

United Response

# Central Lancashire Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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 the 16 & 17 June 2016 and was unannounced.

We last inspected this service in July 2014. At that inspection we found the service was meeting the regulatory requirements in place at the time.

Chorley DCA is a branch of United Response, a national charity providing social care support services. Chorley DCA provides support for people with learning disabilities, physical disabilities and/or mental health needs within individual or shared accommodation to enable them to lead independent lives.

At the time of our inspection visit Chorley DCA provided services to 53 people in 23 houses.

The registered manager of the service was present throughout our inspection. 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 looked at recruitment processes and found the service had policies and procedures in place to help ensure safety in the recruitment of staff. However the policies had not been effectively followed to ensure staff were recruited safely. We found an instance where safe recruitment had not taken place.

We looked at assessments undertaken for eight people. Risk assessments were undertaken. We found care plans identified risk management in a person centred manner however these had not always been updated to show what had been learnt from accidents and incidents and how future incidents would be reduced.

People were not consistently protected from bullying, harassment, avoidable harm and abuse because staff had not responded to requests for support with medication. We found that the service followed safeguarding reporting systems, as outlined in its policies and procedures.

The service promoted staff development; staff received training appropriate to their roles and responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held.

The service had gained people's consent to care and treatment in line with the Mental Capacity Act [MCA]. We looked at people's care records and found mental capacity assessments, with supporting best interests decisions where required. Authorisation was sought from the local authority for people whose care involved restrictive practice.

Care records held details of joint working with health and social care professionals who were involved with

people who accessed the service.

We received consistent positive feedback about the staff and about the care that people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. People and their relatives told us they had develop positive relationships with care staff.

We found people's needs were being met in a person centred manner and reflected their personal preferences. There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. People's care was delivered in a way that took account of their needs and the support they required to live independently in the community. People's independence was promoted.

Staff and people who used the service told us that the management team were approachable. We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in their care.

The registered manager had monthly meetings with people who used the service to gather their views. Advocacy services were available for people who needed someone to speak up for them.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating to encourage the staff team to provide good standards of care and support.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns and the service had sent information on how to make a complaint. The registered manager used a variety of methods to assess and monitor the quality of the service. These included meetings with people, satisfaction surveys, audits, and care reviews. We however found findings from the audits had not been turned into effective action plans that were monitored and followed up.

We found people were satisfied with the service they received. We found the registered manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

We found a breach of, regulation 12- safe care, regulation 13-Safeguarding service users from abuse and improper treatment and treatment and regulation 17- Good Governance.

## 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 consistently safe.

People had not been adequately supported to obtain their medication however medication administration was safe. Accidents and incidents had not been analysed to show how the service had learnt from events. Risk management plans had not been updated after significant incidents. There was no analysis of accidents and incidents to demonstrate how the service was learning from each incident.

People we spoke with said they felt safe using the service and records showed that people's care needs and risks had been carefully considered during care assessments and care planning. Safeguarding concerns had been reported and dealt with.

Staff were aware of safeguarding policies and procedures.

There were enough staffing levels to meet the needs of people who lived at the service and robust systems were in place for recruitment of staff. People had personal emergency evacuation plans to facilitate safe evacuation in cases of emergency. Fire risk assessment had been undertaken and emergency planning had been done.

### Is the service effective?

**Good** 

The service was effective.

Mental Capacity was considered before care was provided. Staff had knowledge of the Mental Capacity Act 2005 Consent was sought before care provision and best interest decisions were carried out for those who could not make decisions independently.

There were effective systems in place to ensure that people received nutrition and hydration appropriate to their needs.

Staff had received training in various areas of care and had received supervision and appraisal regularly.

### Is the service caring?

**Good** 

This service was caring

People were treated with care and compassion. There was positive engagement between staff and people who lived at the service. The standard of personal care people received was good.

The systems and procedures operated by the service were designed to enable people to live their lives in the way they chose, so they could be as independent as possible. People's dignity and respect were promoted.

People had end of life care plans.

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

**Good** ●

The service was responsive.

Care planning was person centred. People's care plans were well detailed and provided their social background, likes and dislikes as well as their life histories.

There were a variety of meaningful daytime activities for each individual and people's independence was promoted. Social Inclusion was widely promoted. People's social and economic needs were met and full participation in the local communities was encouraged and promoted.

