Housing And Support Solutions Limited

Housing & Support Solutions DCA

Inspection report

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Ratings

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

Overall summary

Housing and Support Solutions is a domiciliary care agency registered to provide personal care in North East Lincolnshire for people who may have learning disabilities or autistic spectrum disorder, physical disability or mental health needs and who are supported to live independently.

The service is required to have a registered manager. 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 registered manager had left the service in June 2015. A new manager had been appointed and was in the process of collating information for their application to be the registered manager.

Summary of findings

The last full inspection took place on 13 January 2014 and the registered provider was compliant in all areas assessed.

In recent months there had been organisational restructuring at senior management level and at location level. We found improvements were being made to the management of the service and new quality monitoring systems were being implemented. Staff felt comfortable about sharing their views and talking to the manager if they had any concerns or ideas to improve the service provided. Staff demonstrated a good understanding of their role. People felt able to raise complaints or concerns and were confident these would be dealt with.

Staff supported people to make choices where possible about the care they received. However, when people were unable to make their own decisions we found staff had not followed the correct procedures to complete mental capacity assessments and involve relatives and other professionals when important decisions about care had to be made. These issues meant the registered provider was not meeting the requirements of the law regarding consent. You can see what action we told the registered provider to take at the back of the full version of the report.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns. Risk assessments were completed for areas that impacted on people's lives and posed a risk for them.

We found staff were recruited safely and in sufficient numbers to meet the needs of people who used the service. Changes had been made to the staff rotas and further were planned, to deploy staff effectively and provide a more person centred service.

There were gaps in the staff training programme which the manager followed up with the registered provider's training team during and following the inspection. We found staff received guidance, support, supervision and appraisal. This helped them to be confident when supporting people who used the service.

People who used the service received person-centred care based on their wishes and preferences. The care plans were being reviewed, updated and re-written in consultation with people who used the service and their relatives. Staff were aware of people's health care needs and the support they provided helped to maintain them. Staff liaised with health professionals for advice and guidance when required.

We observed positive interactions between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were overheard speaking with people in a kind, attentive and caring way.

People who used the service had access to a range of activities within the local community, this included day services, vocational and educational courses.

We found staff supported people to take medicines as prescribed. Staff had received training in medicines management. Staff supported people to maintain their nutritional needs. They assisted people to make choices about their meals in line with their care plans.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People who used the service were protected from harm and abuse. There were policies and procedures to guide staff and all had received safeguarding training. Risk assessments provided staff with guidance in how to support people to take risks in a safe way.

There were sufficient staff to support people's assessed needs and improvements were being made to the deployment of staff. Staff were recruited in a safe way.

Staff supported people to take their medicines as prescribed.

Good

Is the service effective?
The service was not always effective.

Staffs understanding of the Mental Capacity Act 2005 was limited, where people were unable to make decisions about their care, we found capacity assessments and best interest meetings had not been completed in all cases.

Shortfalls in the training programme were being addressed to ensure staff were trained to care and support people who used the service safely and to a good standard.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists if needed.

Requires improvement

Is the service caring?
The service was caring.

People who used the service were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

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

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

There were arrangements in place to ensure the people had opportunities to engage in activities, interests and hobbies that were meaningful for them.

Good

Summary of findings

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires improvement

The service was not always well-led.

The new senior management team had started to make improvements to the quality monitoring programme to ensure all areas of the service were properly assessed and any shortfalls addressed within acceptable timescales.

The manager was new in post and had a clear vision about what was required and the quality of care they wanted the service to deliver to people. Staff reported there was a supportive leadership with the emphasis on openness and good team work.

New surveys were planned for relatives and people who used the service to express their views.

Housing & Support Solutions DCA

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 November 2015 and was announced. The registered provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

The inspection team consisted of two adult social care inspectors. We visited four houses and spoke with eight people who used the service and three care workers. We telephoned four relatives to gain their views of the service. At the office we spoke with the manager and two team leaders.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency. We also had comments about the service from three social/ healthcare professionals.

