

National Autistic Society (The) NAS Community Services (Somerset)

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

This inspection took place on 22 and 24 January 2018 and was announced.

We last undertook a comprehensive inspection at NAS Community Services (Somerset) in September 2016. At this inspection we found the provider to be in breach five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 11, Need for consent, Regulation 12, Safe Care and treatment, Regulation 17, Good Governance, Regulation 18, Staffing and Regulation 19, Fit and proper persons employed.

Following the inspection in September 2016, we served two Warning Notices for breaches in Regulations 11 and 17. In addition to this, we set requirement actions relating to breaches 12, 18 and 19. We also asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. The provider told us they would make the required improvements by February 2017.

We undertook a focused inspection in February 2017 to check the provider was meeting the legal requirements for the two regulations they had breached that resulted in them being served Warning Notices. During the focused inspection we found the provider had taken action to ensure compliance with these regulations.

During this comprehensive inspection we found that improvements had been made in some areas, however we found some similar concerns to the inspection in September 2016, which resulted in breaches of the regulations.

NAS Community Services (Somerset) provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was not 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. The previous registered manager had left the service, the provider had recruited a new manager who had left the service the week prior to our inspection. The provider was in the process of recruiting a new manager. Senior managers were overseeing the services

and there was a deputy manager in post.

All of the relatives we spoke with and staff felt the service was a safe place for people. However, we found risks relating to people were not always recorded and formally assessed. Recruitment procedures were not always consistently followed to ensure staffs suitability to work with vulnerable adults.

People's legal rights in relation to decision making were not always upheld. Where people lacked capacity to make decisions for themselves the principles of the Mental Capacity Act 2005 were not always followed.

The quality assurance processes in place to monitor care and safety and plan on-going improvements were not fully effective.

There were systems in place to protect people from abuse and the staff we spoke with knew how to follow them. There were enough staff available to meet peoples need's. People's medicines were managed safely.

Staff knew people well and we observed staff were caring in their interactions with people.

There were clear guidelines in place detailing how to support people when they became anxious. Incidents and accidents were reviewed and analysed by the manager and a behaviour coordinator where required to reduce the likelihood of further incidents.

People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

Staff felt supported and demonstrated they were positive about their work.

Relatives were involved in the planning and reviewing of people's care. Care records were reviewed and up to date. People were supported to be part of their local community and accessed a range of chosen activities.

There were systems in place for people and their relatives to provide feedback on the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not fully safe.

Risks relating to people were not always recorded.

Some information was missing from staff recruitment files.

There were enough staff available to meet people's needs.

People's medicines were managed safely.

Where people were involved in incidents and accidents, lessons were learned.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

People's legal rights in relation to decision making were not always upheld.

People were supported by health and social care professionals.

People were supported to maintain a healthy and balanced diet.

Staff supporting people were trained and received on-going support from their managers.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff described how they treated people with dignity and respect.

People were supported in line with their preferences.

Staff interactions with people were positive. Staff knew people well.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People were supported to make choices about their day to day lives.

People were supported to participate in chosen activities.

Relatives were aware of the complaints procedures and were confident to use them if they had concerns about people's care.

Is the service well-led?

Some aspects of the service were not well led.

Systems were in place to monitor and improve the quality of the service for people. The systems were not fully effective at identifying all of the shortfalls in the service and ensuring improvements were made.

People were supported by staff who felt able to approach their managers.

There were systems in place for people and their relatives to provide feedback on the service.

Requires Improvement ●

NAS Community Services (Somerset)

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 24 January 2018 and was announced.

The inspection was carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 22 January 2018 and ended on 29 January 2018. It included talking with staff, looking at records, speaking with the management and visiting people in their homes.

People had communication difficulties associated with their autism. We visited two of the services and met with four people, we also met one person briefly at the office. We observed staff interacting and supporting people in their homes. We had limited communication with people. We also used our observations and discussions with people's relatives and staff to help form our judgements.