Complaints procedures were in place and people were aware of how to raise concerns. We saw examples of how a complaint had been dealt with.

Transition between services was facilitated and care plans were amended accurately to show people's changing needs. People were referred to specialist professionals where necessary.

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

**Requires Improvement** ●

The service was not consistently well-led.

There was a positive staff culture. We found the management structure had in depth awareness of people's needs and evidence of management oversight. Staff felt supported by management.

Staff complimented the changes that the registered manager had brought and how they had improved the service. Staff and residents' meetings were taking place and actions had been taken on suggestions made by both residents and staff.

There were formal audits and monitoring systems in place. However audits had not been followed up with action plans to address areas picked by audits. Areas for improvement had been identified but not effectively acted on.

Policies had been updated to reflect current practice and policy guidance. We had concerns with some staff not following organisational policies around recruitment of staff. The service was sending statutory notifications to CQC.

# Central Lancashire Supported Living

## **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 16 & 17 June 2016, and was unannounced.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who visited and worked with the service. We had received safeguarding alerts from Lancashire County Council Safeguarding Enquiries Team and regular updates from other associated professionals at the local authority. Comments about this service are included throughout the report.

We visited 2 properties managed by the service. We reviewed records and management systems. We spoke with five relatives, eleven people who used service, the registered manager, two team leaders, three professionals who had visited the service and ten care staff. We looked at eight people's care records, staff duty rosters, four recruitment files, the accident and incident reports book, handover sheets, records of residents' and staff meetings, medication audits, service policies, medication records and service maintenance records for properties we visited.

# Is the service safe?

## Our findings

We asked people who used the service whether they felt safe. One person told us, "I feel safe living here." Another person told us, "I'm safe and comfortable." A relative told us, "Absolutely safe, I have nothing to be concerned about." Another relative said, "It's a good place to be where he is looked after and safe."

One professional told us, "They support a number of complex individuals and for some produce good outcomes." Another professional told us, "We had concerns regarding the use of agency staff when the service absorbed new services, staff were working long hours and hours were covered short notice." During this inspection we discovered these issues had been resolved.

We looked at how accidents, falls and near misses were managed. We found processes for reporting or recording accidents or incidents had been put in place. However we found there was no robust system of recording what actions had been undertaken to reduce the risk and what support people had received after the incident. Although we were told this had happened there was no evidence to demonstrate this. Several incidents we looked at showed no actions taken after the incidents. For example we found an incident where a person who used the service had pulled a member of staff's hair while they were driving a car. There was no evidence to demonstrate what actions had been taken to reduce the risk of this happening in the future and what lesson had been learnt. In another example one person had attempted to unscrew an electric socket which put them at risk of electrocution, however there was no actions plans to show how this would be minimised in the future.

We found no evidence of accident and incident analysis. The service had recorded accidents and incidents. However they had not analysed the records to identify patterns. This meant people could not be assured the service learnt from accidents and took steps to minimise them. Medication errors had been identified during medications checks and audits however there was no actions plans recorded as to how this had been minimised.

This was a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.-Safe care and treatment

People who managed their own medication had not been consistently supported to ensure they obtained their medication supplies when they ran out. We found an instance where one person had informed staff that they had run out of medication however staff had not supported them to ensure their medication was ordered and received timely. Staff had reported this person to have been 'nagging for medication'. This had resulted in this person going for four days without vital medication. We also found this person was later admitted into hospital. Doctors felt this may have resulted from the impact of going for four days without their vital medication. This meant people could not be assured they would be protected from the risk of neglectful care.

This was a breach of regulation 13 (4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014. - Safeguarding service users from abuse and improper treatment



In most cases we found risks to people had been managed to avoid harm. However this was not consistent as demonstrated above. Risk assessments had been undertaken in key areas of people's care such as nutrition, skin integrity, moving handling as well as behaviours that could pose a risk to self and others. We saw evidence of how the risk assessments had been followed to ensure that risks were minimised. For example, we found one person's records showed they had been assessed for risks of epileptic seizures and how these staff were to minimise the risk of injury in the event of a seizure. There was clear documentation which instructed staff what measures to take. We also found examples of how risks around behaviours that can cause harm to people had been managed. The service used positive behaviour plans which had been developed to monitor changes in people's behaviours and what may have caused the changes and what staff could do to minimise certain behaviours. Specialist professionals had been consulted and involved in risk assessments.

