Community Integrated Care

Sixth Avenue

Inspection report

53-55 Sixth Avenue
Blyth
Northumberland
NE24 2ST
Tel: 01670 368717
Website: www.c-i-c.co.uk

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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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

The inspection was carried out over two days. We visited the service unannounced on 23 July 2014 with two adult social care inspectors and a pharmacy inspector. We visited the service again on the 5 August 2014 with an adult social care inspector and a specialist advisor in learning disabilities.

This was our first inspection of Sixth Avenue since Community Integrated Care had taken over the service in September 2013.

53 and 55 Sixth Avenue are two purpose built adjacent bungalows with easy access between the two buildings. The service is situated in a residential area of Blyth and

Summary of findings

provides places for up to eight people with learning disabilities and mental health needs who require care and support. There were four people living at the service on the days of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The manager informed us and records confirmed that training in certain areas had lapsed. In addition an appraisal system was not yet in place after Community Integrated Care took over the service in September 2013.

This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed. Staffing levels were based on the needs of the people who lived there.

We found that the service was meeting the requirements outlined in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We saw that people were asked about their preferences and choices. People received food and drink which met their nutritional needs.

Staff who worked at Sixth Avenue were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected. One completed relative's questionnaire stated, "[Name of person] has been in two homes prior to Sixth Avenue and without doubt this is the best yet."

The service had gone through a period of change. Community Integrated Care had taken over the service in September 2013. Prior to this the service had been run for a number of years by the local mental health NHS Trust. Staff explained that they were still adjusting to working for a new provider.

The manager explained that they were in the process of "changing direction" for part of the service. They were going to provide an "enabling service" for people who lived in the second bungalow. The service had historically looked after and supported people with learning disabilities but an enabling service would help people to live a more independent life. People who lived in the second bungalow would be more physically able and staff would take on a more supporting role. The manager told us that this change of direction would include supporting people with other needs such as those with mental health conditions.

Some staff informed us that morale, although improving, was still low at times. The manager and regional manager had recognised this and were working on ways to improve job satisfaction. Despite the significant changes which had occurred, health and social care professionals felt that these had not impacted on the care and support which people had received. One health and social care professional stated, "It's been a difficult time with all the changes but it doesn't seem to have affected the level of care."

The registered manager assessed and monitored the quality of care. Surveys were carried out for people who lived there and their representatives. Audits and checks were carried out to monitor a number of areas such as health and safety, medication and support 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?

Good

The service was safe. Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The service had effective systems to manage risks to people's care without restricting their activities.

People were protected against the risks associated with the use and management of medicines. They received their medicines at the times they needed them and in a safe way. Medicines were recorded appropriately and kept safely.

We found that the service was meeting the requirements outlined in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. The registered manager told us and records confirmed that certain areas of training had lapsed. In addition, an appraisal system was not yet in place since the provider took over the service in September 2013.

We saw that people and relatives were involved in their care and were asked about their preferences and choices. People received food and drink which met their nutritional needs. People could access appropriate health, social and medical support as soon as it was needed.

Is the service caring?

Good

The service was caring. During our inspection, we observed that staff were kind and compassionate and treated people with dignity and respect. There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes for people who are not able to express their wishes. People and relatives told us that they were involved in people's care. Surveys were carried out and meetings were held for people who lived there.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about each person's needs. The service communicated with relevant health and social care professionals to make sure people received the right care to support any change in their needs.

Health and social care professionals told us they thought the service was responsive to people's needs

We saw that an activities programme was in place. People were supported to continue their interests and hobbies.

Summary of findings

A complaints process was in place and relatives told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led. The manager told us that she had recognised that certain events within the service had caused staff some anxiety. These included the takeover of the service by Community Integrated Care in September 2013 and the change in direction of part of service to provide more of an enabling service. This was confirmed by some of the staff with whom we spoke. One member of staff said, “Morale is low.”

Some staff and a relative with whom we spoke, mentioned that they considered that certain changes had not always been positive since Community Integrated Care had taken over.