We visited the office location on 22 and 24 January 2018 to see the management and office staff; and to review care records and policies and procedures. During the inspection phone calls were made to people's relatives on 26 January 2018 and further phone calls were made to two staff on 29 January 2018.

We reviewed all of the information we held about the service before our inspection. We looked at notifications we had received. A notification is information about important events which the service is

required to send us by law. We reviewed previous inspection reports.

We did not request a Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The senior manager therefore provided us with a range of documents, such as copies of audits and action plans, which gave us key information about the service and any planned improvements.

We received feedback from three relatives and spoke with six care staff, including the deputy manager; we also spoke with two senior managers. We looked at four people's care records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, four staff personnel files and quality assurance audits.

Is the service safe?

Our findings

During our last comprehensive inspection in September 2016 we found there were not always assessments of the risks relating to people in their care plans, or details of how staff should support people to reduce the risks. During this inspection we found there were still shortfalls in risk management. For example, two people using the service had medical conditions that could result in them having seizures. Whilst we found there were risk assessments relating to the medical condition and guidance for staff to follow, specific scenarios where risks could present themselves had not been fully assessed. This included having a seizure in the bath and the action staff should take in the event of this occurring. We noted a health professional had advised staff a risk assessment for this scenario should be completed in May 2017, however this had not been completed. We discussed with staff the action they would take in the event of the person having a seizure in the bath and they were able to tell us the action they would take to ensure the person remained safe.

We also found other areas of risk had not been assessed such as; people eating inedible items and risks relating to the kitchen. Staff described the measures in place to reduce the likelihood of people coming to harm, however, there were no formal risk assessments in place. Whilst we found there was no immediate risk to people, because there were regular and familiar staff supporting them, this information would not be available in the event of unfamiliar staff supporting people. We discussed this with the senior managers who arranged for some of the risk assessments to be completed during the inspection. Following the inspection the senior manager sent us an action plan detailing when the assessments would be completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we found the provider did not always follow safe recruitment procedures to ensure that staff working with people were suitable for their roles. During this inspection, whilst we found some improvements had been made, we found there were still shortfalls in recruitment management. For example, three staff application forms had gaps in employment history that had not been explored. Having unexplored gaps in employment could impact on a staff member's suitability to work with vulnerable adults. We discussed this with the senior manager who confirmed they would explore and record the reasons for the gaps.

The provider vetted new staff through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. If a staff member was found to have any previous criminal convictions these were explored and referred to the senior managers to review and decide if the staff member should be employed, and if any additional measures that should be implemented to reduce any risks to people. We found one staff member had a historical conviction and this had been referred to the senior management and agreements were made in relation to additional measures that should be in place to safeguard people. We found some of the measures were being completed, for example, daily checking of people's records and regular monitoring. However, we found one of the control measures which involved monthly supervision was not consistently

carried out.

This was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we found where risk assessments were in place, some of these had not been recently reviewed. At this inspection we found the risk assessments that were in place had been regularly reviewed and updated. Areas that had been risk assessed included; accessing the community, accessing a vehicle, specific chosen activities and the risk of people leaving their home without staff support. People were supported by staff to maintain a clean home. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.

People required staff support to help them manage their medicines. At the last inspection we found the systems in place to ensure medicines were safe for people receiving them were not fully effective. During this inspection we found improvements had been made. For example, care plans detailed what medicines were prescribed and there was clear guidance for staff on how people preferred take their medicines. Medicine Administration Records (MARs) also detailed the medicines people took and these had been consistently signed when people took their medicines.

Where people took 'as required medicines', such as pain relief, there were clear guidelines in place to instruct staff of when they should be given and the guidelines had been signed by the persons GP. Where people were prescribed creams and ointments which were applied by care staff, we saw these were dated when they were opened to enable staff to determine if they were still safe to use. Medicines were stored securely in the service and the senior staff completed regular audits to ensure systems remained safe.

People were not able to tell us if they felt safe with the staff supporting them, however we observed they looked happy and relaxed in the presence of the staff. Relatives told us they thought their family members were safe in the service and with the staff supporting them. One relative told us, "Yes [name] is safe, I have no issues." Another commented, "Yes [name] is safe."

