

Housing And Support Solutions Limited

# Housing & Support Solutions DCA

## Inspection report

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Date of inspection visit:  
05 January 2017  
06 January 2017  
11 January 2017

Date of publication:  
15 February 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Housing and Support Solutions is a domiciliary care agency registered to provide personal care for people who may have learning disabilities or autistic spectrum disorder, physical disability or mental health needs and who are supported to live independently. The service provided the regulated activity of personal care for 16 people in North East Lincolnshire at the time of the inspection.

We undertook this comprehensive inspection on the 5, 6 and 11 January 2017. At the last inspection on 9 and 10 November 2015 we found the registered provider was in breach of one of the regulations we assessed. We issued a requirement notice as assessments of people's mental capacity and records of best interest decisions were not in place to demonstrate staff were acting lawfully in relation to aspects of people's care and treatment.

During this comprehensive inspection we found improvements had been made in two domains and have changed the rating for the domains 'Effective' and 'Well-led' to Good. We have kept the rating for 'Safe', 'Caring' and 'Responsive' as Good. The overall rating for the service has improved and changed to 'Good'.

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

We found the registered manager and staff better understood their responsibilities under the Mental Capacity Act 2005. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it. People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions. Relatives and other professionals had been involved when important decisions about care had to be made.

People received their medicines as prescribed. However, documentation relating to 'as and when required' medicines needed to be more robust.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns. Staff were recruited safely.

Positive and caring relationships had been developed between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were overheard speaking with people in a kind, attentive and caring way.

Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible staff encouraged people's independence and supported them to access the local community. Care plans contained information on the care people needed and the risks they faced. Staff were aware of people's health care needs and the support they provided helped to maintain them. Staff liaised with health and social care professionals for advice and guidance when required.

People told us they liked the meals provided and were offered support to prepare their own meals when they wished to do this.

People who used the service had a wide range of support needs. Some people required support from the service 24 hours a day and other people were more independent and received support for just a few hours a day to help with their daily routines. Overall there were enough staff to meet people's needs and new staff had recently been recruited to maintain appropriate numbers of staff. Staff training and the on-going support staff received from the management team meant that the care provided was calmly delivered, safe and effective.

There was a quality monitoring system that ensured people's views were listened to, any complaints were addressed, audits were completed and checks carried out on staff practices and performance.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received their medicines as prescribed. The registered manager took action during the inspection to ensure all protocols were in place to provide clear guidance for staff when administering 'as and when required' medicines.

Overall, staffing levels were in line with contracted hours. Safe recruitment procedures were in place which helped ensure staff were of suitable character to work with vulnerable people.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely without unnecessary restriction.

### Is the service effective?

Good ●

The service was effective.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support and where this was not possible, the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

### Is the service caring?

Good ●

The service was caring.

There was a kind and caring relationship between people who used the service and staff. Staff knew people's personalities and their strengths and used this to encourage people to develop.

People told us they were happy with their care and had developed positive relationships with the staff.

People were involved in the planning and reviewing of their care.

Confidential information about them was held securely.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew the care people needed and provided person centred care tailored to people's individual needs.

People were supported to live active and fulfilled lives both at their homes and in the community.

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and transparent culture in the service where people were supported to voice their needs and concerns.

The views of people using the service, relatives, healthcare professionals and staff had been gathered.

The registered provider had systems in place to monitor and improve the quality of care the service provided.

# Housing & Support Solutions DCA

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 5, 6 and 11 January 2017 and was announced. The registered provider was given 24 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this, appropriately completed and on time. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We sent questionnaires to eight people who used the service and two were returned. The majority of responses were positive indicating both persons were satisfied with most aspects of the service.

The inspection team consisted of one adult social care inspector. We visited four houses and spoke with five people who used the service and three support workers. We telephoned four relatives to gain their views of the service. At the office we spoke with the registered manager, three team leaders and three support workers.

