Craegmoor Supporting You Limited

Supporting You in London and Thames Valley

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 17 and 20 April 2018 and was announced. The service was last inspected on 12, 13 and 15 August 2014 when it was registered under another address. Supporting You in London and Thames Valley is part of Supporting You Limited which is owned by the Priory Group. Supporting You in London and Thames Valley offers a service to adults who have mental health needs and those with a learning disability and autism. There were 35 people using the service at the time of our inspection.

This service provides care and support to people living in their own flats or shared accommodation within ten 'supported living' schemes, 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.

Each scheme had a manager in post, and the registered manager oversaw the ten schemes. 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 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 mental health using the service can live as ordinary a life as any citizen.

Our findings during the inspection show that the provider did not always have effective arrangements to protect people against the risks associated with the management of medicines.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective and had not identified the issues we found during our inspection. The registered manager agreed and started to take action to address the shortfalls when we pointed these out to them.

We found two breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe care and treatment and Good governance. You can see what action we have told the provider to take at the back of the full version of this report.

We made a recommendation in relation to reviewing and updating support plans because some of these did not always contain up to date information about people's needs.

Notwithstanding the above, there were other systems and processes in place to help protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before

they were allowed to support people.

Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support, and felt valued.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions with regard to being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The provider had a procedure regarding infection control and the staff had specific training in this area.

The provider ensured people's nutritional needs were met. Some of the people using the service were supported to shop for ingredients and cooked their own food.

People were supported by staff who were sufficiently trained, supervised and appraised.

People's healthcare needs were met and staff supported them to attend medical appointments where support was required.

People's care plans were comprehensive and detailed people's individual needs. They were personalised to reflect people's wishes and what was important to them.

A range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive and included people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed staff supporting people in a way that took into account their diversity, values and human rights. People confirmed they were supported to make decisions about their activities.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

People, relatives and staff told us that the registered manager was supportive, approachable and hands on. Staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had some systems in place to monitor the quality of the service and where issues were identified, these were addressed promptly.

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

Some aspects of the service were not safe.

The provider's arrangements to protect people against the risks associated with the management of medicines were not always effective.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

There were systems designed to protect people by the prevention and control of infection.

There were procedures designed to safeguard people from abuse.

The risks to people's safety and well-being had been assessed and planned for.

There were sufficient numbers of staff to support people to stay safe and meet their needs.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Care plans contained enough detail for staff to know how to meet people's needs. However not all support plan had been updated to reflect recent changes in people's needs.

There was a wide range of activities available that met people's needs and preferences.

There was a complaints policy and procedures in place. People's concerns were addressed appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective and had not identified the issues we found during our inspection.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Supporting You in London and Thames Valley

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 17 and 20 April 2018 and was announced.

We gave the service two days' notice of the inspection visit because people using the service lived in supported living schemes and we needed to ask people's permission if we could visit them in their homes as part of the inspection process.

The inspection was carried out by two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience undertook face to face interviews with some of the people using the service and made telephone calls to other people and their relatives.

Prior to our visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

We visited the office on 17 April 2018 to meet with the registered manager and the office staff. We reviewed five staff personnel records and training files, incident and accidents records, audits and policies and procedures. We visited people living in their homes on 17 and 20 April 2018 where we met with the scheme managers, reviewed support plans and checked medicines management. We returned to the office on the 20 April 2018 to gather further information and discuss our findings with the registered manager.

During the inspection, we visited four supported living schemes. We reviewed 14 people's records, including their care plans, risk assessments, health records, and daily logs. We spoke with eight support staff, three care coordinators, four managers of supported living schemes, the registered manager, the administrator and the regional manager. We spoke with 12 people who used the service and observed staff interaction with people in four of the supported living schemes.

Following the inspection, we spoke with six people's relatives. We also contacted four social care professionals by email to obtain their feedback about the service but did not receive a reply.

Requires Improvement

Is the service safe?

Our findings

People we spoke with indicated they felt safe with the provider and trusted the staff who supported them. Their comments included, "Yes they look after me well. I feel safe", "I feel very safe and only go out with staff", "I am safe here. No one can come in without asking me" and "I feel very safe." Relatives echoed this and said, "Oh yes, I definitely think the service provided is safe", "Oh yes, it's very safe", "Yes my relative is reasonably looked after. They keep my relative out of danger" and "I trust them and I do feel confident that my relative is safe, yes."