Staff also thought people were safe using the service. There were systems in place to protect people from harm and abuse. Staff were aware of the indicators of potential abuse and how to report any concerns, and they were confident that any concerns would be investigated by their managers to ensure that people were protected.

Staff were also aware of the whistleblowing policy and that they could report concerns to agencies outside of the organisation such as the Care Quality Commission (CQC). One staff member said, "I know how to raise a safeguarding alert and I'm confident the managers would take the right action, I know I can report it to CQC, the police or the local authority." Another staff member commented, "I know what to look out for and I would report it to [name of deputy manager]. I'm confident it would be dealt with but I would go higher or to CQC if I needed to."

Relatives told us they were happy with the staffing arrangements and there had been improvements since the last inspection to ensure a more consistent and stable staff team. One relative told us, "There are enough staff and a much more consistent staff team now, the team is very settled and I am very happy with the current staff." Another relative commented, "Mostly consistent but there are changes occasionally as is the nature of care work."

Staff also told us staffing at the service had improved. Comments included, "Staffing has improved, we have

regular staff. We do use agency but they are the same staff who know the guys well" and "Staffing has improved, the new staff team are pretty good."

We discussed staffing arrangements with the senior manager and they told us they had a stable team of staff. They said staffing was based around people's individual needs and the staffing rota's we viewed confirmed this.

People had detailed support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. Incidents were analysed by the manager to enable them to identify any potential risks and implement measures to prevent further incidents. This ensured that each incident was recorded and reviewed. If required, incidents were also referred to the provider's behaviour coordinator. We saw examples of where the behaviour coordinator had reviewed an incident and offered additional advice and support to the staff. Staff described how they thought there was an open culture of learning in the team. One staff member told us, "We follow the protocols and guidelines, if you don't understand anything or have any issues you can raise it with [name of senior] they are so open here."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission.

Is the service effective?

Our findings

During our last inspection in September 2016 we found people's rights were not fully protected because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. We found where restrictions were placed on people in their homes; the principles of the Mental Capacity Act 2005 (MCA) were not always followed. At the focused inspection in February 2017 we found improvements had been made.

The 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.

During this inspection, whilst we found in some areas action had been taken to ensure compliance with the Act, there were still restrictions placed on people where the principles of the MCA were not being followed. For example, two people had monitors in their beds to monitor their movement; we found there were no mental capacity assessments and best interest decisions for the use of the monitors or evidence of consent for their use. Staff told us how one person had restricted access to their computer tablet. Whilst they were able to describe the reasons for restricting the access for safety reasons, there was no mental capacity assessment and best interest decision in relation to this. We found other restrictions in place for people in their homes with no best interest decisions in place such as access to certain snacks and toiletries.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager had held a meeting with staff the week prior to our inspection and identified the restrictions in place with the objective of looking at reducing them. At the time of the inspection there had not been time to fully implement this into practice. During the inspection the senior manager completed the process for assessing a person's capacity to have access to their toiletries and completed the best interest decision. The senior manager confirmed they would ensure capacity assessments and best interest decision would be in place for all restrictive practices.

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. In Supported Living services applications must be made to the Court of Protection. We found people were being deprived of their liberty, the previous manager had contacted the local authority to seek guidance on how to proceed with the relevant applications and this had been identified on the providers' action plan. The senior manager told us they would contact the local authority to make further enquiries.

At our last comprehensive inspection in September 2016 we found staff were not provided with regular one to one supervision in line with the providers policy. During this inspection we found improvements had been made and staff had regular one to one meetings with their manager to discuss their work.

Staff told us they felt supported in their role. One staff member said, "I receive regular supervision, if one gets cancelled it is rearranged. I'm happy with them." Another commented, "Supervisions are regular, about every three weeks, they are fine. You can say what you are happy and not happy about and we make changes to benefit the people we support. I feel listened to." Records demonstrated staff were receiving regular supervisions. This meant people were supported by staff who felt supported in their role.