Prior to the inspection we spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. We also contacted a social worker and the community learning disability team for their views.

We observed how staff interacted with people who used the service. We looked at the care records of six people who used the service including any accidents and incidents, daily records, medication records, risk assessments and care plans.

We also looked at a selection of records used in the management of the service. These included staff rotas, staff recruitment and training records, quality assurance audit checks, complaint records, surveys and minutes of meetings with staff and people who used the service.

## Is the service safe?

### Our findings

When we visited a shared property in the community, one person who used the service welcomed us at the door and checked our ID badge. They told us the staff had asked them to do this to keep safe. People told us they felt safe with the staff who worked with them and one person said, "I get on with all the staff; they know me and know what I like and don't like." People also told us that they received medicines when they needed them, comments included, "They remind me when I need to take them, but I can get them all out myself" and "Staff help me to take my tablets."

Relatives told us they thought their family member was well-looked after by the staff who supported them, and the service they received was safe and met their needs. Comments included, "Yes I think they are very safe, staff are always there at the house to help them" and "The staffing has improved and they have more one-to-one hours for activities which is much better."

Surveys returned to the Commission by people who used the service told us 100% of respondents felt safe from abuse or harm from care and support workers.

Records showed staff received training on how to manage and administer medicines in a safe way. The team managers completed medication competency assessments on staff practice prior to them being able to administer medicines, to ensure they were competent to do so. People's care plans included guidance regarding how and when medicines were to be administered. Medicines were administered as prescribed. We saw medicines were checked in and out of the locations as required; they were kept securely and stored appropriately. Regular audits were undertaken to ensure the correct procedures were followed. Recent audits showed there had been some recording errors and staff had not always signed for the medicines they had administered. The registered manager confirmed they followed issues up with individual members of staff and at team meetings.

We found some individual medicine protocols were in place for the use of 'as and when required' medicines such as pain relief and for increased anxiety. However, we found shortfalls with the recording of one person's prescribed medicine to support the management of their epilepsy. This needed to be taken regularly, at a specific time dependent on their other health factors. We found a protocol had not been put in place to give staff clear guidance on when to administer the medicine and there was conflicting information in the person's care records. The registered manager took immediate action to look into the issues and checked the medicine prescription and administration frequency with the person's GP. The medication administration records identified the person had received the medicine as prescribed. The registered manager also requested a copy of the letter from the person's consultant who had originally prescribed the medicine. The registered manager reviewed and updated the person's medication care plan and put a detailed protocol in place. They also arranged for the person's staff team to have further medication refresher training the following week.

We checked the file for a member of staff recruited since the last inspection and this showed safe procedures were in place. These included ensuring prospective member of staff completed an application

form and detailed their employment history and qualifications. Checks on their character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. Checks on two files for existing staff showed only one reference had been obtained by the previous management. Although the files had been audited and the shortfalls identified we discussed with the registered manager how it would be beneficial for the management decision about this to be recorded in the staff files for future reference.

Overall, people and their relatives told us there were sufficient numbers of staff deployed. During visits to people's homes, staff were seen to provide prompt care and support intervention where required. Staffing levels were based on people's contracted hours of support. We saw evidence provided hours were in line with contracted hours. Discussions with support staff and the management team identified that there had been some recent staff shortfalls but the management team were working hard to ensure the shifts were covered appropriately and people were provided with their one-to-one support. The service was in the process of recruiting additional staff to ensure that staffing levels remained sufficient to meet people's needs. The registered manager explained how they had experienced difficulties in previous months to recruit new staff. At the time of the inspection newly employed staff were attending the office to complete their induction training.

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and these advised them of what they must do if they witnessed or suspected any incident of abuse. Records showed staff had completed training on safeguarding vulnerable people from harm and abuse. They told us they would report any concerns they had straight away and they described the relevant agencies, who they would report such abuse to, including the local safeguarding teams and the Commission. Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. One member of staff we spoke with told us, "I wouldn't think twice about reporting concerns, it's our responsibility to keep people safe."