We looked at the medicines' management in four of the supported living schemes and found some discrepancies in two of them. On 17 April 2018, we checked the medicines administration record (MAR) charts for all the people living in one of the schemes. We saw that one person's MAR chart for the current medicines cycle had not always been signed for appropriately by staff. There were several gaps and no explanation recorded for most of these. When asked, staff were unable to account for the gaps.

We saw a note at the back of a MAR chart stating that a medicine was not in the medicines cupboard although this medicine had been signed for as given. We discussed this with the manager who told us they would look into this. For another person, we saw there was no recorded administration of one medicine except for two days in the current cycle. Staff told us this medicine was to be given 'as required' (PRN). However the medicine was not documented as a PRN and there was no PRN protocol in place.

In one of the schemes, there were no medicines profiles and no information or guidance about prescribed medicines and their possible side effects. We also did not see any evidence of medicines audits.

We saw evidence of medicines audits in the other schemes we visited, however in one of these, one medicines error had been raised as a safeguarding concern in February 2018 but had not been identified in the audit undertaken.

For another person, we saw that Paracetamol tablets had been dispensed in a bottle in 2016 and the tablets were still in use. We discussed this with the local pharmacist who told us the tablets were safe to be used until the expiry date. However, there was no expiry date recorded on the bottle and this had not been raised as a concern by staff. We also found that a cream was prescribed to be applied twice a day according to the label and MAR chart. However, staff had handwritten 'PRN' on the MAR chart and therefore were only applying the cream when they thought it necessary. There was no evidence that a medical professional had instructed staff to change the administration instructions for this medicine. We discussed this with the senior person on duty who could not offer a suitable explanation for this.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the registered manager on the first day of our inspection, and received evidence that they had visited the schemes, spoken to staff and scheme managers and put action plans in

place to mitigate the risk of reoccurrence. We also saw that additional medicines training was being organised for staff working at the schemes where concerns had been identified.

Notwithstanding the above, there were policies and procedures in place for the management of medicines. Staff had signed the documents, indicating they had read and understood these. Staff received medicines training and regular refreshers.

Most people who used the service had a medicines profile which included their details, the name of each medicine, reason for prescribing, dose and frequency and possible side effects.

In most of the schemes, where a person was prescribed PRN medicines, we saw that there was a protocol in place, and guidelines for staff. These stated the person's means of communication and signs for staff to look out for. Each medicines folder also included a medicines compliance sheet to account for any signature gaps on MAR charts, for example when a medicine was refused or the person was in hospital. We saw that these had been completed correctly.

Where there were risks to people's safety and wellbeing, these had been assessed. The person-specific risk assessments and plans we viewed were detailed and thorough and based on individual risks that had been identified either at the point of initial assessment or during a review. These included communication, eating and drinking, keeping safe, health and wellbeing, personal care and managing money. Each risk was described and analysed and control measures were in place. For example, we saw that the risk assessment for a person with a history of verbal aggressive behaviour included clear directions on how to manage this if it occurred, likely trigger points and how to communicate with the person.

The provider had taken steps to protect people from the risk of abuse. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. Each of the schemes had a copy of the safeguarding policy and procedures for staff to refer to. Staff told us they were familiar with and had access to the whistleblowing policy. We saw evidence that the provider had liaised with the local authority's safeguarding team when safeguarding concerns had been identified.

The registered manager ensured there were sufficient staff on duty to meet the needs of people who used the service. Each person had an individual package of care that had been determined during their pre-admission assessment. Staff were deployed to ensure they provided the support as detailed in the care package. The registered manager told us that where a person's needs increased, a review was organised and where necessary, additional hours were allocated. For example, we saw that a person had recently been allocated an additional 20 hours per week.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involved healthcare professionals as needed. There were staff on duty 24 hours a day and they knew who to call in an emergency.

Incidents and accidents were recorded and analysed by the manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person using the service had been the victim of an incident whilst out in the community, we saw that the police had been involved and measures were in place to mitigate the risk of reoccurrence. Following any incidents and accidents, support plans were updated to include guidelines about how to support a person to keep safe and to be independent. These included, "I want to be protected whilst out in the community from abuse and unforeseeable harm" and "I need staff to ensure they are constantly assessing my environment and making

sure it is safe for me."