Health and social care professionals told us however, that while there had been changes, the impact on people who lived at the service had been minimal.

We saw that a system for regular quality assurance and monitoring of medicines was in place.

Sixth Avenue

Detailed findings

Background to this inspection

The inspection team consisted of two adult social care inspectors, a pharmacist inspector and a specialist advisor who specialised in learning disabilities.

We spoke with the registered manager, regional manager, deputy manager and four care workers.

Some people who lived at the service were unable to communicate with us verbally because of the nature of their condition. We therefore spoke to staff and observed their practices to determine how care and support was carried out. One person who was able to communicate with us said that she was happy at Sixth Avenue. Following our visits to the service, we spoke with two relatives by phone to obtain their views.

We contacted a number of health and social care professionals by phone to find out their opinion of the service. These included an aromatherapist; a care manager from the local NHS trust; a team leader from the local NHS trust; a district nurse; two community nurses; a member of the community dietetic team from the local NHS trust; a speech and language therapist and an occupational therapist. We consulted a local authority contracts officer; a local authority safeguarding officer; a local authority best interests' assessor and a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spent time looking at a variety of records during our inspection. These included four people's care records and one staff file to check recruitment procedures. We also examined training files, policies and procedures, minutes of meetings, surveys and other relevant documentation.

Before our inspection, we reviewed all the information we held about the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We spoke with health and social care professionals who did not raise any concerns about people's safety. One care manager said, "They work closely with us if there are any concerns" and "I have no concerns [name of person] is safe. I have no concerns about falls or him coming to harm." One of the community psychiatric nurses said that when one of the people with whom she was involved moved in, she carried out a lot of unannounced visits to the home to, "see what was happening." She told us, "I didn't have any concerns." The occupational therapist said, "I haven't seen anything concerning. They always seem to do a good job…They phone straight away if there is a problem." The district nurse said, "I've no issues, no problems. It's absolutely fine." We also spoke with an aromatherapist who had been providing aromatherapy treatments to people at the service for over 10 years. She explained that her staff visited the service and they had not reported any concerns to her about any aspect of people's care.

We read recently completed questionnaires from health and social care professionals. One which had been completed by a community physiotherapist stated, "Safeguarding procedures are followed if there is an accident. The relevant steps are followed involving the right people." Both relatives with whom we spoke, informed us that they felt that their family member was safe at the service.

The regional manager informed us, "It is a safe service. They have parameters to work with and are working with a whole range of clinicians so they can access advice and support at any time."

Staff with whom we spoke told us that training in safeguarding procedures had been undertaken. Staff were knowledgeable about what actions they would take if abuse were suspected. There were safeguarding policies and procedures in place which meant that staff had information available to help keep people safe.

There was an ongoing safeguarding investigation which was not related to people who were currently living at the service. The manager and regional manager were liaising closely with the local authority and other stakeholders. This investigation related to a previous concern and the manager and regional manager had taken prompt action at the time to ensure people at the service were safe.

At this visit we checked whether medicines were handled safely. We looked at the medicine administration records (MARs) for four people. These were clearly presented to show the medicines people had received. However, we saw the records for the application for creams for one person were not fully completed. We discussed this with the manager who told us that she would address this issue immediately.

Medicines were stored safely. Medicines storage was neat and tidy which made it easy to find people's medicines. Temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges to help make sure they remained safe and effective to use.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment.

All of the people who used the service had their medicines given to them by the staff. We watched a member of staff giving people their medicines. They followed safe practices and treated people respectfully.

We noticed that the manager completed audits of the medicine administration records and took action to resolve any discrepancies.

We checked four people's support plans and noted that risk assessments and "staying safe" support plans were in place. These contained detailed personalised information. We observed that staff followed the advice within these assessments. We noted one comment which stated that advice had been taken from the physiotherapist concerning the person's mobility. Staff were aware of the physiotherapist's advice and reminded this particular individual to use the handrails which were located around the service rather than holding onto staff for support. Another risk assessment documented that the person was at risk of choking. We saw that staff encouraged this person to take their time eating their lunch to reduce this risk. In another support plan, we saw that clear actions were documented for staff to follow if the person displayed specific behaviours. This assessment included how staff should respond and which health and social professionals should be contacted if there were any concerns.