Feedback we got from professionals however stated that the service had struggled to consistently follow professional guidance and recommendations for one individual which had resulted in the person being admitted to hospital. Concerns were also raised by professionals on the use of medication to manage behaviours instead of attempting to understand the causes of those behaviours. We spoke to the registered manager who informed us the steps they had undertaken to ensure this person's risks were effectively managed following their discharge from hospital. We found the plans were satisfactory.

Documentation on people's medication had been maintained. There was clear documentation about people's allergies. People who had been prescribed 'as and when required medication' (PRN) had plans in place to guide staff. The plans provided staff with detailed guidance on, what this medication was for, when to offer the medication and where people could not say they were in pain there was guidance for signs to look for. We found detailed information regarding each medication that people had been prescribed including the side effects and precautions that care staff needed to take to ensure people were safe after taking the medication.

Risks around the premises were managed and the premises had been well maintained. We found each house had building and fire risk assessments which provided sufficient information to guide staff on how to react in the event of fire. We found fire safety equipment had been serviced in line with related regulations. Fire equipment had been tested regularly and fire evacuation drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire.

People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. There were detailed emergency planning and evacuation guidance for people who used the service. These had been written in easy read format for all people to understand. This meant people had evacuation plans for emergencies.

Staff knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process or procedure to raise any safeguarding concerns for people. We found staff had received training in safeguarding adults and demonstrated a good understanding about what abuse meant. They told us they would report incidents of abuse if they suspected or witnessed it. This meant people could be assured that staff would raise safeguarding concerns if they noticed someone being ill-treated.

We found staff had received training in safeguarding adults from abuse. Care staff spoken with during the inspection demonstrated an understanding of safeguarding procedures and their roles within both provider and national safeguarding procedures. This meant the provider had ensured staff received the necessary training. We saw evidence of actions that had been taken when staff had been alleged to provide unsafe

care. Investigations had been undertaken and where necessary staff had been provided with support in line with the organisation's own policies.

Before the inspection we had received concerns regarding staffing levels within the service. We looked at whether the service had sufficient staff to meet people's needs. On the day of the inspection there were sufficient numbers of staff. We asked people about staffing levels and people told us there were sufficient numbers of staff at all times. We asked staff if they felt the properties were staffed sufficiently enough to meet the needs of people they cared for. Staff told us the service was well staffed and that staffing issues had been attributed to the new services that had been brought in and this has now been resolved. Professionals who visit the service informed us they felt there had been an issue with use of agency staff in some properties however this was seen to be monitored.

We looked at whether the service followed safe recruitment practices. We found the service followed safe recruitment practices. Staff files were well organised, which made information easy to find. All the files we looked at contained evidence that application forms had been completed by people and interviews had taken place before an offer of employment. At least two forms of identification, one of which was photographic, had also been retained on people's files. However in one instance we found a member of the management team had not followed safe recruitment procedures.

This involved a member of care staff starting working before the service had received Disclosure and Barring Service (DBS) certificate, this had however been identified by the registered manager and measures were put in place to address this. Records and other staff members we spoke with confirmed they had been checked as being fit to work with vulnerable people through the DBS. We also saw evidence DBS checks were carried out every three years to ensure staff continued to be safe to work with vulnerable adults. This meant the provider followed safe recruitment procedures that helped to protect vulnerable adults.

# Is the service effective?

## Our findings

We asked people who lived at the service if they felt staff were competent and suitably trained to meet their needs. One person told us, "They are in tune with [name removed]'s needs." and "Staff are intelligent, proactive and open minded." A relative told us, "Staff are really good at organising activities, they are really inventive, they put a lot of planning into it."

One professional told us, consistency with staffing has been an issue when the service acquired new tenancies.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community supported living are called the Court of Protection Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working in line with the key principles of the MCA.

We found evidence of mental capacity assessments carried out for key decisions such as receiving personal care and medication administration. Mental capacity assessments had been carried out with substantial input from specialist professionals such as learning disabilities service. We found evidence of mental capacity assessments in relation to the use of restraint when people had exposed themselves or others to a risk of danger. These had been completed thoroughly to demonstrate how people's ability to make decisions on their own had been reached. There was evidence of best interest decision making that had been documented for people who had been assessed as lacking mental capacity. Evidence we saw demonstrated people's relatives had been consulted and advance decisions had also been considered.