People were protected from the risk of infection. Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to help ensure infection was prevented and controlled. There were systems for reporting maintenance concerns and records showed these were completed in a timely manner.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

People's care and support had been assessed before they started using the service. People who used the service had been referred and were funded by their local authority. The registered manager told us they assessed people once they had been referred and before they started using the service, to ensure their needs could be met. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing/supporting their needs. People and relatives told us that they were consulted before they moved in and they had felt listened to. The registered manager told us they ensured they knew and understood a person's needs before they started living at the service to ensure that all staff were confident they were able to meet these.

People and relatives told us the service was responsive to their health needs. One person stated, "Staff take me to the GP for routine blood tests and my [relatives] take me to my hospital appointments." The care plans contained healthcare action plans. These included details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. We saw that a person who was living with a health condition had a person specific plan of care. This included detailed instructions for staff about what to do if the person became ill, details of the healthcare professionals involved and what could trigger problems. It also included information about the condition and how to recognise the signs. Staff we spoke with were knowledgeable about the condition and how to manage it.

Each person had a 'Hospital Passport'. This is a document which contains a summary of the person's likes and dislikes, their background, healthcare needs and how to meet their needs. This was detailed and written in a person-centred way, and included Staff told us they ensured people's passports went with them on appointments to inform healthcare professionals of their individual needs.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with had an induction that included shadowing more experienced staff members and a probation period after which they were assessed before becoming permanent. During their probation period, all staff were assessed in a range of areas such as, approach to clients, approach to colleagues, areas of improvement or development, further training and achievements to ensure they had the necessary competencies to work at the service.

All new staff were expected to read and sign a range of documents which included the staff handbook, fire procedures, personal emergency evacuation plans (PEEPS), on call procedures, activity timetables and people's communication passports. New staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received training the provider had identified as mandatory. This included moving and handling, medicines administration, health and safety, infection control, food hygiene, safeguarding and Mental

Capacity Act 2005 (MCA). They also undertook training specific to the needs of the people who used the service which included epilepsy awareness, supported living, diabetes awareness, dementia care and understanding autism. Records showed that staff training was up to date and refreshed yearly. The registered manager told us, "Training is very important. I challenge staff to tell me how the training went, and ask what they learned. It's a good way to check."

People were supported by staff who were regularly supervised. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff in each supported living scheme received supervision from their line manager. Supervision of staff included discussions about their workload, people they supported, training, policies and procedures and health and safety. We saw evidence that actions requiring improvement were recorded and followed up with individual staff members. Staff were regularly appraised. This provided an opportunity for staff to look at their achievements, any difficulties they might have encountered and discuss their plans for the year ahead.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. 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. We checked whether the service was working within the principles of the MCA.

Care and support was being delivered in line with the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. Consent was sought before care and support was offered and we saw evidence that people were consulted in all aspects of their care and support. Staff received training in the MCA and most demonstrated a basic understanding of the principles of the Act. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. People told us they chose what to eat and drink and enjoyed their meals. Their comments included, "I do my grocery shopping on Monday, and make my evening meal with help from my support worker" and "I choose my menu for the evening with my keyworker for the week. I did a Life Skills course at [a local college] last year. I eat healthy food like vegetable, chicken salad and fish finger."

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with kindness and respected their human rights. Their comments included, "All staff are nice people", "I am glad I moved here", "Yes they look after me well", "Staff are fantastic. I like living here" and "They are really helpful and polite." Relatives echoed this and said, "Yes they are caring. They really have a lovely relationship with my [family member]", "Staff are friendly and delightful" and "I feel the staff are very polite, interested in you and communication is good between staff, service users and relatives."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. They also told us they respected and promoted people's independence. The registered manager told us, "Every single person is an individual. I try to drive this into staff."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs and if they had a preference in the gender of the staff providing support. One person for whom English was not their first language spoke to us with the help of a member of staff who was able to interpret for us. They told us, "Support workers help me with shopping and cooking traditional meals." The complaints procedure and other documents were available in easy read format for people who used the service.

We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the schemes we visited and we saw that the culture of the overall service was based on providing care and support that met each person's unique needs. The registered manager told us, "We work around people's needs. If they say 10 o'clock, it is not nine."