Accident and incidents were reported in detail and these included any triggers identified and all actions taken following the incident. All reports were reviewed by the registered manager and senior management team at head office, who took any further actions needed to reduce risks. Staff spoken with confirmed that incidents were regularly discussed at staff meetings and at handover meetings, to identify triggers and how they could help people to reduce the risk of any reoccurrence of incidents.

We saw assessments relating to health and wellbeing were completed to help staff support people who used the service. These were aimed to minimise risk whilst ensuring people could make choices about their lives, these included medication, moving and assisting, epilepsy management, choking, accessing the community and how to support people if their behaviour was challenging to themselves or other people.

We saw people had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

## Is the service effective?

### Our findings

People and their relatives told us staff provided effective care and support. They also told us care was generally delivered by familiar faces. For example one person told us, "There were quite a lot of changes with the staff the previous year but everything settled and now there is a consistent team of staff providing support. [Name of person] doesn't like change and it has been much better having regular staff in all the time." Another person said, "The staff are brilliant, all of them, I'm very happy with all the help and support I receive."

People told us they enjoyed their meals. Relatives told us people were supported appropriately to maintain a healthy diet. For example one relative told us, "The staff take them shopping and help prepare and cook healthy meals. They would just eat sweets and snack things all the time but the staff encourage them to eat properly."

We also received mostly positive feedback from people who used the service from the surveys we sent out. 100% of respondents considered staff had the necessary skills and knowledge and staff supported them to be independent. The survey indicated 50% of respondents received care and support from support workers who were familiar to them.

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.

At the last inspection on 9 and 10 November 2015 we found the principles of MCA had not been applied consistently and lawfully. This meant there was breach in regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection we found improvements had been made. We found people were supported to consent to their care and had their capacity assessed as necessary. The care files we checked had assessments of capacity and records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity.

Staff we spoke with told us they had completed training in the MCA and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly about how they would apply this in practice. An example was given about a situation where a person required medical investigations and was unable to consent to this, so a best interests meeting had been held with all involved professionals in order to discuss this further.

People we spoke with told us staff always sought their consent prior to assisting them and we observed this in practice during the inspection. Staff understood people had the right to refuse care and in such situations, they would always consult with senior staff for further support and advice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in supported living services are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes authorisation for DoLS has to be sought through the Court of Protection rather than directly with the supervisory body. Discussion with the registered manager showed eight people might be being deprived of their liberty and the appropriate authorisations had been submitted to the relevant placing authority to process.

Where required, people received support from staff with their food and drink. People told us they liked the meals provided and were supported to have the food and drink of their choice. Staff supported them to go shopping for ingredients and discussed with them their choices and the meals they would like to purchase and help prepare, where possible. Care records provided clear information for staff on how to support people to meet their nutritional needs. Some people had specialist diets and action had been taken if a person was nutritionally at risk.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. A person said, "Staff help me to attend my medical appointments." Records showed that staff involved external professionals where appropriate including speech and language therapists, clinical psychologists and dieticians. People were also supported to attend health screening appointments to ensure any healthcare issues were promptly identified.

Health and social care professionals we contacted prior to the inspection considered the registered manager had continued to ensure the care support was person centred. There were some issues raised about communication which had already been fed back to the registered manager, who told us they were addressing these through the team meetings they had arranged and individual supervision meetings.

Staff told us they felt well supported by the registered and team managers and they received a range of training which was suitable to their role. New care workers were required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards. In addition staff received regular training updates in subjects such as first aid, managing finances, safeguarding, manual handling, challenging behaviour, health and safety, fire safety, mental capacity and medicines. This was a mixture of e-learning and face-to-face training. We spoke with one of the training officers who explained how they were currently providing updates on safeguarding and MCA. They said they tried to make the courses meaningful for staff to improve their understanding of any changes in the law.

