspection and saw they provided a focus on training and development, overview of the job role, staff team, health and safety, work performance, safeguarding and service user updates. One member of staff said; "I have supervision with the manager roughly every three months. We can talk about work and concerns." Another member of staff said; "They do take place and I had one a few

weeks ago. We get an appraisal as well. They are beneficial and allow us to get our point across."

We asked staff about their understanding of MCA/DoLS. One member of staff said; "It is for when people can't make their own choices and decisions because they lack capacity". Another member of staff said; "We have best interest meetings where required. It's always important to presume people have capacity initially." A third member of staff added; "A DoLS would be required for a person if they lacked capacity and wanted to leave but weren't able to because it wouldn't be safe for them."

In Supported Living the application process to deprive a person's liberty is through an application to the Court of Protection. However, the term Deprivation of Liberty Safeguards (DoLS) is widely used in the Supported Living sector and we clarified when the staff member referred to the term DoLS they meant it in the descriptive context when considering whether they are depriving a person of their liberty. We saw that concerns had been communicated to the Local Authority for consideration of the involvement of the court in regards to a person's residency.

People told us staff sought their consent before care and treatment was provided. Staff were able to describe how they aimed to do this when delivering care and support. One person said; "The staff do ask me first and I am able to say yes or no." A member of staff told us; "I will always show people two options and allow them to make their own choice if possible. Another member of staff said; "Some people can't communicate and in those instances, we rely on their body language to establish what people want." A third member of staff added; "We have pictorial documents for people to refer to. That allows people to choose what they want".

We asked people who used the service for their opinions regarding the food. One person said; "The staff prepare a lot of the meals but we can help if we want to. Staff ask what we want and then get it from the shops. I've been shopping with staff and was able to tell them what I wanted." Another person said; "I really like going out and doing the communal shop. We get to go out and choose our favourite food." A third person said; "I'm able to help with the cooking. I get to have all of the foods that I like. The food is good."

We saw people's weights were closely monitored and people had nutritional plans in place to guide staff regarding people's nutritional needs. We saw one person that had been identified as losing weight. The staff had supported the person to their GP for medical investigations. The GP had requested weekly weights for a period of time which the deputy manager maintained. Staff told us they encouraged the person to eat fortified foods which we observed during the inspection. The person was also given yogurts with their meals and high calorie snacks to encourage weight gain. Staff were visually showing the person the food options to make their own choices to stimulate their appetite and encourage better nutritional intake.

All the staff we spoke with were able to identify people's specialist dietary requirements. One member of staff said; "There is one person who is a choking risk and they have thick and easy for that. Everybody else is on normal diets. People have their own cupboards and can choose their own favourite foods." Another member of staff said; "We monitor peoples weight as necessary. One person has a special diet because they are a risk."

We saw the service worked closely with other professionals and agencies to meet people's health needs. Involvement with these services was recorded in people's evaluation book. Attendance or visits from the GP, podiatry, bowel and bladder service, epilepsy service, district nurses and dentists was documented on an individual professionals record which meant tracking the outcome of the visit was readily accessible. People who used the service told us they were supported by staff to attend health appointments when required. One person said; "I needed to go to the doctors on Friday and the staff came with me. If ever I'm unwell the

staff always make me an appointment." Another person said; "The staff are good at making my appointments. They ring my GP if I'm unwell."

## Is the service caring?

### Our findings

The people living at Helping Hands told us they were happy with the care and support they received. One person said; "It's good and I like the staff. I like all of the other service users as well. I'm happy overall and have no concerns or worries." Another person said; "I like it here and it's alright. I enjoy watching television and colouring in books. The staff are all good with me." A third person told us; "It's brilliant. The staff are all okay and I feel like I receive a good level of care and support. I receive help to cook my meals and the staff support me to go out." A relative told us; "I ask [person] are you happy here and they tell me; yes, very happy."

People received care and support from a consistent staff team who understood people's history, likes, needs and preferences. We found the staff were friendly and engaging which made for a relaxed and warm atmosphere. Staff were visible throughout the inspection and expressed being proud of the care they provided. Staff spoke with fondness about people and it was evident bonds had formed between staff and people living at the service. We saw appropriate displays of affection between staff and people throughout our visit. For example, staff and people holding hands, hugging, and staff with their arms around people. Staff displayed a good understanding of people's needs and we saw a member of staff that kept creeping up on a person and startling them. The person was observed squealing and laughing each time the member of staff did this which was documented in their care file as a sign that they were happy.

