Royal Mencap Society

Royal Mencap Society - Drummond Court

Inspection report

Mill Road South
Bury St Edmunds
Suffolk
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26 May 2016

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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?	**Good**

Summary of findings

Overall summary

The inspection took place on 23 and 26 May 2016 and was unannounced.

The service provides care and support for up to 36 people who have learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were 32 people using the service.

The service did not have a registered manager in place but an application had been made and was awaiting consideration by the commission. 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 were trained in safeguarding people from abuse and systems were in place to protect people from abuse. Staff understood their responsibilities to report any safeguarding concerns they may have and were confident they had the skills to do this.

Risks to people and staff were assessed and action taken to minimise these risks. People were encouraged to remain as independent as possible and any specific risks related to this were assessed. However we observed one person to be at risk with regard to their moving and handling and the service had not taken a proactive approach to this.

Medicines management had improved considerably since our last inspection and was mostly good. We did, however, find some stocktaking discrepancies and one pain relieving medicine which had been dispensed but did not appear in the records. Therefore medicines could be more safely managed. We have made a recommendation about this aspect of medicines management.

Staffing levels meant that people were safe and increased staffing had already had a beneficial impact on people's ability to go out. Recruitment procedures were designed to ensure that staff were suitable for this type of work and checks were carried out before people started work to make sure they were safe to work in this setting. New staff were able to shadow more experienced staff and a robust induction was provided.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for. Staff were supported by the managers through supervision and appraisal systems.

People gave their consent before care and treatment was provided. Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must done in accordance with legal requirements. People's capacity to give consent had been

assessed and decisions had been taken in line with their best interests. There was a good understanding of processes related to DoLS.

People were supported with their eating and drinking needs and people were fully involved in shopping and cooking. Staff helped people to maintain good health by supporting them with their day to day physical and mental healthcare needs, although support plans for people with diabetes were not clear and staff were confused about their responsibilities.

Staff were caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for. The atmosphere was of a positive and friendly service.

People, and their relatives, were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was individualised and subject to on-going review and care plans identified people's particular preferences and choices. People were supported to follow their own interests and hobbies and to have meaningful occupation whilst at Drummond Court.

Formal complaints were well managed and had been investigated and resolved satisfactorily. Relatives were invited to discuss any concerns they had and the regional operations manager was open and honest about one poor response which had been given to a relative raising a concern.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping to direct the way the service was run. Staff were positive about their work and the regional operations manager had worked hard to create a positive and inclusive staff team.

Quality assurance systems were in place and audits were carried out regularly to monitor the delivery of the service. Improvements were evident and the regional operations manager and prospective registered manager had clear ideas as to the priorities for the service. There was a clear management plan in place until March 2017.

Although the overall rating for this service is Requires Improvement it is important to recognise what a progression this represents. Our previous inspection rated this service as Inadequate and placed it into Special Measures. The rating of this inspection identifies that there are still some issues which need addressing before the service is operating as a good service overall. However, parts of the service are operating at a good level and the improvements in all areas were evident. There was also a clear change in atmosphere and those people who used the service and staff were more relaxed, had purpose and occupation and were positive about the future. Some relatives remain concerned and it will take time for the service to earn their trust. The task will now be to continue with the improvements which are underway and to sustain the good practice that we found.

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.

Systems were in place to safeguard people from abuse. People who used the service and staff had received safeguarding awareness training.

Risks were assessed and action taken to minimise them in most cases but one person's moving and handling risk assessment was not robust.

There were enough staff to keep people safe.

Medicines were mostly managed very well but there were some stocktaking issues and a lack of clarity about one person's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received an induction and training to support them to carry out their roles.

People consented to their care and treatment.

People were supported with their dietary and healthcare needs but management of people's needs related to their diabetes was not robust.

Is the service caring?

Good

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People, and their relatives, were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing and planning their care. Support was provided in a way which catered for people's individual needs and choices.

