Ability Housing Association

yourAbility Hillingdon

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
yourAbility Hillingdon, also known as Yew Tree Lodge, is a supported living service registered to provide personal care for up to 13 people aged 18 and over. A team of support staff provide 24-hour care and support to adults with learning disabilities, mental health needs and physical disabilities. 12 people were using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. These are to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by people having their own flats with kitchens and en-suite bathrooms. They shared the communal kitchen, dining room, laundry facilities, garden and two living rooms. The building design fitted in with the surrounding residential area. Staff were not wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
The service applied the principles and values of Registering the Right Support and other best practice guidance. People were supported to develop more independence and to access some meaningful opportunities and activities. Staff supported people to access mainstream services and specialist health and social care support. The service worked with other professionals to support people to manage behaviours that may challenge others.

Some aspects of the service were not consistently safe as the provider had not sufficiently assessed staff to ensure they were always competent to give the medicines support being asked of them.

The provider did not always promote people's rights when people were unable to consent to their care arrangements. People were not supported to have maximum choice and control of their lives and staff supported did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

However, people's care and support was person-centred, planned and coordinated.

The provider had systems to monitor the quality of the service, but these had not been sufficiently robust to have identified, or taken timely action, on the areas for improvement we identified.

People had detailed support plans in place and these were regularly reviewed and updated. Plans reflected people's physical, mental, emotional and social needs and their care and support preferences.

Staff were aware of people's individual needs and preferences and used this knowledge to deliver person centred care. People and their relatives felt staff cared and treated them with respect and dignity.

Staff supported people to manage behaviours that may challenge others in line with good practice.

Staff received training, induction, supervision and support to perform their roles effectively.

We have made a recommendation about safely supporting some people with their food.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 5 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified two breaches in relation to supporting people in line with the principles of the Mental Capacity Act 2005 and having systems in place to monitor the quality of the service. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

yourAbility Hillingdon

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector conducted the inspection over two days.

Service and service type
yourAbility Hillingdon provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 3 June 2019 and ended on 5 June 2019. We visited the office location on both dates.

What we did before the inspection
We reviewed information we had received about the service since the last inspection to plan our inspection. This included what the provider had told us when important events had happened.
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection
During the inspection we spoke with two people who used the service and one person's relative about their experience of the care and support provided. We spoke with staff, including three support workers, the team leader, the interim service manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people being supported throughout the inspection visits. We looked at the support plans for three people, personnel files for four staff and other records relating to the management of the service.

After the inspection
After the inspection we spoke with another relative of a person who used the service and 10 adult social care and healthcare professionals involved with the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not consistently safe and there was limited assurance about safety.

Using medicines safely

● People's medicines were not always managed in a safe way. The provider had not sufficiently recorded assessments of staff to ensure they remained competent to give the medicines support being asked of them. Staff had received training in medicines support. New staff first shadowed experienced staff supporting people with their medicines before then being observed providing this support themselves. However, this did not comply with National Institute for Health and care excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.

● People were prescribed medicines to be given 'when required'. 'When required' medicines are those given only when needed, such as for pain relief. However, there was not always a medicines protocol, or clear information in the support plan, to guide staff on when they should support a person to take such medicine. This meant the provider could not always ensure the person received their prescribed medicines as intended.

● The provider responded to these issues immediately during the inspection. Managers put 'when required' medicines protocols in place to guide staff and developed a staff medicines competency assessment tool to use with staff in future.

● Staff were provided with information about what people's medicines were for, what the side effects might be and what to do if the person missed a dose.

● Medicines administration records (MAR) set out the necessary information for the safe administration of people's medicines, including the application of people's prescribed creams or ointments. Staff had completed these records appropriately.

● Senior staff regularly checked the medicines support records and took action to address the issues identified.

Assessing risk, safety monitoring and management

● Risks to people's health, safety and well-being were assessed and actions put in place to reduce those risks.

● People had risk management plans in place to reduce risks to their safety and well-being. For example, where people lived with epilepsy there was detailed guidance for staff on the seizures a person experienced and how to support them should this happen. This included checking on a person more frequently after they had experienced a seizure to make sure they remained safe. We saw records of such checks taking place.