Support plans were clear that people's freedom should not be unduly restricted. One person sometimes went out

Good

Is the service safe?

unaccompanied and the risk assessment stated that staff should check that they had their mobile phone with them and what time they would be due back. This risk assessment helped demonstrate that staff had sought to ensure that a balanced approach was taken between promoting independence and managing risk. The manager explained that staff spoke with the person to make sure that they were comfortable with everything which was suggested in the risk assessment.

We saw evidence in support plan evaluations and daily records that staff were making judgements about risks and noted that they took appropriate action depending upon the risk.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care

homes. The registered manager was aware of the recent Supreme Court judgement regarding what constituted a deprivation of liberty. She told us that she was liaising with the local authority regarding what impact the ruling had on the people who lived at Sixth Avenue. This was confirmed by the local authority.

Staff followed the best interests principle outlined in the Mental Capacity Act 2005. This states that any act done or decision made on behalf of an adult lacking capacity must be in their best interests. Best interests meetings and decisions were made for people when important decisions needed to be made such as those relating to financial matters. Members of the multi- disciplinary team, relatives and staff from the service were involved.

We checked the recruitment procedures at the service. Since the provider had taken over the service in September 2013, one new staff member had been recruited. We therefore checked this file and noted that a Disclosure and Barring Service (DBS) check had been carried out before the staff member started work. This check is carried out to help ensure that staff are suitable to work with vulnerable people. Two references had been obtained, which included one reference from their last employer. The regional manager informed us that when they took over the service in September 2013; they carried out a “due diligence” investigation. Due diligence is an investigation of a business prior to signing a contract. This included checking recruitment records to ascertain if there were any issues or concerns which required noting. The regional manager informed us that there had been no areas of concern with the previous provider’s recruitment checks.

We checked staffing arrangements within the service. Relatives and health and social care professionals did not raise any concerns about staffing levels. One relative said, “The staff are good. They don’t have a big turnover of staff.”

The registered manager informed us that the staff numbers were based on the particular needs of the people who lived there. We read the regional manager’s recent audit which looked at staffing. This stated, “Rotas take into account the activities of the individuals and the required staff needed to fulfil these, for example two staff for swimming.”

Staff told us however, that more female staff were required to meet the needs of people who lived there. The registered manager told us that she was aware of this issue and was in the process of recruiting more staff since new people had been identified to move into the service. She explained that at present, they were able to cover all shifts at the service with the staff currently employed. She added that some staff including herself were working the occasional extra shift.

Requires Improvement

Is the service effective?

Our findings

Relatives and health and social care professionals did not raise any concerns about staff training. The care manager team leader said, “The staff are capable. They will get in touch with Jackie [registered manager] or the area manager or us” and “There is training booked. There are two value based sessions and also a mental health session.” The care manager commented, “The staff know their roles and responsibilities” and “The care is consistent.” We read a comment on a questionnaire which had been completed by a physiotherapist. This stated, “The staff team appear to support each other well, adhering to legislation and local policy but in a friendly way.”

We spoke with the registered manager about training. She said, “Training has lapsed, we have done specific training in key areas like safeguarding and medication… I am aware that our training has lapsed, but we are getting there.” This was confirmed by the regional manager who said, “Staff have completed safeguarding and medication which they needed. Jackie has a clear idea of what needs doing and mental health training has been sourced.” She explained that ‘dignity and values’ training was a priority to ensure that staff were aware of the impact which their actions and communication had on people who lived at the service. We checked the training matrix which the manager provided. We noted that no staff except for the manager had completed training in dignity and values which had been identified in an audit completed by the provider’s representative in March 2014. We also noted that certain training identified by the provider as mandatory had not yet been undertaken, for example MAPA training [Managing Actual or Potential Aggression]. The manager had highlighted update training which was overdue such as moving and handling, mental health awareness and health and safety. We spoke with a local authority safeguarding adults’ officer who expressed concern that certain training was not up to date and told us that she had also discussed this issue with the registered manager.