Staff also received specialist training dependant on the needs of the people they were supporting. For example, some staff had received diabetes, epilepsy and autism training. The registered manager was looking into courses on end of life care. We saw training was largely up-to-date with a plan in place to address training which had expired. The registered manager kept an up-to-date matrix of training compliance throughout the service to enable action to be taken to address any shortfalls.

Staff received periodic supervision and appraisal. Each staff member had a target of four supervisions a year which was monitored by the registered manager. We saw most staff were now on target, as there had been some sessions overdue earlier in the year. The registered manager was in the process of implementing a new observational supervision programme which tied in to the current staff development programmes.

The registered manager explained how the housing provider had changed and improvements had been made with properties where there had been outstanding works needed such as redecoration and refurbishment. Properties we visited were homely and personalised. Some areas were seen to need attention in relation to damp and decoration, and we found the issues had been reported to the relevant

landlord.

## Is the service caring?

### Our findings

People told us that staff were caring, kind and supported them to be as independent as possible. Comments included, "Staff remind me about things so I don't forget, but I can do lots for myself", "I like the staff, they are nice", "I have a brilliant team of staff helping me, they are all exceptionally good people, very helpful and caring" and "I tell the staff what I need help with and they help me. They are my friends."

Relatives of people who used the service were complimentary about the staff team. They said staff promoted people's privacy and dignity and treated them with care and compassion. Comments included, "We know [Name] is close to the staff and always gives them a big hug when they see them. The staff all seem genuinely very kind and caring" and "It is their home in every sense. The staff understand [Name's] needs so well. The atmosphere is warm and caring and the staff and residents treat each other with respect."

From the surveys we received, 50% of respondents told us they were happy with the care and support they received from this service. 100% of respondents also said the support workers always treated them with respect and dignity and the support workers were caring and kind.

During observations of care and support we saw staff treated people well. There was a good atmosphere within the homes we visited and we saw staff interacting positively with people who used the service. Staff shared jokes and chatted with people as well as promptly comforting any anxieties they had. We observed people were happy and at ease with staff and we saw that staff had a good rapport with them. Staff treated people with kindness and respect.

The staff explained to people the purpose of our visit and reassurances were given to people before we accessed different areas. They had a good understanding about people's current needs, personalities, strengths and anxieties and their role in supporting and enabling these. When they discussed people's care and support needs with us they did so in a respectful and compassionate way. Two members of staff confirmed how they had specifically requested to work with people who had complex needs around their autism, as they had developed positive working relationships with them and felt this contributed to those people's positive care outcomes.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example, they waited outside the toilet or bathroom until the person asked for their support. The care plans provided staff with information about how to support people in ways that promoted choice and independence. For example, they described what preferences people had for the way care was to be carried out and how people communicated their needs when they were unable to do this verbally.

We saw people were offered support and encouragement to maintain their personal appearance to promote their self-esteem and sense of pride in their appearance. People were able to wear clothes they liked that suited their individual needs and preferences and staff were seen to respect this. One person's relative told us how they trusted the staff and were really pleased with the support provided to their family member around clothes shopping. They told us their family member was always very well presented and was supported to choose and buy good quality, fashionable clothes that they liked.

The registered manager confirmed lead roles in areas such as dignity and end of life care were being allocated to senior staff with interests in developing those areas of practice within the service. They explained that the member of staff would access specific training to develop their knowledge and new role.

The registered manager confirmed advocacy services had been involved with people who used the service for a range of issues and they would access this service if people needed additional support. Advocates can represent the views of people who are unable to express their wishes.

We found records were held securely. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance and confidentiality in their induction.

## Is the service responsive?

### Our findings

People who used the service told us they were satisfied with the care and support provided. We saw they looked happy and interacted with staff in a positive way. They told us, "I like living here with my friends, we watch films and I like colouring", "I go out to the disco each week and go horse riding. The staff take me out lots" and "The staff help me with my laundry and we take it in turns with the cleaning and hoovering. I like to go to the shops and for a walk."