We observed staff involving people in a baking session which had been planned. We saw staff addressing people in a kind and respectful way and involving them in the preparation process. For example, choosing the utensils they wanted to use and gathering the ingredients they needed. We saw that people were given choice and the chance to undertake tasks independently if they could. There was a relaxed and happy atmosphere and people told us they were enjoying the baking experience.

When asked if staff respected their privacy and dignity, people told us, "Yes they do" and "Yes, always." A relative told us, "Yes, I think the staff do support privacy and dignity" and another said, "I've got no doubt about that whatsoever." One person told us they enjoyed spending time reading their magazine in their room and during our visit, we saw that this choice was respected. During our visits to the supported living schemes, staff introduced us and addressed people by their preferred names, which were recorded in their care plans. We saw that people who used the service knew staff well and looked happy and relaxed in their company. There was a calm and happy atmosphere in all the supported living schemes we visited.

Requires Improvement

Is the service responsive?

Our findings

Most support plans we viewed were regularly reviewed and updated to help ensure they provided staff with sufficient detailed information to enable them to meet people's individual needs. However we saw that some of these did not reflect recent changes in people's needs. For example, a person's support plan noted that the person was taking an anti-psychotic medicine, but staff told us this medicine had been discontinued by the specialist. This had not been updated although the MAR chart was correct. Another person had been discharged from hospital with a catheter and this was managed by the district nurse. However the support plan had not been updated to reflect this and there was no information about how to manage this daily and the possible adverse effects of this. Staff confirmed they had been given verbal instructions by the district nurse and knew how to care for the person.

We recommend that the provider seek advice and guidance from a reputable source to help ensure that support plans are always kept up to date with people's changing needs.

People and their relatives were involved in the development and review of their care plans and records we viewed confirmed this. All the care and support plans we looked at were comprehensive, detailed and personalised. They were designed in a way to support people whilst maintaining their independence. Care plans also provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plan included details of their preferences in relation to how their care and support should be provided. They were developed from information provided by people and family members, as well as healthcare and social care professionals involved in people's care. This information was combined with details of people's specific needs identified during initial assessments.

Staff completed daily notes throughout each day for each person. These were written in a person-centred way and included social interactions as well as tasks undertaken. They also detailed significant observations, health and physical needs, nutrition, any appointments attended and outcomes of these, activities undertaken, choices and decision making and behaviour and mood. These helped to ensure continuity of care between staff and to identify any concerns.

Relatives we spoke with told us the service was responsive to their family members' needs and knew them well. Their comments included, "I'm pretty sure they know my [family member] well enough", "Oh yes, [Person] has a folder about their needs. The staff do know what [Person] needs" and "Yes definitely. I like to see the way the staff build up the relationship with my relative. It's very healthy." The registered manager told us they worked with all staff to help ensure people received personalised care that was responsive to their needs. They said, "It's always a challenge to make sure staff all work in the same way. I like to mentor my staff. I address any concerns there and then when I see things."

People told us staff provided support and encouragement for them to undertake activities of their choice both in their home and within their local communities and to pursue their interests. Their comments included, "I do lots of things. I go shopping, Tuesday gym, Wednesday I work with children at the local baptist church, Thursday I work at the care home and other days I go the theatre or meet my friend", "I go to

the church. I watch a lot of programmes on TV and listen to music. I travel by myself", "I do basic cleaning. Staff help me with deep clean and laundry" and "I play football in the park. I have a gym membership. I go to church with my family." Each person who used the service had their own pictorial activity plan which was created following discussions with them and their family members. Activities included walking, shopping, sensory time, trip of choice, indoor activities, church and listening to music. Some people were able to go out independently and others required support from staff. Some people attended day centres on a regular basis where they were able to interact with other people and undertake activities of their choice.

The service had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format. People we spoke with told us they understood how to report any concerns or complaints about the service. One person told us, "My keyworker asks me every month about my concerns, happy or not, anything that I want to do." Another person told us they had complained about a member of staff and they had been listened to. They said, "Now [staff member] is ok. Staff are kind, helpful and good at listening." A third person added, "There's a lot of conversation going. If I need to speak to someone, I do." We saw that complaints were taken seriously and responded to appropriately and in a timely manner.