People were supported to follow their own interests and hobbies, both within the service and in the community.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by their managers. The regional operations manager had provided strong support and leadership and was clear about the future priorities of the service.

Quality assurance systems were in place to monitor the delivery and safety of the service.

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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.

The inspection took place on 23 and 26 May 2016 and was unannounced.

The inspection team consisted of three inspectors.

Before we carried out our inspection we reviewed the information we held on the service. This included looking at previous reports and the action plan we received following the last comprehensive inspection. We also looked at the statutory notifications that had been sent to us since the last inspection. A notification is information about important events which the service is required to send us.

We spoke with nine people who used the service, 12 care staff (including two service managers), the prospective registered manager and the regional operations manager. Five relatives contacted us in the lead up to the inspection to discuss particular concerns they had. We used the information they gave us to help plan our inspection. We also gathered feedback from adult social care professionals, including those from the provider support team, contracts and safeguarding teams at the local authority.

We reviewed ten care plans, seven medication records, four staff recruitment files and staffing rotas covering eight weeks. We also reviewed quality monitoring records and records relating to the maintenance and safety of the service.

Requires Improvement

Is the service safe?

Our findings

We saw that there were procedures in place for the obtaining, booking in, storage, administration and safe disposal of medicines, including controlled drugs. Staff were trained to administer medicines and their competency to do this was checked. Each bungalow had its own individual stock of medicines. Stocktaking procedures were not consistently robust because stocks, including one of diazepam, did not match the recorded amount accurately in four cases. This indicated that people may have not received the correct amount of their prescribed medicines. We also found that one person had a stock of codeine phosphate which did not appear on the MAR chart even though it was clear that some tablets had been administered.

We recommend that the service consider current guidance with regard to stocktaking procedures to ensure that medicines records accurately reflect the administration of medicines.

Regular medication audits were carried out and we saw that medicines management had improved greatly since our inspection in 2015 and audits had identified potential issues and action had been put in place to reduce risks. Higher risk scheduled controlled drugs that required added security and safe handling were well managed and audited daily.

There was a medication information sheet for each person which covered how they liked to take their medicines and to give staff advice and guidance. One person's information stated that they liked to take their medicine, which was dissolved in water, by drinking it through a straw.

There were detailed protocols in place to guide staff when to give PRN medicines, which were required only occasionally, such as those to reduce people's anxiety for example. The protocols, which had been written in consultation with the GP, clearly identified how and when staff should administer this type of medicine. We noted that one person was due to have an x ray and PRN medicine had been prescribed to reduce their anxiety. We found that staff supporting this person knew about the protocol and were quite clear as to when they should give this medicine to the person so that it might have the most beneficial effect. Staff were also clear about when people should have time sensitive medicines, such as those for diabetes.

There were systems in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. A whistleblowing policy was in place and whistleblowing information was available for staff who said they would be confident to raise concerns this way if they needed to. Financial procedures and audit systems were in place, which were designed to protect people from the risk of financial abuse and we saw that staff were working in accordance with these. People's finances were audited and spot checked regularly to ensure any potential irregularities would be identified promptly.

Staff, including agency staff recently on shift at the service, had received training in safeguarding people from abuse and this was refreshed to ensure people's knowledge was current. We found that staff were knowledgeable about safeguarding matters and told us they would be confident dealing with safeguarding

concerns. Safeguarding matters were a standing agenda item at the regular team meetings and any issues were discussed there.

Where staff had concerns about a possible risk of harm the service notified CQC and made appropriate referrals to the local authority safeguarding team and took action to protect people from possible harm. We saw that a longstanding safeguarding concern had recently escalated from a low level. We saw that appropriate measures had been taken to safeguard the person from harm. These had been put into place quickly when staff realised the impact the situation was having on the person. After action had been taken to protect the person the service ensured that relatives and other appropriate health and social care professionals were informed about the action and why it had been taken.