We looked at documentation relating to eight people who used the service, staff recruitment and training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service, and the relatives we spoke with, said they felt care was delivered in a safe way and staff treated people well. One person said, "When people knock on the door we ask to see their ID, staff tell us to do this to keep safe." Other comments included, "Yes, I feel very safe here. I know all the staff and they are nice", "I feel safe here all the time, I have nothing to worry about", "Staff are very kind with everyone, we trust them and have no issues at all" and "Staff help us. I feel safe."

People told us they received the help they needed with their medicines. One person said, "I don't have many but I forget to take them and staff remind me." Another person said, "I get confused about my medicines and staff help me."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed overall that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction, followed by periodic updates. This was confirmed in the training records we sampled. There was a whistleblowing policy which told staff how they could raise concerns about any unsafe practice, a dedicated telephone number had been provided so that staff may raise any issues.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. People who used the service had risk assessments in place to help guide staff in how to minimise risk. For example, these included community visits, road safety, medicines, epilepsy management, finances, choking, nutrition and how to support people if their behaviour was challenging to themselves or other people. Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe, and told us how they ensured risk assessments were adhered to. As part of the service's initial assessment process we saw an environmental safety risk assessment had been completed. This helped senior staff to identify any potential risks in the person's home that might either affect the person using the service or staff.

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of incidents was undertaken to identify patterns and risks in order to reduce the risk of further incidents.

There were policies and procedures to ensure care workers were safe when lone working out of usual office hours. There was a system for them to ring into the office when logging off work. There was an on-call manager facility for staff support out of usual working hours.

There were systems in place to manage emergency situations. For example, if people were admitted to hospital as an emergency, staff would accompany them and stay with them to advise medical and nursing staff of communication needs. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to move people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

Where people needed assistance to take their medication we saw their care plans detailed the medicines they were taking and information about the level of assistance staff provided. The medication administration records (MARs) were used to record the medicines staff had either administered or prompted people to take. The manager said there had been improvements in recent months with the standard of recording, the MARs were checked monthly when they were returned to the office and any issues were followed up. They described the action they had taken to address the shortfalls, which included initially reminding all staff about completing records correctly and completion of competency assessments. They said further discussions would take place with individual staff, as part of staff supervision, if required. We checked a selection of MARs in people's homes and at the office; we found the MARs were completed accurately and detailed clearly any occasions when the medicine had not been administered and the reason for this. During our visits we found people's medicines were stored safely in their rooms.

Good

Is the service safe?

We asked the management team how medicines that were only taken as and when required (PRN) were recorded and administered. They told us staff administered these medicines as needed, following the doctor's prescription. However, we noted there were no PRN protocols in place to tell staff what the medicine was for, when to give it and how the effects would be monitored. We discussed the reasoning behind this additional recording with the manager who said they would discuss further best practice guidance on the administration and recording of PRN medicines with their quality team.

Checks of recruitment records demonstrated that a safe recruitment and selection process was in place. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The manager told us there were enough staff employed to meet the needs of the people being supported by the agency at the time of our inspection. They described the work programme in place to identify teams of workers for specific clients and the new rota system which was being rolled out. This work involved the manager and senior staff visiting all the people who used the service to discuss their care support package and their preference for times when they wanted their support and their preferred care worker. This also included discussions around their care support needs in relation to areas such as: personal care, nutrition, activities and medicines.

The manager confirmed they had implemented the new rota system for one third of the clients so far and it had gone well. They had written to all the staff explaining the changes and had held office days when staff were encouraged to visit the office to speak with the manager about any concerns. They planned to have all the new rotas in place by the end of January 2016. The new rotas ensured staff were provided when people required the support, which meant more staff were working flexible hours including evenings and weekends. The rotas also identified times when staff were scheduled for training and supervision/meetings.

Staff were now working in small teams to support each other to provide cover for absence and leave. Staff we spoke with described the improvements the new rotas had made, comments included, "I was sceptical at first but they are brilliant, our hours are now focused around people's needs not staff needs. All the calls are covered", "Some staff left but the ones who want to provide a person centred service have stayed and like the rotas, they work really well" and "It's a much better system for everyone and incorporates time for training, we haven't got them yet in our area, but we know all about them."

Requires improvement

Is the service effective?