Staff told us that supervision sessions were held. These were used amongst other methods to check staff progress and provide guidance. The registered manager told us however and records confirmed that an appraisal system was not yet in place and appraisals had not been carried out since the provider had taken over in September 2013. Lack of appraisals could mean that the competency of some staff was not assessed and support was not provided if gaps in their knowledge or skills were identified. We discussed this issue with the manager. She told us, “Staff need appraisals; I want to make sure that these are carried out.” The regional manager said, “Appraisals will be brought into line.”

This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We spent time with people over lunch and tea time. We saw that staff assisted individuals on a one to one basis and were attentive to people’s needs. Staff promoted people’s independence. We observed that they gave one person finger food that they were able to pick up and eat independently. Care workers encouraged people with their meals. We heard one say, “Have a taste. If you taste it you might like it.”

Health and social care professionals did not raise any concerns about people’s diet and nutrition. We spoke with a speech and language therapist who told us, “Mealtimes happen nicely” and “They follow advice and recommendations.” The community psychiatric nurse said, “I’ve got no issues. They got SALT [speech and language therapy] in, they’re trying to make sure that her food isn’t bland and it’s the right consistency.”

Relatives also spoke positively about people’s meals. One told us, “She’s eating so much more and trying so much more” and “She seems a lot happier. We’ve no concerns…She seems to be doing well, she’s putting weight on.”

We noted that support plans contained comprehensive information about people’s dietary needs and action was taken if there were any concerns such as weight loss or difficulty with eating and drinking. We read that one person had been referred to the dietitian after they had lost weight.

In the afternoon a care worker supported one of the people to bake a cake. We heard lots of singing and excited comments coming from the kitchen. When we went in, they showed us the cake which they were about to ice. "I love it” they said. They told us that they were involved in planning what they wanted to eat. They said, “The food is nice. I shop with the staff. If I like something, I tell them.”

Requires Improvement

Is the service effective?

Records showed that people had regular access to healthcare professionals, such as GPs, district nurses, physiotherapists, podiatrists, occupational therapists, opticians and dentists and had attended regular appointments about their health needs. The registered manager told us, "We have a wide network of professionals who are involved in people's care… It's all about the multi-agency approach and it works, when we work together."

We read recently completed questionnaires from health and social care professionals. One had been completed by a physiotherapist. This stated, "I contribute to support plans by providing information. I am invited to the reviews of the people I am involved with. All people I see are well presented with good personal care." A member of the local trust's community dietetic team confirmed that they had been involved with people's nutritional needs. All health and social care professionals with whom we spoke informed us that staff would contact them in a timely manner if advice and support were required. The occupational therapist said, "They're good at phoning me up with any equipment they need."

Good

Is the service caring?

Our findings

Both relatives with whom we spoke said that they were happy with the care provided by staff. One told us, "I think it's a really caring place with a family orientation, it's a small caring place." One person told us, "I've settled really well. I love it here, I think this is my home now – I won't move again."

Health and social care professionals also remarked on the caring nature of staff. The care manager said, "They're caring." The occupational therapist told us, "They seem to be compassionate. They are like a family." We read completed questionnaires from health and social care professionals. A physiotherapist had stated that people were treated by staff, "In a friendly manner. The staff know the residents well which improves the care approach." A psychiatrist had written, "Staff seem caring" and "Staff seem to care for the residents." The psychiatrist described staff interactions as "friendly" and under the question, "Would you be happy for one of your relatives to receive support at this service?" He had answered "yes."

Relatives told us that staff treated people with dignity and respect. This was confirmed by the health and social care professionals with whom we spoke. The speech and language therapist said, "They are respectful."

We spent time observing practices within the service. Some people became unsettled by our presence, so we spent short periods of time observing people's care and staff practices.