● Some people's risk management plans included guidance for staff to prepare food to a suitable consistency to protect people from the risk of choking. This was based on speech and language therapists' advice. However, the guidance did not use new standardised ways of describing food textures to promote

safe care.

We recommend the provider consult with health and adult social care professionals to consider current guidance on describing food textures to support people to eat safely and update people's support plans accordingly.

● Staff respected people's decisions about what they wanted to do while they encouraged people to act in a way that did not put themselves at risk of harm. The service shared information about risks to a person's safety and well-being with other agencies, such as the local commissioning authority.
● Fire evacuation plans were in place to ensure staff supported people in the event of a fire or other emergency. Staff had completed training on using fire safety equipment.
● Fire safety awareness was promoted at both staff meetings and at meetings with people who used the service. Records of these showed people had discussed what they would do in the event of a fire alarm. Staff had recently completed a practice evacuation with people.
● There was a business continuity plan in place for staff to follow in the event of an emergency to protect people from harm.
● The provider carried out checks regularly to make sure people were safe. These including checking the communal areas and people's rooms, window restrictors, water temperatures and electrical equipment. We saw action was taken to address issues identified by these audits.

Systems and processes to safeguard people from the risk of abuse
● Relatives told us they thought the care people received was safe.
● The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded and shared with the local authority appropriately. Adult social care professionals told us the provider had responded robustly to previous safeguarding concerns and worked with statutory agencies to address these.
● Relatives told us they thought the care people received was safe
● The provider had recently conducted a comprehensive review of its processes for recording and monitoring when staff handled people's money so people were protected from the risk of financial harm.
● Staff had completed adult safeguarding training followed by online refreshers of this. Managers and staff spoken with knew how to recognise and respond to safeguarding concerns.
● Staff knew about whistleblowing processes and how to escalate concerns. Staff were confident if they raised concerns these would be listened and responded to.

Staffing and recruitment
● Staff rotas showed safe staffing levels were being maintained. Staff told us there were enough staff on shift to meet people's individual needs.
● Staff showed us how they used handovers between shifts to plan how they would support people and share important information about people's activities and well-being. A new member of staff told us staff did "Manage the shifts well."
● There were support staff vacancies at the time of our inspection and the provider engaged temporary staff to cover these. Adult social care professionals told us they felt the reliance on temporary staff had sometimes made it difficult for the service to provide support consistently in line with people's support plans. The provider was monitoring the use of temporary staff and actively recruiting to fill the vacancies. The provider endeavoured to engage the same trained and experienced temporary staff to maintain consistency of support for people.
● The provider was looking to recruit more male staff as it had identified this would benefit some people who used the service. One person's relative told us they appreciated this initiative.

● Recruitment records showed the provider completed necessary pre-employment checks so they only offered positions to appropriate applicants. These included detailing applicant's previous work history, gathering references from their previous employers and obtaining criminal records checks with the Disclosure and Barring Service.
● We saw evidence the provider assessed applicants' values as part of the recruitment process to help determine if they were suitable for the role.

Preventing and controlling infection
● The communal areas of the setting and the rooms we were invited to see were clean.
● Staff had received infection control and prevention training. Staff told us there were always supplies of equipment for them to use, such as gloves, aprons and shoe covers.
● Staff had completed food hygiene training so they could support people to prepare meals safely.

Learning lessons when things go wrong
● There were systems in place to monitor accidents and incidents.
● Staff recorded incidents and accidents and the actions taken in response to these. Incidents were also discussed at team meetings to identify and share any learning.
● The service manager kept a log of incidents and used this to identify any themes or other improvement actions to be addressed at the service. The nominated individual maintained a strategic overview of incidents and reported on this to the provider's senior management team. This was done to make sure issues were responded to at the service and learning was shared with the wider organisation.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had not always assessed people's ability to consent to their care in a way that met the requirements of the MCA. Two people's support plans stated they were not able to understand and consent to their support plan arrangements. Their individual risk management plans also stated they were not able to understand and consent to the actions agreed as necessary to reduce risks to their safety. For one person these actions included the restrictive practice of locking their food and clothes away so they could not harm themselves.
- There were no assessments in place that recorded how staff had determined these people were not able to consent to these aspects of their care. There were no records to demonstrate the people's support and risk management arrangements were in their best interests and were the least restrictive arrangements on their liberty.