Relatives told us they thought staff had the right skills and knowledge to carry out their role. One relative told us, "I think the staff have the right skills and the right training."

Staff commented positively about the training they received. One staff member told us, "The training is pretty good, you are able to ask questions and it is clearly delivered." Another staff member said, "There's enough training, a lot of it is on-going." We looked at the training records which evidenced all staff received basic training such as the MCA, incident reporting, safeguarding, first aid and infection control. Staff had also received training in understanding and supporting people with Autism and health conditions such as Epilepsy. This all helped to ensure people were effectively supported by staff who had the skills required to meet their needs.

Staff also told us they received an induction when they started working for the service and they commented positively about it. One staff member told us, "I found the induction really good, it lasted three weeks and gave me an insight into autism." Another staff member said, "I had a two week induction and it was really good and covered everything. I also did some shadow shifts; all of the team were so good and willing to help." The induction was linked to the Care Certificate. The Care Certificate standards are recognised nationally to help ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were not able to tell us their thoughts about how staff supported them with their meals. They relied on staff to help them with the planning and preparation. Relatives thought their family members had a good balanced diet. One relative told us, "I'm very happy; [name] has a varied diet that includes treats as well as plenty of fruit and veg." We saw staff supported people with choices around their weekly menu using pictures and their knowledge of people's likes and dislikes. Records demonstrated people received enough nutrition and we staff described how they offered people regular drinks to ensure they remained hydrated.

Relatives told us staff understood their family member's health care needs and supported them to access healthcare services. One relative told us, "They watch [name] carefully and communicate with each other. We have regular updates and they contact us if [name] is ill or anything." Another relative commented, "If they have any concerns they will take [name] to the Doctors."

People's care records showed referrals had been made to appropriate health professionals when required. These included the Drs and dentist. The service also supported people to access specialist support for people, such as a psychiatrist, occupational therapist, epilepsy nurse and speech and language therapist. Each person had a Health Action Plan (HAP). Health action plans are documents that include a personal plan that describes what people can do to stay healthy and the support that is available.

Is the service caring?

Our findings

During our last comprehensive inspection in September 2016 we found the service was not always considering people's dignity and respect. People had restricted access to items such as toilet roll and records did not consistently demonstrate people were treated with respect. During this inspection we found improvements had been made. People had access to toilet wipes and the records we viewed recorded information about people in a respectful manner.

Most of the people who used the service were unable to tell us about how happy they were with the staff supporting them. However, we observed people appeared relaxed and comfortable in the presence of staff. We observed one person who was unable to verbally communicate touched their staff member on the arm and head in an affectionate manner. Another person who was able to verbally communicate told us the staff were, "Alright" when we asked them.

Relatives told us they were happy with the staff supporting their family members. Comments included; "Staff are very good", "The core team of staff are very good there has definitely been a massive improvement" and "The staff are like their family, they are very caring. At the moment [name of relative] is very settled and happy."

Relatives also told us staff knew their family members well. One relative told us, "The staff know [name of relative] really well, I'm very happy with the staff at the moment." Another commented, "The staff definitely know [name of relative] well." Staff spoke positively and compassionately about the people they supported. Visiting professionals told us staff knew people "Very well" and that they supported new staff and outside professionals to understand and get to know them.

People used various methods to communicate their wishes and choices. These included speech, pictures, vocalisations and body language. Staff took time to explain to people who we were and why we were visiting. Staff knew people well and were able to interpret non-verbal communication. We saw staff used communication individuals responded to well, such as 'set phrases' and the use of pictures, to help them interact with people. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy, if they were in pain or if they wished to spend time alone. Care plans also included information relating to people's likes, dislikes, preferences, personal history and cultural needs. Staff had a good knowledge of this information.

People were involved in day to day decisions about their support. Staff described how they used people's individual communication methods to give people choice and control over their lives. For example, pictures were used for one person to enable them to choose where they wanted to go. Relatives confirmed staff respected people's decisions, one relative told us, "If [name of relative] is not happy or doesn't want to do something their action shows it, and staff respect that." A health professional told us staff used appropriate communication methods, and that staff always communicated at a level which was appropriate for the person.