Our findings

People who used the service told us they were happy with the care they received. Most people told us they liked the house they lived in, but some people described some issues with the décor and upkeep. They said, "I have lived here a long time now, it's my home and my friends are here", "The carpets were cleaned recently but they are very dirty still" and "I can't remember when it was decorated, it looks very scruffy now" and "I'm moving to a bungalow which will be nice." We spoke with people about the meals and they told us they enjoyed shopping with the staff and liked all the meals. They told us, "We all get to choose the meals and go shopping with staff", "The meals are nice, I like meat pies and chips best" and "I help with the cooking when it's my meal and also with the washing up sometimes."

We found the senior staff and care staff had a limited understanding of the Mental Capacity Act 2005 (MCA) although most had received training. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. In discussions staff were clear about how they gained consent from people regarding care and support tasks. Comments included, "It's about our approach, sometimes if people refuse care we leave it for a while and go back a bit later" and "We always ask people about their support and try and involve them as much as possible."

Although staff we spoke with demonstrated an understanding of involving people in decision making and acting in their best interest, they were not aware the person's capacity to make decisions should be formally assessed. Only one of the care files we checked contained completed MCA assessments and records that evidenced decisions were made in the person's best interest, when it was decided they lacked capacity. These assessments had been completed in recent weeks by the person's social worker. However, in other people's records checked we found staff had recorded the person lacked capacity but there were no records to support any decision making around action taken such as: locking the front door, non-issuing of keys, administration of medicines and other aspects of care and treatment. This meant records were not in place which demonstrated the least restrictive options were considered, discussed and recorded. In one person's records staff had recorded, [Name of person] does not have a key for the front door due to her capacity around stranger danger and road safety." This person's file did not contain a MCA assessment or a record of decision making in respect of the locked front door and non- issuing of a key.

Shortfalls in the staff's knowledge and implementation of MCA meant this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the training they received was relevant to their roles. We found some improvements had been made with the staff training programme, for example following concerns identified about medicine practices earlier in the year all staff were undergoing retraining and most staff had now completed the course. However, checks on training records showed many staff had not received essential training or refresher updates in courses such as the management of behaviour which challenged the service, mental health/ learning disability and dementia, fire safety and equality/ inclusion and partnership working. Following the inspection, the manager confirmed they had met with the registered provider's training team to discuss and plan the outstanding essential and refresher training courses to be completed by the staff. They provided us with the dates for completion.

We saw staff completed an induction that consisted of shadowing more experienced staff, observations of practice, information, for example about codes of conduct, and a probationary period which included meetings to check progress. All staff were issued with an 'Employee Handbook'; this provided them with information about key policies and procedure and how they were expected to carry out their role. New staff had commenced the Care Certificate.

Staff confirmed they received supervision meetings with their line manager and found these helpful. The manager had implemented a new supervision programme and new team meetings had been arranged so staff received more regular support and direction. A new appraisal programme would be rolled out in the new year.

A health professional told us, "The new manager has changed staff rotas so the service is now client led rather than staff led. This has made noticeable improvements

Requires improvement

Is the service effective?

with clients receiving the correct amount of support. There has been evidence that the impact of the rota change has not gone down well with some staff which clients are aware of. It is my view that professionalism with some staff is still an issue i.e talking about the changes within the organisation in front of clients." The manager confirmed she was tackling any issues raised about staff conduct and practice.

Meals were flexible to meet the needs of the people who used the service. People told us they were involved in menu planning, shopping and meal preparation. We saw people's nutritional needs were assessed and kept under review. Records of people's likes and dislikes were recorded in their care files. People's weights were monitored at their local health centre as part of their health screening and monitoring programmes, records showed appropriate action was taken when there were concerns.

We found staff generally encouraged people who used the service to maintain a healthy, balanced diet. Themed nights were introduced in one house we visited to expand food choices and encourage people to try new foods. Some houses had the 'eatwell plate' picture next to the menus to assist with healthy meal planning. Menus detailed who had selected which option and which were joint choices. We found one house where people's nutritional needs were more complex and the diet appeared carbohydrate loaded, which we passed on to the manager to look into.

We saw the health needs of people who used the service were met. Care files showed people had been referred to professionals for assessment, treatment and advice when required. These included GPs, specialist nurses, dentists, occupational therapists, physiotherapists and NHS consultants. People attended appointments either on their own or with support from care staff. Staff worked with clinical psychologists, psychiatrists and community mental health and learning disability teams. Care files we viewed showed where changes had been made to the person's care and how staff should monitor and support the person, for example, if there had been changes to the person's medicines.