This meant people's rights were not being respected as they were not being supported in line with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded by stating the people's support and risk management arrangements would be reviewed and updated following the inspection.

● The service had worked with the local authority where it had assessed that other people lacked the capacity to agree to their care arrangements and there was a concern these amounted to a deprivation of their liberty. For these people we saw these arrangements had been authorised by the Court of Protection or an application for authorisation had been submitted to the Court. Adult social care professionals also confirmed this.
● Staff had completed training on the MCA and deprivations of liberty. Some staff we spoke with were not clear on how the MCA may influence the support they provided to people. However, staff could explain how they supported people making day-to-day decisions in line with the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Behaviour support plans and risk management plans described how to support people whose behaviour may challenge. These plans were based on assessments and reviews of people's behaviour, supported by the local authority's behavioural support team.
● The provider assessed people's needs when they were moved to the service. We saw an assessment for a person who had recently moved to the service was comprehensive and covered different areas of a person's daily living. This included what was important to the person such as their likes, daily routines and things known to upset them, as well as their care and healthcare needs and important relationships.
● Staff had visited and worked with the person before they moved to the service so they could gain an understanding of how the person liked to be supported.
● Behaviour support plans and risk management plans described how to support people whose behaviour may challenge. These plans were based on assessments and reviews of people's behaviour, supported by the local authority's behavioural support team.

Staff support: induction, training, skills and experience
● Staff were provided with appropriate training and support to deliver care and support. Staff we spoke with were knowledgeable about people's support needs and felt that over the last six months in particular managers had supported them to develop in their roles.
● Staff completed a range of required training set by the provider and specific training based on the needs of people who used the service. This included awareness training on Parkinson's Disease, dementia and epilepsy. One support worker told us they had requested more training for the team on supporting a person whose behaviour could be challenging and the provider said they would arrange this in the near future.
● We saw staff had annual performance reviews and regular supervisions with a senior member of staff. Not all staff supervisions were up to date in line with the provider's requirements, but staff told us they felt supervised and supported by managers.
● New staff completed an induction and probation period before being confirmed in post. This included working alongside more experienced staff. One new member of staff told us, "I really like the shadowing process. It's nice to have a few shifts to learn from someone else, you want to be doing the job right."
● New staff were working through the stages of the 'Care Certificate' and the nominated individual monitored staff's progress to complete this. The Care Certificate provides an identified set of standards health and social care workers should adhere to in their work.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to prepare their own meals in their flats. Staff worked in a flexible way to support people at times and with food people chose. People were also supported to have weekly communal meals if they wanted.
● Staff supported some people to develop menu plans to help them plan their meals and eat healthily. One relative told us they led on creating this menu for a person who used the service.
● People's support plans identified their food preferences and dietary requirements. For example, one