Relatives also told us they were actively involved in decisions relating to their family members support. One relative commented, "I am very much involved." Another commented, "I am always involved in decisions, we have a good collaborative approach."

Staff described how they respected people's privacy by knocking on their doors before entering their rooms. Staff also told us how they ensured doors and curtains were closed whilst they were supporting people with personal care and they recognised the importance of people having their own personal time. Staff recognised the importance of promoting people's independence and they described how they supported people to be as independent as they could be.

Staff supported people to keep in touch with their family members, staff described how they supported one person to use their computer tablet to video call their family member each week. Relatives told us that they were able to visit their family members at any time and they were made to feel welcome. One relative said, "We pop in whenever, we don't always ring to let them know."

Is the service responsive?

Our findings

During our last comprehensive inspection in September 2016 we found people were at risk of receiving care that was not responsive to their needs because care records were not regularly reviewed and updated. During this inspection we found improvements had been made.

Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, important routines, what they were able to do for themselves, the support required from staff and how they made choices. For example using signs, pictures, speech or objects of reference. The care plans had been regularly reviewed and updated to ensure they remained up to date and accurate.

People received care that was responsive to their needs and personalised to their wishes and preferences. Where people had specific needs, the service involved external health professionals to seek guidance and we saw staff were working with the health professionals to achieve positive outcomes for people. For example, one person was choosing not to engage in activities. The staff had requested support from an external professional and they told us how specific equipment was being arranged to be tried out by the person to meet their individual sensory needs.

People's participation in the planning of their care was often limited by their communication difficulties. People's relatives however told us they were involved in the planning and reviewing of their family members care. Comments included, "I am very much involved in the care planning, we all get together and throw ideas about it is very much a joint approach."

People had person centred plans where they were supported to identify and achieve their goals. We saw one person had set a goal to use their tablet computer independently. Staff described how they had supported the person to enter their password and that they were now able to use the tablet to view rugby matches, which we were told they enjoyed.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People were supported to follow their interests and attend a range of chosen activities. Records showed people attended day services, went out for drives, walks, attended church, met with friends, meals out, day trips, visited relatives and went on holiday. Relatives told us they were happy with the range of activities people were supported to participate in.

Not all the people being supported by the service were able to verbally raise concerns or complaints, and relied on staff to raise these on their behalf. There were pictorial complaints procedures displayed within people's homes stating who people should talk to if they had a concern. We discussed with staff how they

supported people to raise concerns. A staff member told us how one person was unsettled and involved in a lot of incidents where they were anxious. Staff identified this could be related to the person not having their own vehicle and being unhappy about this. Staff told us how they had arranged for the person to have their own vehicle and since this had arrived there had been a lot less incidents and the person appeared a lot more settled.

Relatives told us they knew how to complain or raise concerns more informally and they told us they felt listened to. One relative told us, "If I needed to raise a complaint I would contact the senior staff, I know I can contact the deputy manager also. I have raised concerns in the past and they were always dealt with no problem." Another commented, "Any concerns I would raise with the staff, we've got a good relationship and it's a two way process. I've got no complaints." There had been two complaints received by the service since our last inspection. We saw these were investigated and responded to in line with the providers' policy.

Is the service well-led?

Our findings

During our last comprehensive inspection in September 2016 we found the provider did not have effective systems in place to monitor the quality of care and support that people received. At the focused inspection in February 2017 we found improvements had been made. However, during this inspection we found improvements were still needed to ensure the quality assurance systems were fully effective.

There were systems in place to monitor the service provided. These included a range of audits completed by the seniors, the deputy manager, the manager and manager's from the provider's other services. The audits the manager completed covered areas such as medicines, risk assessments, staffing, safeguarding, the environment, any restrictions and staff training. Senior managers also conducted audits of the service called 'quality monitoring visits', these audits covered similar areas to those which were audited by the manager.