We saw that risks had been assessed and actions taken to reduce these risks. Risks associated with day to day activities such as going on day trips, eating and drinking, relationships and using public transport had been assessed. Specific risks associated with people's mental and physical health conditions had also been assessed and strategies put in place to help people manage these. We saw that one person's risk assessment contained specific information about how to keep them safe when they were in the community. Staff were clear about how to protect this person from a specific circumstance and information was contained in their 'Supporting me to stay safe' plan.

We observed staff assisting one person to move from their chair to a wheelchair. Two staff supported them and it quickly became clear that the person was not steady enough to complete the move and the chair tipped slightly. A third staff member was needed to help. The person had not been assessed for use of the hoist as they were usually able to move about quite independently. However, staff also told us that this person was known to have a 'meds crash' where their medicines were found to have an effect on them at a certain time. This information was not recorded in their plan and no referral had been made to a physiotherapist or occupational therapist. The person weighed over 75 kg and we felt that this issue was a potential risk for the person and any staff who might be supporting them. We fed our concerns back to the service manager for that bungalow.

Each assessed risk had been discussed with the person concerned or their relatives, signed by them and were regularly reviewed to reflect the most current information available.

The service had previously struggled to maintain a full complement of staff and at our last comprehensive inspection we found that the inconsistent staffing and high level of vacancies was having a negative impact on the people who used the service. We issued a warning notice with regard to Regulation 18 (Staffing) and found that the required improvements had been put in place when we carried out an unannounced inspection on 14 January 2016. At this inspection we found that these improvements had been sustained. The service had successfully negotiated some additional funding for some people which meant that staffing had increased in some parts of the service. In one bungalow, where we had previously had particular concerns, staff told us that there was often a third member of staff on duty. Staff in other areas of the service also told us that staffing levels had improved and meant that people went out more. Records confirmed this. One staff member said, "The extra person helps a lot", and another commented, "There's better staffing – we often have three to a shift. It's got much better".

There were still a total of 22 staff vacancies across the service but some of these were due to the provision of additional posts and the service was taking action to recruit permanent staff to these posts. Bank and agency staff were used to cover the vacant hours along with overtime worked by permanent staff. Two relatives told us they continued to be concerned about the high use of agency staff in one area of the service

in particular. Rotas we sampled showed that the service did not operate with fewer than the assessed staffing numbers other than in an unforeseen emergency. Rotas were much clearer than on previous inspections and it was possible to identify the one to one hours people were having.

People who used the service told us they were able to have the support they needed and we saw that people went out regularly to specific activities and appointments with staff support. On the day of our inspection some people went out for lunch, one person went out to buy their daily paper, another was away on holiday, one had gone to a hospital appointment and one had popped out to a local club. Where agency staff were used we saw that the service aimed to use the same staff as much as possible in order to offer consistency and this was reasonably successful.

An on call system was in place for staff to seek guidance and advice out of office hours. An incident had occurred the weekend before our inspection, where staffing had been short, and staff had not taken the appropriate action. We discussed this with the regional operations manager and they told us that in response to this incident and to feedback gathered from relatives, they were planning to put a local senior member of staff on call at the weekends. They told us they felt that had this been in place the issue would not have arisen, because a local staff member would have known how best to deal with the incident.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment. We reviewed four staff files and found them to be in order.

Requires Improvement

Is the service effective?

Our findings

People were positive about their care and those who could not speak with us directly appeared to have their needs met by staff who demonstrated the appropriate skills and experience. One person told us, "I like living here. I am going on holiday with my keyworker soon".

We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. Staff told us how they were committed to encouraging people's independence and we saw this demonstrated throughout our inspection. People were encouraged to be involved as much as they were able and people appeared to have a sense of purpose. We observed staff distracting people when they became anxious, joking with them while taking part in a household task. Relationships were good and staff on both days we inspected clearly knew people well and could tell us about their particular support and care needs. We saw evidence that staff had read and signed care plans.

When staff first started working at the service they received a comprehensive induction which included observations of staff practice and covered various aspects of delivering care and support. Staff told us they had been able to shadow more experienced staff for a period of two weeks. Agency staff were also asked to shadow staff for a week before they were included on the rota.