The manager explained how some of the properties where people had tenancy agreements required improvements in relation to décor, flooring and refurbishment. She had contacted the relevant landlords and discussed any works required. Where people experienced further delays she intended to support them to write to landlords and formally request redecoration and refurbishment. One person was being supported to move to an alternative placement which better suited their mobility and safety needs.

Good

Is the service caring?

Our findings

People who used the service talked positively about the approach of care workers. We received many complimentary comments including, "Yes, they are all very nice. I like [Name of care worker] she's a nice lady", "Staff help me when I need it, I can do lots for myself" and "They are all my friends and help me a lot." They told us staff supported their privacy and dignity. One person said, "Staff usually knock on doors but sometimes come in when they need to wake us up."

Relatives told us that staff treated their members of family with kindness and consideration. Comments included, "Very nice care workers, he's had the same ones for a while now and he really likes them" and "They are all very kind and caring. They know his needs very well and they are good at supporting him to be independent with things he can still do."

Discussions with people who used the service indicated that they had been fully consulted about their care and treatment and they were able to talk to us about the measures they took to keep themselves safe and well. These included eating healthy meals, going out into the community with staff, taking their medicines and visiting the doctor.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They were able to tell us about people's personal preferences as well as details of their personal histories. The staff described how assessments were carried out by the office managers and people's needs and preferences were then formulated into a care plan, which provided them with information and guidance.

During our visits to people's private accommodation, we observed staff speak to people in a kind and professional way when engaging with them and providing support. They were overheard providing information about our visit and planned events such as activities, outings and meals. We observed staff chatted and joked with people who used the service and they were confident and comfortable in the company of staff. We saw staff were patient in their approach. People were given time to process information and communicate their response. Where people became excited or anxious we observed staff provided positive support and direction to calm them.

Staff supported people to maintain as much independence as possible. This was observed during the visit when staff encouraged people to talk with us and show us round the accommodation. Care records showed people were supported to maintain their independence in areas such as their personal care, activities of daily living, medicines, finances and activities. For example, one person's care plan detailed how they forgot to add water to their cordial drink and so staff made up jugs of juice which the person could help them self to. People told us they were regularly consulted about the choice of meals and activities. One person said, "Every week we can choose at least one meal and when it's the day for our meal we help with the cooking, I like that."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would promote these values. One care worker told us how they would ensure doors and curtains were closed when providing support with personal care. Another care worker said, "I would do everything you'd do for your own family, such as talking in private about personal matters and ensuring they were dressed appropriately to protect their dignity. I give them time on their own if they want to use the toilet and check they are safe."

Relatives we spoke with told us care staff involved and communicated with them well about the planning of people's support and any changes to the care plans. They also told us how their visits were well managed and care workers supported their members of family in a caring and relaxing manner.

People who used the service had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person that expresses a person's views and represents their interests. The manager confirmed they had provided updated information to people about complaints, tenancy arrangements and keeping safe. We saw the information provided to people was also in easy read format.

We found information was held securely; people's care files and other personal information were locked away. In the main office, information was held on computers which were password protected. In discussions staff confirmed they knew not to discuss people they cared for outside of work.

Good

Is the service responsive?

Our findings

People who used the service told us they could choose what they wanted to do and were supported to lead their preferred lifestyle. They described the range of activities they participated in and visits to the local community they enjoyed. One person told us they liked to do, "Quiet things" but also really enjoyed horse riding and went twice a week. Another person told us they had a friend in another house and they regularly visited each other. They described a recent Halloween party they had held at their house and people who used the service and staff had dressed up as witches, vampires and a pirate. Other comments included, "Staff take us to the discos, I like going there and meeting my friends", "I know the area I've lived here years, I go to the shops and cafes a lot", "I like to go bowling and to the arcades at Cleethorpes. I went to see Jimmy White the snooker player yesterday" and "I went on the train to Grimsby and got some stick on tattoos."