We reviewed the audits and found they were identifying some areas where improvements were required. For example, we saw supervision had been identified as an area for improvement and it was recorded that these had improved. These improvements were evident during our inspection. However, the systems in place were not fully effective in identifying all of the shortfalls we found during this comprehensive inspection, which were similar to those we found in September 2016. For example, during the inspection in September 2016 we found concerns relating to lack of risk assessments, recruitment records and restrictions being placed on people without the correct procedures being followed. At this inspection we found continued shortfalls in each of these areas.

During this inspection we also found supervision had not been carried out with a staff member in line with recommendations from the senior management team. This had not been identified during the manager and senior manager's audits.

Although we found there had been improvement's during our focused inspection in February 2017, during this inspection it was evident the systems in place to to monitor and improve the quality and safety of the service had failed to be fully effective and sustain improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the lead manager completed an audit of the service, which we reviewed. This audit identified the shortfalls we found during this inspection with action points and timescales of when the service would make the required improvements. The senior managers sent us a detailed action plan following the inspection and reassured us they would ensure the improvements identified would be made.

During our last comprehensive inspection in September 2016 we found the provider did not have a suitable management structure in place to meet the needs of the service. Not all the staff we spoke with felt supported at difficult times. Since our last inspection the registered manager had left and another manager

was recruited to this position. The senior manager told us this manager had left the service the week prior to our inspection and they were in the process of recruiting another manager.

Despite the changes in the management of the service, during this inspection staff told they felt supported. Staff commented this was due to them having a stable senior team and deputy team manager. Comments from staff included; "The managers have changed, it's been ok. I have faith in [name of deputy manager] she addresses things" and "We are able to approach [name of seniors], they are brilliant and [name of deputy manager] is good too." Staff were aware of senior managers they could contact if they needed to. Relatives also commented positively about the deputy manager and senior staff team.

The deputy manager told us they felt supported by the senior managers and there was support available if they needed it. They commented, "[Name of lead manager] is approachable and available, she is great and you can speak to her about anything. [Name of senior manager] is always there too and has been there when I've needed her." The deputy manager worked regularly in the services alongside staff to enable them to observe practice and offer feedback. Regular formal observations were also carried out on staff and feedback was given on good practice and areas of improvements. By having a better supported staff team, this meant that people were supported by a consistent and competent staff team.

Staff were clear about their responsibilities and what was expected of them. They told us since the last comprehensive inspection communication had improved. One staff member told us, "We discussed the last inspection and where we needed to improve. We were made aware of our specific roles and given a copy of the job description. I am more aware of what I should be doing now. Communication has got better between staff, management and with families. Everyone knows what's going on now."

Staff talked positively about working for the service and the team culture. Comments included; "We have a really good team and I would be happy to rely on any of them", "I love my job and being with the people we support. They are the best people to be around" and "We are a diverse team, we all bring something different and all bring new ideas."

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "Staff meetings are monthly, we talk about the guys. You can always speak up and you are listened to. We share a lot of good ideas, it's a good opportunity to share ideas and issues are resolved, they are very helpful." Records demonstrated items discussed during the meetings included; health and safety, policies, safeguarding, communication and the people staff supported.

People were supported to have links with their local community. People accessed local community facilities such as local shops, local public transport, churches, pubs, young person's clubs, local towns and swimming facilities. The service also worked in partnership with local multi-disciplinary teams and local safeguarding teams to support care provision and joined up care.

There were systems in place for people and their relatives to provide feedback on the service. Relatives told us when they did offer feedback they felt they were listened to and their comments were acted upon.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not fully protected because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. 11 (3)

The enforcement action we took:

Imposed conditions on the providers registration certificate.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective processes in place to assess, monitor and improve the quality and safety of the services provided. Complete records were not kept in relation to risks relating to service users. Regulation 17(1) (a) (c)

The enforcement action we took:

Imposed conditions on the providers registration certificate.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment processes were not always followed. 19 (3) (a)

The enforcement action we took:

Imposed conditions on the providers registration certificate.