Staff told us they felt they had the training they needed to carry out their roles and the opportunity to develop their skills and knowledge. One staff member told us, "The training is very good here". Staff had regular 'Shape your future' meetings with their line managers and the frequency of these had increased since our previous inspections and staff told us they felt more supported.

We noted that people's consent was asked for before care and treatment was provided. We observed one person being asked whether they felt they needed to see a GP as the only option was a 'sit and wait' appointment. The options were explained to them clearly and staff respected their decision. The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and staff had received training. We saw that people's capacity to make decisions related to managing finances or taking medicines had been assessed. Where significant decisions were required in people's best interests, meetings had been hosted to consult openly with relevant people before decisions had been taken.

Before our inspection we were contacted by a relative who was concerned that a decision had been taken about their relative's future which they had not been consulted about. We found that this had indeed been the case and spoke to the regional operations manager about this. They acknowledged that they had made an error in this matter and had not acted in accordance with the requirements of the MCA. They had since contacted the relatives, apologised and given assurances that the proposed plan would not take place. They also gave us this assurance.

The manager was aware of the need to apply to the local authority if there was a need to restrict someone's liberty for their own safety under the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate DoLS applications had been submitted for people who required this.

Staff supported people to buy, prepare and cook their meals and ensure they had access to healthy food and drink. Menus were decided in collaboration with the people who used the service and people were free to have alternatives to the menu if they wanted. People told us they were happy with the food provided and we observed people actively helping to prepare meals and go out shopping. On our second day the whole service was getting ready for a barbeque and everyone was encouraged to play a part in preparing for it. The atmosphere was fun and inclusive and people who used the service were keen to tell us about what they had planned. One person said, "We are having a barbeque. I'm going to help". We saw that another's person's monthly goals related to cooking and they had helped prepare food several times in the previous four weeks.

Where people were at risk of not eating or drinking enough we saw that the service monitored their intake and encouraged them to receive the correct nutrition. People's weights were kept under review and staff were undergoing additional training to help them support people more effectively with their diet and nutrition. Care plans clearly identified a fluid target which people at risk needed to reach in a day to keep hydrated. Records were detailed and complete. One person had been supported to lose some weight on a healthy diet and their dietician had stated that they were no longer at a heightened risk of developing diabetes and their cholesterol level had reduced.

We saw that some people had specific dietary needs and these were recorded in their care plan and people were supported by healthcare professionals such as dieticians and speech and language therapists. We saw that there were stocks of foods suitable for people with diabetes and staff were clear about people's food requirements related to their diabetes.

We were concerned that there was confusion about the monitoring of two people's diabetes. Staff were able to tell us that what type their diabetes was but support plans were not clear about the need to test their blood sugar levels. Staff on duty did not know how to do this and had not received training in how to do this. Staff were muddled about how often the tests should be done, with some people saying daily, some two days a week and some saying only after one person had visited their family. A daily blood sugar level chart was in place for one person but only filled out six times in the last two weeks. The person had visited the GP four times in the last eight weeks as their sugar levels were too high but there was no information about how often they should be tested. The support plan only said that the levels were 'checked' but did not specify when to do this, although it was clear that they should be checked daily when the person was unwell. This lack of clarity and lack of staff knowledge meant that this person's diabetes was not managed as well as it should have been.

People were mostly supported very well to attended health checks with consultants and GPs, as well as routine appointments with opticians, chiropodists and dentists. We did find that on one occasion blood tests had been cancelled for two people and staff had not chased this up. We could not be certain this would have been actioned had we not raised the issue.

Each person's health needs were set out clearly in their support plan and each person had an effective 'hospital passport' which aimed to guide health service staff should the person have to be admitted to hospital. Staff worked in partnership with other healthcare professionals and records were mostly good. We saw evidence that staff had acted promptly when people's healthcare conditions had deteriorated and consulted other healthcare professionals appropriately.