Relatives told us staff communicated with them well and kept them up to date with any information they felt they needed to know. Comments included, "Yes, I am definitely involved in all aspects of their care plan and any changes. I am involved and invited to the review meetings and have every opportunity to participate and they listen to me."

People who used the service and their relatives told us they knew what to do if they were unhappy with the service. One person told us, "If I had concerns I'd phone the office." They showed us they had the office number on direct dial on the mobile phone. Other comments included, "I would speak with [name of member of staff] they would sort things out" and "I have a really good relationship with the manager and they have always dealt with any issues or concerns I've had. We talk regularly on the phone and I'm confident they always do their best to sort things out."

From the surveys we received from people who used the service, 100% of respondents told us they were involved in decision making about their care and staff responded to any concerns about their care.

At the last inspection we found the senior staff were in the process of rewriting people's care plans and risk assessments as the audits had shown the quality of the care records was inconsistent. At this inspection the registered manager explained that a new recording format had been introduced throughout the organisation and senior staff were in the process of transferring each person's records onto the new care recording system.

We looked at the care files for six people who used the service and found these to be well organised and easy to follow. We found detailed assessments had been completed and the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required and could enable them to maintain their independence. The care plans had linked risk assessments to maintain people's safety in areas such as epilepsy, moving and handling, nutrition, medication, finances and behaviour.

The care plans were person-centred in the way they were written and outcome focused. People's preferences, life histories and interests were recorded so that staff had personalised information about each individual. Each person had a health action plan in place. The records showed people were supported to have annual health checks and attend regular appointments. Hospital passport records were also in place. This document contained key information about the person's needs including communication, to ensure effective care and support should they be admitted to hospital.

We found staff liaised with other healthcare, social care and educational professionals when the care and support people required was transferred between services and agencies. Staff supported people to visit new services and spend time with the other people living there, often people stayed for meals and activities. Reviews of the care provided were held routinely and meetings were arranged when issues needed to be addressed. We found copies of the review records weren't available in most people's files and the registered manager confirmed they would chase this up with the relevant social worker. Comments from professionals involved with the service indicated people's health care needs were met.

Staff completed daily records, which detailed the relevant support that had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis. Some staff had started to complete records of the one- to-one support provided to people, which the social workers had requested so they could review the effectiveness of this support.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed.

We saw people were supported to follow their interests and chose what they wanted to do. Some people attended day centres and others had a programme of activities arranged. The community activities included: swimming, the gym, trampolining, horse riding, cinema, bowling, discos, walks to the seafront and local parks, cafes and shopping.

Relatives told us their family members were supported with a good level of activities. A relative told us, "[Name] goes out every day somewhere and they choose where they want to go." As well as trips out people were supported to spend time relaxing at home and helping staff to keep their homes tidy. Activities people enjoyed were recorded in their care plan for staff to refer to when helping people to plan their week. The staff in some houses held regular house meetings where individuals were supported to discuss the house, living arrangements, concerns or make suggestions. The team managers confirmed they would be ensuring the meetings were held at each property and staff supported people to attend and contribute where possible.

We saw effective arrangements were in place to support people to maintain friendships and family connections. People were also able to go on holidays. Staff confirmed some people had gone away with their families and staff had taken two other people on holiday to Butlin's in 2016.

The complaints policy was in the information pack for people who used the service and was also displayed in people's homes in an accessible format. Complaints were responded to appropriately and promptly.

## Is the service well-led?

### Our findings

Relatives of people who used the service described improvements with the service. Comments included, "It is a much different and better service now. Seems more organised at the house and at the office which is reassuring", "We are very pleased with all the care and support. The staff have been fairly consistent and [Name] is very happy and settled. We feel the management listen to us and [Name] is supported with more activities, they are always doing something" and "I'm pleased with the service. Over the years I have completed surveys and the office staff are very helpful if I phone with any queries." Relatives also told us communication was very good, for example one relative told us, "We see the staff every week when we pick up [Name] and I know they would tell us anything we need to know. They are very good."