We found a number of people whose care involved restrictive practice and people who were not free to leave their properties. Some of these people had been referred to Lancashire County Council to ensure care staff were authorised to provide care lawfully with deprivation of liberties authorisations as required by the law. We however found some people who had not been referred for consideration for DoLS authorisation. The registered manager referred the people as soon as we alerted them. We recommend that the service follows guidance and regulations on application of deprivation of liberties.

We looked at training records and found care staff had completed training to help them understand the principles of the Mental Capacity Act 2005. Staff showed awareness of mental capacity and Deprivation of Liberties legislation and requirements. We spoke to the registered manager who informed us staff had received the Care Certificate and had continued to refresh their training using online learning facilities.

Staff had received supervision and appraisal regularly and in line with the organisation's policy. Staff meetings had been undertaken regularly and staff told us they found these helpful in understanding service developments. Training had been undertaken for key areas of the service, for example moving and handling, safeguarding, medication management, mental capacity, positive behaviour management, managing nutrition, fire safety and first aid training. We also found training had been provided specifically for those care staff who provided care that involved physical restraint. Staff we spoke with showed awareness of people's needs and how to respond. Staff's knowledge of people's needs was detailed.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. We found snacks and drinks were readily available throughout the properties we visited and people were helping themselves. People who used the service had been encouraged to use the kitchen facilities independently and at times with supervision from staff. This also supported people to maintain their independence.

People who required special diet such as people living with diabetes were offered choice. Menus were available for people to choose from and people were actively involved in making choices and shopping for their own food. Residents meetings had been arranged to allow people to have a say on the services they received. People had contributed to the menus.

We looked at how people were supported to maintain good health, access health care services and received on going health care support. The service had measures in place to ensure people were referred to specialist professionals. We saw evidence of referrals to learning disabilities services, mental health teams and people's doctors. Referrals had been done in a timely manner to ensure people received suitable care. There were close links with the local primary health services and professionals such as, occupational therapists and learning disabilities nurses were consulted regularly.

# Is the service caring?

## Our findings

We asked people if the staff team were caring. People told us, "Staff are brilliant, they help me when needed." Another person told us, "Staff are nice, they look after me and take care of me." A relative told us, "It's home to her and I have peace of mind." Another relative added, "It's like one big family." Feedback from people who used the service and their families was overwhelmingly positive.

During the inspection, we observed some warm and genuine interactions between people and care staff. Conversations showed kindness and compassion. The interactions were positive, warm and meaningful. People appeared to be very comfortable with staff and staff knew people well. We noted that care workers approached people in a kind and respectful manner and responded to their requests for assistance promptly. They were also proactive in offering support to people and gave people enough time to express their needs. People were referred to by their preferred names.

We spoke to professionals who visit the properties. One professional told us, "Overall I can say that as an organisation United Response are very committed to the people they support and it is very rare that placements break down."

We looked at how the service supported people to express their views and how people were actively involved in decisions about their care treatment and support. We saw people had been actively involved in planning their care. Where people had not been able to express themselves efforts had been made to involve relatives and family members who had known the person for a long time to advocate for them. Care plans, minutes of meetings, and people's daily records showed people had been actively involved and consulted about their care and treatment. Care plans had been written in a way that people could read and understand. They were written in an easy read format.

We spoke to relatives who told us they were kept informed of what was happening with their loved ones. Relatives had been involved in their care planning and reviewing for those who lacked capacity.

We looked at how people's privacy and dignity was respected and promoted. People we spoke with told us they enjoyed their own privacy and personal space regardless of the fact they shared accommodation. They informed us their privacy and dignity was respected by the staff team. One person told us how staff knock on doors when entering their bedroom and asking them if they needed assistance with personal care before providing assistance. "Another person told us, they let me operate the hoist so that I feel I'm in control." Plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence. A staff member we spoke with told us how they would respect people's dignity by knocking doors and covering people when providing personal care.

We spoke to relatives and they told us, "They are very respectful and people's dignity is respected." Another person said, "They are very supportive, [name removed] supported [name removed] to hospital for an operation and stayed all day 07.30am until she went in at 5pm, she was dedicated and I would give [name removed] five stars." People were given choice of activities and what they preferred to do. Each individual

had their own activities as opposed to group activities. This meant that people had been treated as individuals.