Staff were able to tell us about people's specific healthcare conditions. For example we expressed some concern about one person who had frequent epileptic seizures. They spent most of their time lying on the sofa and there appeared to be a risk of them falling to the floor if they had a seizure. Staff told us in detail the

pattern of the person's seizures and records confirmed that their seizure type did not place them at this particular risk.

Good

Is the service caring?

Our findings

People who used the service told us they were very happy with the way staff provided care and support. One person said, "I like it here. People help me". Another person said, "I love it here". A member of staff commented, "There is something about Drummond Court. It gets under your skin. I stay here because of the people that live here."

Staff demonstrated a detailed knowledge of people's likes, dislikes and their past histories. Care plans were personalised and contained detailed information for staff to help them develop meaningful relationships with people. This was particularly helpful for the many new and agency staff to refer to.

Staff chatted and joked with people in a relaxed way and were friendly, reassuring, encouraging and respectful. We observed staff taking time with people and following specific guidelines in people's care plans to help reduce anxiety and calm people. One person had the aim of going out in a wheelchair in their care plan. They were anxious about this which meant that staff were very restricted as to where they were able to take them when they went out. During the inspection staff were able to take them for a short journey in the wheelchair. When they came back the person was a little distressed. Staff greeted them warmly and reassured them by saying "It's ok you're home now" and the person quickly settled down. Staff commented, "It's been lovely to see such a positive change in [them] since they moved in here. [They] used to sit curled up in a chair and be so anxious. Now [they] want to go out and look around. It's great."

Another person was seen to ask staff for help as they recognised they were becoming upset. Staff responded respectfully and praised the person for knowing when they needed to ask for help and then provided reassurance and took time to listen to the person's concerns. Saying, "You're doing really well. It's good that you can talk about it".

We also noted how quickly staff responded when someone was in pain, providing reassurance in a kind and caring way. Information was available to help staff interpret people's behaviour if they were not able to express their feelings with words. Pain profiles contained detailed information about what a person might do or how they would appear if they were in pain and then guided staff as to what action to take.

Information was shared with people who used the service in a way they understood and which helped to increase their independence. Advocacy services were available to support people but were not used frequently.

Staff practice promoted people's dignity and privacy and provided the support people needed whilst encouraging them to be as independent as possible. Staff were clear about people's rights and care plans reflected that people had been consulted about their care and their views recorded and respected. Where people were not so able to contribute to their care plans it was recorded that the care plan had been written in consultation with relevant people. We saw that one member of staff read out the contents of an incident report for one person who used the service. The person confirmed to us that this was the usual practice saying, "I like to know what's written".

We saw that the service took action to ensure people's dignity was maintained. We observed staff knocking at people's doors and waiting to be invited in to their homes which showed respect. Whilst we were at the service the local vicar popped in to see one of the people who used the service. Other people told us that they had the chance to follow their religion should they choose to.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well and were familiar with the contents of each person's care plan. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with.

Care plans were person centred and contained information about how people's needs should be met. People's choices and preferences were clearly documented and plans were subject to ongoing review. Plans contained very specific detail to help guide staff to support people effectively. We found that staff provided support in accordance with people's care and support plans.

People who used the service were supported to decide how they wanted to spend their time and we saw that there was a greater commitment to enabling people to access the community and to provide more leisure opportunities at the service for people unable or unwilling to go out of Drummond Court. We found that one person had gone into town and for a walk around the local park, some other people had gone to local daytime activities or out with community support workers, one person had gone out for their daily paper and others were able to tell us about recent outings such as to the cinema. A trip was being planned to visit the Suffolk Show and two people told us about their holiday plans.

As well as outings and activities we found that there was an improvement in the culture of the service in the way that people were involved in day to day tasks much more readily. We saw a member of staff washing up and a person who used the service grabbed a tea towel and came to give them a hand. It was clear that this was the usual routine for that bungalow. Another person showed us how they did their own laundry. A third had been given the responsibility for encouraging and co-ordinating social events and they were very positive about this.