People also told us they liked going on holiday and one person had been to Disneyland Paris recently with staff. They said, "It was really good, went to shows and saw Mickey Mouse and fireworks." People also told us they had read their care plan and staff consulted them about their care. One person said, "Staff always ask us about things. I've read my care plan and we talk about it. We talk every day about what I want to do." They also said, "Staff help us with cleaning and washing our clothes. I would go to staff with any worries and they would help."

Relatives told us they felt more confident issues or concerns raised would be addressed. Comments included, "Things are more organised and getting done now. I've raised a few things and they've been sorted out straight away, that's a big improvement."

The manager told us that a full service audit in May 2015 had identified shortfalls with the care records; care plans and risk assessments had not been updated following review or a change in need. Assessment records were not in place and the quality of person centred recording was inconsistent. Consequently a programme to review, update and rewrite each person's care plans and risk assessments was being completed by the team managers. Where possible they had involved the person and their family. The manager confirmed 30% had been completed so far, the priority being given to people with the most complex needs.

The care files contained a profile record titled 'About Me.' The first part gave a brief overview of the person's likes and dislikes. Information in one person's record detailed they liked trying new foods, collecting pens and doing jigsaws. They disliked queuing and being on their own. The second part of this record, 'Things you need to know' provided person centred information in relation to areas of need such as communication, sharing information, sensory needs, continence, eating/ drinking, mobility, medicines, sleeping, behaviour and personal care. This gave an outline of the person, what was important to them and how they would like to be supported. Some of the care files we checked contained hospital passport records and staff said they used these records to provide important and useful information to other services, staff and professionals.

Care plans were person-centred and included preferences for how the person wished to be supported. For example, one person's care plan detailed, 'I like female staff to support me with my personal care. I don't want a male care worker to support me with any personal care as it is against my religion.' Some people had individualised plans and strategies to enable them to express themselves and overcome their limited verbal communication skills. Staff used a variety of different communication techniques appropriate to each person's needs.

Some people demonstrated behaviours which challenged the service and we found care plans in place which directed staff on how to manage this. They detailed any known triggers and methods of de-escalation.

People's care records contained individual timetables. Some people who used the service attended regular day services where they participated in a range of recreational, therapeutic, educational and occupational activities. Other people accessed a variety of activities in the home or in the community such as, visits to the cinema, cafes, shops, bowling, swimming, riding, drama clubs and discos. Records showed many people had regular contact with their family which included visits, outings and overnight stays.

Some care files we checked contained Health Action Plans which detailed how people were being supported to manage and maintain their health. The manager confirmed they were aware not all care files contained these records and this would be addressed as part of the review.

Good

Is the service responsive?

Staff explained how they supported and encouraged people to have a healthy lifestyle. Where possible people who used the service were encouraged to have a healthy diet and to take regular exercise. They told us where people chose to smoke and drink alcohol the risks of excessive consumption had been explained. One set of care records we viewed showed a person was supported to visit the gym regularly and staff assisted them to complete a programme of exercises.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an 'easy read' version. People we spoke with did not raise any complaints or concerns about the care and support they received. The manager confirmed they had received ten complaints since they had commenced working at the service. Records showed these were appropriately investigated and the complainant had received confirmation of the outcome.

Requires improvement

Is the service well-led?

Our findings

People who used the service told us they had met the manager and improvements were being made with the service. Comments included, "The manager is nice, she comes to see us" and "Things are getting better now, the house is going to be decorated."

Relatives we spoke with also described improvements with the service. One person told us, "I am much more confident about the management now. We have more meetings and they listen to us a lot more. They are making improvements and changes for the better; especially around staffing hours and activities."

In recent months there had been organisational restructuring at senior management level and at location level. This included the appointment of a new Chief Operations Officer and the rationalising of team leader positions at location level, in the Grimsby office this had gone down to three persons. In January 2015 we identified there was a registration anomaly following the change of ownership of the organisation in June 2013. We found the location was registered under two legal entities and this issue was addressed in June 2015, when the registration of one location was cancelled. During our visit we found the majority of the records, information for people and the name of the office location reflected Eden Futures Group brand name, although the registered provider remained Housing and Support Solutions Limited. We discussed how this could cause some confusion for people who used the service, relatives, staff and commissioners of the service. The manager confirmed this concern had been identified at senior management level and it was likely that further amendments would be made in the near future to the registration to address this.