We saw that staff treated people with dignity and respect. One person had specific communication needs. Staff used touch to communicate with her. We heard most staff inform people what they were going to do before carrying out any actions. One care worker told an individual, "I'm just going to move your arm and hand so you're not too close to the wall." The member of staff explained that this was in case the person hit her hand on the wall. Another care worker however, moved a person in their wheelchair without prior warning.

We spent time talking to one person who was able to communicate verbally with us. She said that her care had been "spot on" since moving in. We observed her sitting and chatting with staff over a cup of tea and staff supported her to wash her clothes. The interactions seemed calm and relaxed.

The regional manager said that training in dignity and values had been booked for all staff to attend. She told us, "This is to make sure that staff are working with people in a person centred way and are aware of how their values and actions may impact on people." She also stated that her main focus was to make the service more homely and less clinical.

Relatives told us that they were involved in their family members' care. One relative said, "The staff ask questions, they're really helpful… They've involve us in everything. It's like chalk and cheese to the last place she was at." We also read comments on completed questionnaires. One relative had written, "We are involved in everything that concerns [name of person] as the staff keep us well informed." This was confirmed by the community psychiatric nurse who said, "There's so many good things. They've included her family to make sure they're involved."

The registered manager told us that people were involved in their care and their views were important. Each person had their own key worker and meetings were held between the person and member of staff. A key worker is a designated member of staff who maintains regular contact with the person which helps them and their relatives know who to speak with if they need any information. The registered manager explained that key workers also ensured that people's paperwork was up to date and helped arrange holidays. She told us how she appointed staff to become key workers to ensure they were compatible with the person. She said, "I'll observe staff to see how they interact with the individuals and see how the individual responds with the member of staff. Some people engage well with different staff and you have to take it into account."

Good

Is the service responsive?

Our findings

The health and social care professionals with whom we spoke informed us that the home responded promptly to meet people's needs. The care manager team leader told us, "They are effective at dealing with clients who have complex needs. They will always ring and ask for support which is fab." The community nurse told us about one person who had previously lived at another care home. She said, "What a change, I'm so impressed" and "It's been amazing the difference [in the person]." She explained that staff had worked hard to ensure that the person's needs were met. She said, "They're doing good. I'm impressed, they communicated very well during the transitional period…The care has gone well." The other community nurse said, "It's been absolutely marvellous…It's been a learning curve for the staff as they are used to caring for people who have learning disabilities…They've done well, it's about being responsive to [name of person] needs. There's support plans in place." The occupational therapist said, "I think the staff have done really well. They empower her and give her independence. There has been a noticeable improvement. There was a recent review which was very positive. We thought she looked great" and "The staff seem to question things. They've questioned her hearing and followed this up [a referral to the audiology department]…They want to look at all options which may improve her quality of life."

We looked at pre-admission assessments. The registered manager explained that there was an in-depth pre-admission and admission process which involved staff going out to see the individual. The person would then visit the service both during the day and have "several overnight stays." She said, "We gather as much information as possible." The regional manager told us, "We do pre-assessment and introductory visits to make sure we can meet their needs. We spend lots of time with them so we can mould our support around them. My life in focus [support plan documentation] details what they actually want and what's important to them in their life…[Name of person] is really growing into herself and becoming more assertive, it's because we know more about her. When people are admitted, it's a slow process getting to know them; a lot of it is about nonverbal communication. [Name of person] has a communication passport which states how they communicate so everyone is aware."

The registered manager informed us that people's support plans continually changed as they got to know them better. She told us, "We're continually adapting care plans…When [name of person] first came in we did a bathing assessment and a member of staff helped her, but that's all changed as she's become more independent and now she knows how to take the temperature and how to get in by herself, it's all about getting the balance right."

We noted that communication passports were in place. A communication passport is a book which gives an overview about the person's likes, dislikes, how they communicate and how best to communicate with them. New staff would be able to read this document in a short space of time and it could also be used during hospital visits or day services.

We saw that there was an emphasis on meeting people's social needs and promoting their hobbies. One person told us that he liked music. The staff member explained that they supported him to go to local discos.