We saw care files contained communication profiles. The communication profile contained key information that would enable staff to communicate effectively with people who had limited spoken communication. One of the care files we looked at detailed the signs and their meaning to the person so that staff could effectively communicate with the person. There were pictures of the body in the person's care file for the person to point too if they needed to communicate they were in pain or with health professionals. The staff members we spoke with demonstrated they knew people's individual communication skills, abilities and preferences and we observed staff provide care to people in line with these considerations.

We were told by people who used the service that staff supported them to maintain their independence as much as possible. We read in one person's care plan how they wanted to develop their skills with regards to cooking. We could see from reading daily notes that this person often helped out in the kitchen with tasks such as chopping and peeling vegetables. It was documented in the record that the person had commented to staff that they felt they had learnt something. One person said; "I enjoy putting my washing away, putting the rubbish out and I clean my own teeth. The staff leave me get on with things like that." Another person said; "The staff help me a bit in the shower, but allow me to a bit myself as well." A relative told us; "[Person] has got their independence as a result of the service. [Person] loves it. They go bowling, shopping and the cinema. They do more for themselves now than they have ever done. It's brilliant."

Staff had an understanding about how to ensure peoples independence was promoted as much as possible. One member of staff said; "One person can Hoover their bedroom and do their own laundry so we encourage that as much as possible." Another member of staff said; "I find that praising people encourages them to do a bit more themselves. People also help in the kitchen and help staff with the shopping which

develops skills."

People told us their privacy and dignity was respected by staff and that they were given privacy when they needed it. Whilst walking around the building, we saw bedroom doors were closed when personal care was being delivered. At one point a person went to the toilet and a member of staff checked they had closed the door behind them. One person said to us; "The staff treat me very well I would say." Another person said; "I feel treated with dignity and respect definitely." Staff were able to inform us of their considerations when providing personal care to maintain people's dignity and to show respect. One member of staff said; "I shut the doors when delivering personal care. I protect people's dignity at all times." Another member of staff said; "We have a shower curtain in the bathroom so I make sure I use that if I'm assisting people so they do not feel exposed."

## Is the service responsive?

### Our findings

We asked people who used the service if they felt the service was responsive to their needs. One person said to us; "I do sometimes have to wait for things because of people who are receiving one to one but the majority of the time I get what I need. I feel my preferences, choices, likes and dislikes are respected." Another person said; "I would say I am getting all I need here and that the service are meeting my needs." People also said they felt involved in the care and support they received. One person said; "The manager involves me with my care plan. If there is anything I would like to change then I let staff know. I actually have a weekly meeting with the manager where I can talk about anything I want to."

People received personalised care that was responsive to their individual needs and preferences. We looked at three care files. The support plans captured people and relative's contributions to the assessment process. People's personal histories were detailed. We saw what people liked and disliked, who was important to the person, how they would like to be supported and key things that staff needed to be know about the person.

The staff we spoke with provided individual examples for the people they supported and how they accommodated this. For example, one person liked to go to another service within the same premises for their breakfast and we saw that this was facilitated. Another person didn't like to attend the day centre but we saw they were supported to go out daily and engage in activities of their preference.

We saw initial assessments were undertaken before people first moved into the service. This meant staff would have an overview of peoples care needs and understand their care requirements. The initial assessment focussed on maintaining a safe environment, mobilising, breathing, eating/drinking, hygiene/dressing, communication, cultural and social/recreational.

We ascertained the support plans were developed and reviewed by the registered manager. People confirmed they had been consulted and participated in reviewing their care. We saw people had signed their support plans to confirm this had occurred.

One person's relative told us how their relative had progressed since living at the service. They told us the staff had supported the person to gain confidence to do things for themselves and their relative could not speak highly enough of the progress their relative had made since residing at the service.

People who lived at the service were supported by staff to undertake activities of daily living, in areas which encouraged them to retain their independence and increase their skills further to increase their independence. People's activities of daily living were assessed and support was provided to develop people's skills in the following area's; personal care, laundry, maintaining a clean environment, self – medication. A kitchen was available to prepare meals which people told us they had the opportunity to provide practical support to staff with the preparation and cooking of meals.