People's care plans identified hobbies and activities people enjoyed and we saw good evidence in the activity planners that people were given opportunities to enjoy these. We saw one person playing a card game with staff, listening to opera and counting pennies. Daily notes showed that staff ensured this happened very frequently. A staff member told us that the service had recently fenced off a part of the garden as one person liked to wander about outside their bungalow. This had been done so that they could do this safely.

On the second day of our inspection the whole service was getting ready for a barbeque. We saw that everyone was involved in the preparations and a happy and excited atmosphere was evident throughout the service.

There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to, although some people would need support or advocates to help them with this. An easy read complaints procedure was available to help people understand their rights. The service had received four formal complaints since our last comprehensive inspection. We saw that each had been acknowledged

within an appropriate timescale and investigated and responded to. Where two people had raised concerns about their relative's care we saw that the regional operations manager had met with them to explore the issues further. The regional operations manager acknowledged that the emotional care and support for one person with regard to a possible move had been poorly managed and had taken steps to ensure there would not be a repeat of the issue. We were assured that this matter had finally been appropriately dealt with.

The management of the service consulted people, and their relatives, on the way the service was delivered. Formal meetings did not work successfully with this client group and so people had regular meetings with their keyworkers and a relatives meeting had been held jointly with representatives from Suffolk County Council. Minutes of this meeting and family surveys showed that various issues had been raised and management at Drummond Court had been willing to listen to people's concerns.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection we found that, following a high turnover of managers and staff, the service was not well led and procedures were not in place to protect people and ensure they had fulfilling lives. We placed the service into Special Measures and required significant improvements to be made throughout. Warning notices were served with relation to safeguarding people from abuse and staffing. Also of concern was the management of medicines and of complaints. Breaches of regulation were identified in all these areas and the lack of oversight by the management of the service and failure to take effective action to bring about required improvements constituted a further breach of regulation relating to the good governance of the service. At this inspection we found improvements in all areas and that the service was now working towards delivering good and safe care and support to people across the site.

The regional operations manager had taken on a particular responsibility for service improvement and we found them to be committed and passionate about the task. They had created an open and honest service culture and people who used the service, staff and relatives were much more positive overall. They had put restructuring plans on hold until the basics of the service were operating well which we found to be a sensible approach. They had also worked in partnership with the local authority to review people's needs which had secured some additional staff hours. Innovative steps had been taken with regard to the recruitment and retention of staff

Staff told us that they felt more supported and the additional staffing that had been secured was felt to be a potential great benefit. One staff member commented, "It's so much better now". Staff meetings were more regular and staff were given the opportunity to contribute their ideas about how to move the service forward. A coffee morning had recently been held and a number of staff had attended and discussed how to recruit staff more successfully.

The regional operations manager had a clear idea of the priorities for the service and strategies to take it forward. They were now intending to take a step back from the service whilst still holding line management responsibility for the service as a whole. There was a plan in place to cover the interim period until March 2017. A local area manager was due to become registered with CQC and the service would also potentially reconfigure to make it more manageable. It was not clear how the management of the service would operate after this time and we asked to be kept informed of any plans. There was a commitment to developing staff for more senior roles which aimed to bring about consistency. Service managers for the different areas of the service were already working effectively and staff commented positively on their availability, which was in contrast to the previous inspection.

The culture of the service was based on a set of values which related to promoting people's independence and achieving personal goals. Staff we spoke with were clear about how they provided support which met people's needs and maintained their independence and we observed this during our inspection.

There were systems in place to monitor the quality of the service and we found that the regular quality

assurance audits were thorough and issues raised at one audit were given a 'red flag' and followed up at the next. We were reassured that the issues that concerned us were also the main issues the manager had independently identified.

Records for the people who used the service and staff were mostly very well organised, which meant that important information could be located easily and quickly. A great deal of work had gone into reviewing the way information was recorded and we found a marked improvement.