From the surveys we received from people who used the service, 100% of respondents told us they knew who to contact in the agency if they needed to and that the service was well managed.

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They had been managing the Cleethorpes service since June 2015 and completed their registration with the Commission in April 2016. They also had responsibilities for managing the Rotherham service and confirmed they divided their time between the two service locations. The registered provider had introduced a staff award ceremony and the registered manager confirmed how pleased she was to have been nominated this year for the 'Inspiring Leader Award' at the forthcoming staff gala event.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us they were kept informed about important issues. We saw that regular staff meetings took place and there were minutes of staff and management meetings which reflected the discussions. The team leaders said the service was well organised and the registered manager was approachable, supportive and very much involved in the daily running of the service. They described how the development work had impacted on the daily running of the service and increased their workloads. The registered manager confirmed another team leader had been appointed to help manage this more effectively.

At the last inspection the registered manager had begun to review some of the management and administration systems. This included the implementation of new rotas and changes to staffing hours, reviews of individual care packages, the update and provision of new care records for each person and reorganisation of the office. We found this work had been completed and more changes were planned and in progress such as the introduction of 'waking' night shifts for staff and another change to the care records format. A new computerised system for the team managers to produce staff rotas had recently been introduced and the registered manager explained how this had caused some delays with the support staff receiving their new rotas, as the office staff developed their competence with the new systems. The registered manager had requested and arranged additional training and support for the team managers with the new computerised rota system. They also confirmed they had spoken with staff to explain the delays and provide assurances that leave and shift requests would be honoured where possible.

Comments we received from professionals involved in the service indicated the management team had continued to make improvements at the service in relation to staff management, recording, working with partner agencies, the properties and quality of care.

The staff described the culture of the service as more open and friendly; they also told us about the positive team approach and that they enjoyed coming to work. Some mentioned they would prefer to receive their rotas earlier. Comments included, "The management team are very supportive, I phone the office and they sort things out", "Things have really settled down now and the new teams are working well, it's much better for our clients", "Staff morale is ace now", "The team managers visit the houses regularly and work with us. I visit the office more now, it's friendlier and more welcoming", "I'd like my rota earlier so I can make plans" and "We've got used to the new rotas, we just need the office to send them out in good time."

During our visit we found information for people and the name of the office location reflected Eden Futures Group brand name, although the registered provider remained Housing and Support Solutions Limited. We discussed this with one of the senior management team who confirmed they would look into this issue and ensure the name of the organisation was clear on the office sign and any records.

Relatives told us they had been asked their opinion of the service. Surveys were sent out to people who used the service and relatives. However, the results were not location specific and therefore the findings were general to all the registered provider's locations. The registered manager told us that they would discuss this with the senior management team so they could get more detailed feedback on the service they were providing.

During observations of care and support we saw some good examples of staff supporting people to achieve positive outcomes. We found a pleasant and welcoming atmosphere in the homes we visited and people we spoke with all said they enjoyed their living environment.

There were systems in place to monitor and review the quality of the service and to drive improvements. A comprehensive audit had been carried out by the quality manager against the Commission's five domains. The audit identified some areas for improvement and actions were being taken. Other regular audits were carried out by the registered manager and other supervising staff. These included medication, finance and care record audits. Audit findings were largely positive and actions were identified in response to any issues found. We did identify that where action plans were produced following audits, these were not always updated to demonstrate progress made in addressing the actions. The registered manager agreed that this should have been done and assured us that in the future action plans would be subject to regular review and 'sign off' once actions were complete.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.

We found the registered manager notified the Care Quality Commission, and other agencies, of incidents which affected the welfare of people who used the service. Our records showed us notifications had been received regarding incidents which had occurred and what action had been taken following this.