We looked to see how staff supported people to engage with community activities and social stimulation. People living at the service had the opportunity to attend the Links resource centre daily to promote social inclusion. The Links was also on the same site as the Hamlet and provided opportunities to engage in music therapy, life skills and social activities. People in the community attended the Links and enabled people the opportunity to develop and extend friendship groups. At the time of the inspection, Mencap were attending the Links weekly and running life building skills workshops that everybody at the service had the opportunity to attend.

The service was flexible to meet people's individual needs and accommodate people's preferences. People had the option of developing a weekly planner to incorporate the activities and social activities of their choosing. We saw two people being accompanied in to town whilst we were undertaking the inspection. One person told us they always chose to go to town on that day and had their breakfast with staff whilst they were out. We asked people if they were happy with the activities provided. One person said to us; "I enjoy doing gardening and there is plenty going on at the day centre." Another person told us about a holiday they were looking forward to going on. We were told; "We can go on holiday if we want to. I'm going to Wales this year."

We looked at how complaints were handled. The service had policies and procedures in place to deal with formal complaints. The policy provided directions for making a complaint and how it would be managed, this included timescales for responses. The registered manager told us the service had not received any formal complaints but we noted a low level minor complaint which had been captured and action taken. A response had also been provided to the person detailing the service response to resolve their complaint. One person said; "I've never complained but would speak to the manager if I was unhappy about anything." Another person said; "I'd speak with either the manager or deputy manager if I needed to make a complaint."



## Is the service well-led?

### Our findings

There was 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.

There was a management structure in place. The registered manager of the service had worked at Helping Hands for a number of years and was also the manager of The Hamlet which was based on the same site. There was also a deputy manager and a nominated individual and between them, formed the management of the service. The remainder of staff working at the service consisted of senior support workers and support workers.

We asked staff what it was like to work at Helping Hands and if there was a good culture amongst staff. One member of staff said; "I love the job. I love taking care of people and have a real passion for it. Staff work well together and it's a good place to work." Another member of staff said; "I am really enjoying the role and it is a good place to work. It has really opened my eyes as to what it is like working with people with learning and mental health difficulties." A third member of staff added; "It's really good and I enjoy it. I've learnt a lot since coming here and I find it challenging but rewarding."

Staff told us they felt management and leadership at the service was good. One member of staff said; "The managers are approachable and you can go to them with any problems." Another member of staff said; "I feel well supported and the managers will always listen and help out." Another member of staff said; "I feel the service is well managed. The managers support you and are there when you need them." People who used the service told us they knew who the managers were and told us they were nice and helpful. One person said; "I like the manager. She is nice and keeps an eye on things." Another person said; "They are brilliant and I find I can talk to them."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. Audits undertaken included health and safety, nutrition, infection control and medication. The medication audit was brief and only focussed on whether all medication had been given from the blister pack and if the MAR was signed correctly. The audit did not capture if all PRN protocols and cream charts were in place and we also found support plans and risk assessments to be lacking in detail regarding a people's current care and support needs. There had also been a failure to re-apply for the DoLS application of a person using the service in the required timeframe.

These issues 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 to good governance. This was because the provider and registered manager were not effectively assessing, monitoring and improving the quality and safety of the services provided.

We looked at the minutes from any recent team meetings which had taken place. Staff told us these were

consistent and provided the opportunity to discuss their work. Staff also said they felt listened to by the registered manager. We looked at samples of the minutes which showed discussion topics included service user updates, policies and procedures, staff member issues, appraisals, training, medication and finances. One member of staff said; "We haven't much of team at the minute because there are only a small number of us that work on the Hamlet but we can raise things with management all the time and they do listen."

The service had policies and procedures in place which covered all aspects of the service, although at the time of the inspection the registered manager said these were in the process of being updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The service had strong links with an external organisation called Mencap. We were told that Mencap visited the service on a regular basis. Mencap is the UK's leading learning disability charity working with people with a learning disability and their families and care staff. Mencap provides help and support through supported living, supported employment, respite services, organized activities, advocacy services and outreach support. One person told us; "I'm enjoying doing the Mencap course. I'm hoping to get a volunteering opportunity at Morrisons."

At the time of the inspection, the service was working towards accreditation with the autism society and were hopeful that this would be achieved in July 2017.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>