When we spoke with staff we found they had a good knowledge of people they cared for, both in terms of medical needs and personal interests, likes and dislikes. Staff we spoke with were passionate about the care they provided to people who used the service and took pride in the difference they made in people's lives. One staff member told us, "I like my work, its fulfilling." Another care staff told us, "I absolutely love it." and: "It's a privilege to work with people that I support."

Advocacy had been considered for people who were unable to make decisions around managing their own money. We saw evidence showing referral and involvement with other agencies that advocate for people who are unable to manage their own finances. Other forms of advocacy such as use of relatives had been considered during planning for care. External health and social care professionals had also been involved and consulted to ensure the people's best interests would be considered.

People were supported to plan for the end of their life. We saw evidence of end of life care planning in the care files that we looked at.

We looked at people's bedrooms and found they were clean, warm, well presented and people had personalised their bedrooms with their own possessions. People told us they had been involved in decorating their own bedrooms and fittings.

## Is the service responsive?

### Our findings

We asked people who lived at the service if they felt their needs and wishes were responded to. One person told us, "I get involved in the community, I do voluntary work." And: I do my own washing and medication, they don't take my independence away from me." A relative told us, "They facilitated [name removed] visiting her mum, and would sit all day to maintain contact." Another relative told us "The staff are well matched to the residents." and: "Staff communicate well and keep us informed." One relative told us, "I know who to speak to about complaints and I would do this without hesitation."

We spoke to a professional who worked with the service and they told us, on one occasion the service struggled to manage one person's care and made numerous requests for change of medication. They felt the service had relied more on medication to manage this person's behaviour rather than understanding what was causing the behaviours that this person had displayed." Another professional informed us there had been concerns over the use of agency care staff and in some properties staff had been reported to be doing very long hours due to staff shortages.

We looked at how the service provided person centred care. We found assessments had been undertaken before people were admitted to the service to ensure the service was the right place for them and also to ensure they were suitable to share accommodation with other people in the shared properties. A person centred care plan had then been developed outlining how people's needs were to be met. We saw evidence of person centred care by the way staff were interacting with people during our inspection. People were treated as individuals.

The care staff had a clear knowledge of each person's needs. We looked at care plan reviews and found these had been completed regularly and showed changes in people's needs. The care records we looked at were very detailed, informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. All documentation we saw had been written in a way that ensured people living with a learning disability could read them.

We looked at the plans of care to see if they were written in a person centred way. We found each person's file had a personal profile which provided a detailed life history of the person including their family background. This provided a clear profile of the person and allowed those who did not know the person to have an in depth knowledge of the person. The care records included detailed information on what support people needed their likes and dislikes and what worked for them. There was detailed information on what care staff should try before they gave people medication and the likely side effects of the medication.

We also found examples of communication care plans. These were specific care plans for people who had difficulties with communication and expressing themselves. These plans were person centred and gave clear directions on how to communicate with individuals and what people mean by way of their body language or behaviour if they had no speech.

We looked at how people were assured they would receive consistent coordinated, person centred care when they used, or moved between different services. We found people's care plans contained important information they needed if they were being transferred to hospital or other services. These are also known as hospital passports. These were written in an easy read format using pictures and illustrations to enable people to understand and contained details such as allergies, medical history, and medication. This meant people were assured they could be effectively supported if they were to be transferred to another service or hospital.

People were supported to maintain local connections and take part in social activities. They were actively encouraged and supported to maintain local community links. For example some people visited worked for voluntary organisations and some people had paid employment. We also found some people had been volunteering for local charities and attended college. We also saw evidence of people being supported to attend church and local leisure centres. This ensured that people could make a positive contribution to their local community and society at large.

The service had ensured that people were engaged in day time activities of their choice. We saw people in the same house had different activities on different days of the week depending on their preference. This showed people had been supported as individuals instead of group activities which does not suit some people. Activities chosen were well suited to people and allowed all people to participate regardless of their abilities. One person told us, "I could say I don't want to do activities this week and staff respect that."

The service had a complaints procedure which was made available to people. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw evidence of how a complaint had been dealt with and we were assured people's complaints were dealt with effectively.



## Is the service well-led?

### Our findings

People spoke highly of the management team. They told us: "Management are great, they listen, only issues are staff stability but this is getting better." Another person said, "I hope the staff they have now stay forever, they are fantastic."