The manager confirmed they were now responsible for the Grimsby and Rotherham locations. They told us that experienced staff from the Rotherham office had spent time at the Grimsby location supporting the team leaders and administration staff to introduce and complete some of the more recently implemented administration systems. The team leaders had also been given opportunities to visit the Rotherham office to gain experience from working with a competent staff team with established processes in place. The team leaders explained how valuable this support had been. We were also informed of other new initiatives such as regional road shows for the team leaders and managers which provided information, good practice guidance and direction on specific areas of practice; the next one in December 2015 was scheduled to cover the Mental Capacity Act 2005 (MCA).

The manager had been responsible for the management of the Grimsby location since June 2015. We found through records and discussions with the manager that aspects of the management of the service had slipped prior to this time. In May 2015 a full service audit had been completed by the registered provider's quality team which identified shortfalls in many areas of the service such as: training, MCA, care records, staff hours, rota system, reviews, staff meetings, supervision and medicines management.

We found the previous audit systems in place had not been effective in identifying shortfalls and issues with the service. New audits had been introduced and completed in respect of medicines and people's finances. Records showed improvements had been made to the safe administration of medicines through the development of action plans and further audits. Systems were now in place to audit 20% of all medicine administration records every three months.

To address the shortfalls from the comprehensive service audit the manager had developed an action plan which prioritised the improvement work needed. A high priority had been given to the implementation of new rotas and changes to staffing hours, reviews of individual care packages, the update and provision of new care records for each person and reorganisation of the administration systems and office management. We found this work was well underway. The manager described how they had considered the timescales carefully to ensure the work was completed thoroughly and at an achievable pace. They also informed us that they had recently been requested to complete full audits on each individual service within the location so they could provide senior management with an accurate picture of the service quality throughout. The manager explained how hard the staff team had been working in recent months to make the necessary improvements and the results were very positive.

The service audit dated May 2015 had identified gaps in mandatory training for staff. We found improvements had been made in recent months with the provision of more training in MCA 2005 and medicine administration but other shortfalls in essential and service specific training had not been planned. The manager recognised the shortfalls in training in areas such as fire safety and

Requires improvement

Is the service well-led?

behaviour which challenged the service and following the inspection they confirmed the outstanding training had been planned. The manager confirmed the Chief Operations Officer was to write to all the staff confirming the staff's contractual obligations to complete all appropriate training required for their role.

Surveys had previously been issued to people who used the service but we were informed these had not been completed for some time. Staff surveys had been issued in 2015 but the response rate for Housing and Support Solutions Limited was only 12%. As well as the poor response, the survey analysis was not location specific and therefore the findings were general to all the registered provider's locations. The manager confirmed new staff and service user/family surveys were being developed and would be rolled out in the near future. Team leaders and management would be updated about this process at the road show events.

We found some of the policies and procedures were in need of review and update. For example the medicines policy dated 2014 did not provide sufficient information and guidance for staff in relation to MCA 2005, when required (prn) protocols or covert medicine administration.

A social care professional told us, "Things are running much better since the new manager has been in post." They considered the new manager was skilled and competent and had made noticeable improvements. They were hopeful the manager would receive the necessary support to continue and complete the improvement work they wanted to make.They told us their main concern was that of communication. They said, "You do still feel that you are constantly 'chasing' for things to be done and that what is discussed with management is not passed to support workers. I have attended a few meetings where no-one has turned up from management when it had been previously arranged." The manager confirmed there had been some communication issues but these were being addressed through the improvement programme.

Staff we spoke with confirmed morale was good. They considered the new manager's approach was very inclusive and supportive. They also said the changes made with the rotas were positive and provided more a person centred service. Comments included, "Over the last couple of months things have really changed, we want to work here, there's a good team approach now", "We didn't get the back up before but now the new manager works alongside us. She listens to us, she's calm and very experienced. Things get done", "We enjoy coming to work now and feel we will get there", "We see the manager now, we never used to. She's been really nice and helpful" and "The service is much more client focused, making sure they are safe and the environment is good. It's a lot better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Capacity assessments and records of best interest decisions were not in place to support staff were acting lawfully in relation to aspects of people's care and treatment.