The regional manager told us, "We work with people with complex and physical needs. We place a great deal of emphasis on people's social needs - they need a life too. It's one of the things which is paramount - that people are out in the week. We have organised planned events, like aromatherapy and hydrotherapy sessions and people have an activities planner so they know what's on the menu so to speak. We encourage staff to be imaginative with activities; it's all about knowing the person you're looking after." This was confirmed by one of the community nurses who said, "They're social prescribing - everything has been considered/ They are getting out and about more. My initial impressions are good."

We spoke with staff and one relative who explained that a vehicle had previously been available for staff to take people out. They told us however, that when Community Integrated Care took over the service, the vehicle was no longer available. Staff explained that the lack of transport meant that they were not always as flexible as they had been since they had to rely on public transport and taxis. One member of staff said, "The car is a massive miss." We spoke with the best interests assessor who told us that public transport and taxis might not always be appropriate modes of transport and this could limit people's access to the local community at specific times. We consulted the registered manager and regional manager about these comments. The regional manager explained that the use of a vehicle had not been in the original contract when they

Good

Is the service responsive?

took over the service. She explained that they were in the process of looking into purchasing a lease vehicle. She informed us that people were still able to access the local community. She said that taxis and public transport were used.

On both our visits we observed staff assist people to go out into the local community. One relative told us, "It's been a big help to her, she's getting out and about." We saw that people's responses to trips out were documented which helped staff evaluate and plan further outings. We read that one person who was unable to communicate verbally came home "full of smiles" following a trip out.

We saw how staff responded quickly to make sure they met people's needs. On our first visit, one person's wheelchair had broken. Staff immediately contacted wheelchair services to explain that the person could not go outside without his wheelchair. At our next visit we saw that the wheelchair had been mended. The individual informed us that he was happy about this. We read in people's daily records and support plans that staff responded to other needs such as pain relief. One person's record stated, "[Name of person] showing signs of pain, very agitated. Two x paracetamol given and seemed to settle at 10pm."

Relatives confirmed that staff acted quickly if there were any concerns about people's health. One relative said, "They get the doctor straight away if there are any concerns or the nurse or care manager. Yes they respond quickly." This was confirmed by health and social care professionals. The community nurse said, "They're responsive, they're prepared to look at the medication and see what she still needs to take and how they can support her. They've worked with her consultant psychiatrist and worked closely with her GP we're beginning to unravel things and find out more." The care manager said, "Yes they're responsive. There was an issue with [name of person] and they contacted every conceivable person to involve them and they did this quickly so things could be sorted."

There was a complaints procedure in place. This had pictures to make the written words easier to understand. The manager told us that no formal complaints had been received in 2014.

One person told us, "I complained about a little thing, it was put right." We also spoke with both relatives who informed us that they knew who to approach if they had any concerns or complaints. One relative said, "The staff seem very, very confident, we've got no complaints." We also read comments on completed questionnaires. One relative had stated, "We have been advised on how to make a complaint and who to, but we have no reason to make any, just compliments."

The other relative informed us that he was happy with the service in general. However, he had not been satisfied with the explanation regarding the lack of a vehicle at the home and that staff had moved his relative from one bungalow to another. We spoke with the manager about this last comment. She said that it had been fully discussed with all concerned and a best interests meeting held. She explained that staff were concerned that the individual may have become socially isolated since he was living alone in the second bungalow.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. She told us and our records confirmed that she managed two services; Sixth Avenue and another small learning disabilities care home which was owned by the same provider and located approximately five miles away. She said that managing both services was manageable and she divided her time between the two services.

Health and social care professionals were positive about the registered manager. The care manager team leader said, "The manager actively works with us and we help with any support and advice." The care manager said, "Jackie does her best, she's accommodating." We read comments from completed questionnaires from health and social care professionals. Comments about the manager were positive. One stated, "The manager is a team player who knows residents and staff well. Communication to professionals such as myself is good with information supplied in a timely manner."