Although the service did not usually provide end of life care, the registered manager told us that in the past, they had met the end of life care needs of a person who used the service and who was dying of a terminal illness. They explained that the person had told family, staff and healthcare professionals that they wished to remain in their flat until the end of their life, and, following a best interests meeting, it was agreed that this wish would be granted. Staff were consulted and all agreed they wanted to care and support the person until the end. The registered manager told us, "The staff worked with the McMillan nurses to support [Person] in their flat for six months until they passed away" and "Staff were going the extra miles to ensure that [Person's] needs were still being met to fulfil their wishes and they would often say thank you and cry." The registered manager added, "One of the things [person's] illness did for us as a staff team was learning to trust each other, to be compassionate, caring and resilient during hard and difficult times. [Person's] wish and illness brought us closer as a team."

Requires Improvement

Is the service well-led?

Our findings

People and relatives were complimentary about the supported living scheme managers and the registered manager. They felt that they were approachable and they could speak with them at any time. One relative commented, "I've always got on well with [registered manager]. She's willing to listen as well" and another said, "I think the manager does a good job" and a third relative told us that the registered manager was "Very good" and "competent."

The provider's systems for identifying and mitigating risks were not always effective. We identified concerns about the way in which medicines were managed and these placed people at risk of poor care and harm. We also saw that a medicines error which had been raised as a safeguarding concern in February 2018 had not been identified in the audit undertaken.

In addition, the provider's systems had not identified that some support plans did not reflect current changes in people's needs, even when these had been recently reviewed.
Whilst each scheme reflected its individual characteristics, we noted some variation in the quality of some aspects of the service in the schemes that had not been fully addressed by the provider. The management of medicines for example was good in some schemes and not so good in others.

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

We discussed the medicines issues we had found during our inspection with the registered manager and they told us they would address these concerns immediately. Before the end of the inspection, we saw evidence that appropriate action had been taken. This included meeting with relevant locality managers and staff, improving the auditing system and organising medicines training.

There were other systems in place to monitor the quality of the service provided to people. The locality managers undertook regular quality audits. The registered manager oversaw all ten supported living schemes, but was managing one of these whilst they waited for a new locality manager to start. We saw that whilst at the scheme, they had undertaken a complete audit of the service and had put an action plan in place where concerns were identified. We saw that most of the actions had been completed and improvements had been made. For example, new staff had been recruited and people's files had been reviewed and updated.

There were systems in place to monitor the standards of care provided and identify any areas in which the service could improve. Each person who used the service had a regular meeting with their keyworker. Staff used a pictorial form which included concerns, complaints, future plans, staffing, health and accommodation. Any actions needed were recorded. For example, 'To organise visits to family and a boat trip'.

The provider sent questionnaires to relatives and staff to obtain feedback about the service. The provider

was in the process of issuing surveys to people who used the service. The registered manager told us they would analyse the results and any areas for improvements would be discussed and used to improve the service.

Records showed there were regular staff meetings. Issues discussed included communication, staffing levels, people who used the service, annual leave and training. These meetings gave staff a forum to raise issues and be involved in the development of the service.

Staff were issued a yearly survey which included questions about management, teamwork, communication, training and development and overall feedback. The results were analysed and used to gather information about staff satisfaction and to identify where improvements were needed.

The registered manager told us they had meetings with all the scheme managers every two weeks at the main office. These meetings provided an opportunity for the managers to discuss any issues and share important information. The regional manager told us they tried to attend these meetings too.

The registered manager was supported by a regional manager and an administrator, as well as an established senior team. The registered manager recognised the importance to keep themselves abreast of changes within the social care sector by attending provider forums organised by the local authority. From these meetings, relevant information was cascaded to the staff team during meetings to improve knowledge and share information.

They also attended regular training to keep their learning up to date. The registered manager told us, "I talk to colleagues and share ideas. I go to managers' meetings, I receive the CQC newsletters. I even go to libraries on Saturdays and read information about care. My job is about life and people. I like to see positive outcomes for people."

Staff told us the managers were approachable and they felt well supported by them. One staff member told us, "The manager is very supportive. I can call her anytime, she will answer." The scheme managers told us they felt supported by the registered manager.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not made suitable arrangements to ensure that medicines were always managed safely. Regulation 12 (1) and (2) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1) and (2) (a) (b) (c)