There was a positive staff culture within the service. This was reported by all the staff members that we spoke with. Staff told us: "We get on really well here." And: "Management are very approachable and I can speak to them anything, I feel listened to." Staff spoke highly of the organisation. They told us: "It is a good company to work for." And: "Management will take note of what you say and do everything they can to help."

We found concerns around the organisations' lines of responsibility and accountability. Evidence showed one manager failed to follow the organisation's own policies that are meant to ensure people's care is provided in a safer and consistent manner. For example the service manager had recruited staff without the knowledge of the registered manager. They had then not followed the required recruitment checks to ensure the new staff were safe to work with people. This was against regulations and the organisation's own policy.

In another example we found further evidence to demonstrate policies and procedures within the organisation had not been followed. We found a service manager had opened a new tenancy without the knowledge of the registered manager. The registered manager informed us they were responsible for opening new services and recruitment of staff. They however confirmed that these two incidents had been discovered and the service was following its internal procedures to rectify and ensure it does not happen again. Although these two incidents had later been identified by the registered manager it meant that policies and procedures had not been followed effectively which had a possible impact on the quality of the services delivered and could put people using the service at risk of receiving poor care.

Quality assurance systems had been put in place however these had not been effectively implemented. In the records that we checked we found regular audits had been undertaken and identified various issues in different areas including medications errors and missing information in care files and property maintenance issues. However we found the identified issues had been acted upon. For example in one of the properties audits showed issues that had been identified in January 2016, the same issues were picked from the same areas in the next three consecutive audits.

We looked at the organisation's policy on quality assurance and it stated that "actions identified on audits must be monitored, once completed they should be sent to the service manager." We discussed our findings with the registered manager who confirmed the outcomes of audits had not been turned into action plans. This meant that quality assurance systems were not robust to assess and improve the quality of the service.

This was a breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.-Good governance

We checked to see if the provider was meeting Care Quality Commission (CQC) registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities and submitted some notifications to CQC however some notifications had not been sent, for example we found the provider had changed the name of the service and had not notified CQC of this name change.

Regulation requires that providers should notify CQC of a change to the registered details of the service including name or service or address. The intention of this regulation is to ensure CQC is notified of specific changes in the running of the service, so that CQC can be assured that the provider has taken appropriate action. We made a recommendation to the registered manager to ensure they send the relevant notifications to the CQC.

People were involved in decisions made about the general running of the service. We saw evidence the registered manager had arranged monthly meetings with people who used the service at her offices. We also saw evidence of tenancy meetings in the files that we saw. We looked at various documents including meetings that people had with care staff to discuss various changes to their properties, routines and menus. Evidence showed these meetings were regular.

We spoke to people who used the service and they told us they talked to the care staff and team leaders within their properties whenever they had suggestions and they felt listened to. This meant the service had demonstrated that people's voices were heard and their opinions used to shape how their care was delivered.

There were up to date policies and procedures relating to the running of the service. These had been reviewed regularly. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and when new changes came into place. When errors and incidents occurred the registered manager had followed the organisation's policies to investigate.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example, the registered manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found the handover system used in the service was effective, informative and kept staff informed of people's daily needs and any changes. Information was clearly documented on the handover sheets. Staff had been kept informed in a variety of ways including staff meetings and supervision. Reviews were carried out and signed off by the registered manager.

The service had a business improvement plan. All the properties that we visited had emergency planning and contingency plans to ensure people were safeguard in the event of emergencies. Information on how to respond had been kept and shared with people who used the service and the care staff. Feedback and suggestions from people were considered for example in organising activities and outings. As well as changing staff. We saw people were informed of what actions were being undertaken following their feedback.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as 'Investors in People' and local commissioning groups, pharmacies, local schools, charities and local doctors. We found the registered manager receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against the risks of inappropriate care because the systems for assessing and monitoring the quality of service were not robust, risks had not been well managed, Action plans had not been updated following incidents and audits had not been followed up. Regulation 12 (2) (b)- Safe care and treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who used the service were not protected against the risks of abuse and improper treatment. This was because staff had failed to support people to obtain their medication. Regulation 13 (4) (d) - Safeguarding service users from abuse and improper treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service were not protected against the risks of unsafe or inappropriate care because organisational policies had not been followed for opening new services and recruiting staff.</p>

Quality assurance systems were not robust.  
Audits had not been acted on.- Regulation 17  
(1) (2) (a) (b) -Good Governance