Relatives also confirmed that they found the registered manager effective at managing the service. One said, "Jackie is very good, we've had no problems or complaints." We read recently completed relatives' questionnaires. One stated, "Sixth Avenue is run well and we are both pleased and happy with [name of person] well-being. We are kept well informed and made welcome every time we visit. Keep up the good work."

The service had gone through a period of change. Community Integrated Care had taken over the service in September 2013. Prior to this it had been run for a long time by the local mental health NHS Trust. Staff explained that they were still adjusting to working for a new provider.

Sixth Avenue consisted of two bungalows. Up until recently, there had only been three people living in one bungalow. A new person had come to live in the second bungalow. The manager explained that they were "changing direction" and looking to provide more of an enabling service for people who lived in this second bungalow. As such, people who lived there would be more physically able and staff would take on a more supporting role. The service historically looked after and supported people with learning disabilities. She told us that this change of direction would include supporting people with other needs such as those with mental health conditions.

The manager explained that she had recognised that certain events within the service had caused staff some anxiety. These included the takeover of the service by Community Integrated Care, the change in direction of part of service and the ongoing safeguarding issue which had led to some degree of external scrutiny. This was confirmed by some of the staff with whom we spoke. One member of staff said, "Morale is low." Other staff mentioned that they considered that certain changes since Community Integrated Care had taken over had not always been positive such as the loss of the vehicle.

One relative told us that except for one meeting, there had been limited communication from the provider. He explained that further communication would be appreciated. He said, "There's been changes…There's been no communication with the new company except an initial meeting at the beginning. They said that nothing would change but things have changed." We spoke with the regional manager about this comment. She told us that she would address this immediately.

The manager told us that she was looking at staffing and was in the process of recruiting new staff. She told us that she should be supernumerary, but in practice, this had not always been possible. She told us that she had addressed this by focussing on certain priorities such as making sure people were cared for, reviewing support plans and having an 'open door' for staff to make sure that they felt supported. She told us that certain areas such as training and appraisals had lapsed.

We discussed these issues with the regional manager. She told us that she was aware of the concerns that staff had raised. She said that a staff team day had been organised and explained, "We're not there yet, but we're getting there. We have tabled in a team day which is a refocussing exercise…We will be acknowledging what people [staff] have gone through and we will refocus and look to the future…We're on to things."

We consulted a number of health and social care professionals who also felt that the service was going in the right direction. Comments included, "It's going in the right direction….we're actively working with the service to provide support," "From what I've see the home has undergone a lot of changes... The manager has dealt with a lot of different changes. She seems to lead well," "They [registered manager] are actively working to stabilise the

Requires Improvement

Is the service well-led?

service," "They've gone through a lot of changes, they've moved organisations and next door is changing its function" and "They've gone through change from [name of previous provider], it's all coming together."

Health and social care professionals told us that while there had been changes, the impact on people who lived at the service had been minimal. One health and social care professional stated, "It's been a difficult time with all the changes but it doesn't seem to have affected the level of care." The care manager team leader said, "It's always been a high quality service."

The registered manager told us that accidents and incidents were recorded and analysed so that any trends could be identified and action taken to reduce any further episodes. Following our visits to the service, we received an anonymous concern about the lack of specific staff training and that a member of staff had been injured while on duty. We asked the registered manager about this incident. She said that the accident had involved herself and the injury had been minor. This incident had had not been recorded. She told us that all future accidents and incidents would be recorded regardless of their severity. She said that she was disappointed that whoever had raised the concerns, felt unable to discuss them with either herself or the regional manager.

Various audits or checks were carried out to make sure that the service was meeting recognised standards. Audits on health and safety, medication and support plans were carried out amongst other areas. We spoke with the regional manager about her role in monitoring the quality of the service. She told us and records confirmed that she visited the service regularly and completed "service quality checks." We read a recent audit which she had completed. Staffing, support plan documentation and training had all been checked. We noted that an action plan was included with timescales for completion. One action point stated that key worker meetings should take place. We saw that these meetings had commenced.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard. Staff did not always receive appropriate training in a timely manner and an appraisal system was not fully in place.