person's plan explained they only ate some food items sourced in a specific way.
● Staff had attended training on food nutrition so they could support and encourage people to maintain balanced diets.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff supported people to access healthcare services and to have their health needs met. This included supporting people to attend annual health checks, appointments with consultants, nurses, therapists and GPs.
● Healthcare professionals told us support staff were attentive to people's healthcare needs, such as supporting people to manage living with diabetes.
● Care records indicated staff supported people to maintain their oral health and attend regular dentist appointments when required. A relative also told us this happened regularly.
● People had health passports that described their care and support needs and what was important to them. These documents promoted person-centred working with other healthcare agencies because they described how people communicated and what they needed support with.
● The service worked with other adult social care professionals to share understanding of a person's needs when the staff had identified the person may be better supported by another service due to their changing care needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the staff and the way they treated people. One relative said, "Staff are looking after [the person] well and they are happy here."
- We observed staff speaking with people with kindness and respect. Adult social care professionals told us they had also observed this and had seen staff "Talking to [people] nicely, to them and not at them."
- People's support plans contained some information about people's background and life history. Staff told us this information was helpful in getting to know people and how they liked to be supported. A new member of staff told us, "The staff seem to be really well in tune with what customers like and want."
- People's assessments and support plans noted relationships that were important to people and which staff respected and helped people to maintain.
- Staff had received training in promoting equality and diversity in their work. Information about people's religious and cultural beliefs was recorded in their support plans. The staff supported some people to visit their places of worship when they chose to.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and support needs and how these would be met. Where people lacked the mental capacity to express their views about their care, people's support plans set out how they made day to day choices, such as what they would like to eat, wear or do. This was reflected in their care records.
- Relatives told us they felt involved in people's care and support and staff and managers helped this to happen.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff described how they promoted privacy and dignity when providing support and personal care. This included respecting people's choices, seeking their consent before providing support, and making sure the environment was private.
- Staff attended compulsory training on promoting dignity and respect.
- Staff had supported some people to adapt their windows in their flats so they were obscured from the outside. This helped to protect people's their dignity and privacy.
- Staff supported people to develop their independence. This included discussing appointments and activities with people so they were informed about what would be happening and guidelines for supporting a person to control their mobility equipment or to shave themselves rather than staff do this for them. One support worker told us, "The more choices you give them the more independent they feel.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care and support that was responsive to their needs. Relatives told us people received care and support that met their individual needs. One relative had written to the service to state, "These were undoubtedly the best years of [the person's] life… they had found their 'home' and organised it in the way they wanted to live and not as other people told [the person] should."

● People's support and risk management plans provided some personalised information about them, such as their physical, mental and social needs and their care and support preferences. For example, there were comprehensive guidelines for staff on how to use appropriate touch when supporting a person who could be very tactile with staff. People's plans were regularly updated.

● Some staff we spoke with had worked at the service for a number of years and were knowledgeable about people and their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's support plans included clear guidelines for staff on how people communicated and how best to communicate with them.

● People's support plans were in an easy read pictorial format.

● The provider had arranged Makaton training for staff so they could work effectively with a person who sometimes used signing to communicate. Makaton is a form of sign language designed to support spoken communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Relatives told us people were supported to access a range of meaningful activities and opportunities and this helped people to not be socially isolated. Relatives' comments included, "I didn't want [the person] trapped here; they get out and about, people come here regularly and speak with [the person]."

● People were supported to engage in activities such as communal meals, parties, baking and gardening at home. Staff also supported people to attend day services and college courses as well as swimming, the cinema and meals and other trips out in the community. One relative said, "We're impressed with the activities they have arranged for [the person]".

● Staff regularly supported people to contact their friends and family. This helped people to develop and

maintain relationships with people who were important to them.

Improving care quality in response to complaints or concerns

● There were appropriate complaints handling processes in place. Complaints were recorded and responded to in a comprehensive manner, which adult social care professionals confirmed to us as well. Senior managers monitored complaints handling to ensure issues were responded to in good time.

● Relatives told us they knew how to raise concerns and were confident they would be listened to and taken seriously.

● The managers used learning from complaints to adapt and develop the service and people's individual support. Staff gave examples of how they had incorporated this learning into daily practice, such as supporting people to better manage their domestic waste.

End of life care and support

● No one was receiving end of life care at the time of our inspection. However, over the last year the service had supported people who had passed away. We saw people's choices and preferences for their end of life care were supported and respected.

● Healthcare and adult social care professionals told us staff looked after the people "very well" and the care provided at these times was "very diligent and flexible." One person's relative had complimented the service on the care the person had received towards the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant that although the service management and leadership was consistent, systems and processes did not always support the delivery of high-quality, person-centred care for each person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not identified the issues we found regarding not appropriately assessing staff competency to provide medicines support and not ensuring people's rights were protected in line with the principles of the MCA.
- Staff were required to complete daily records of the care and support provided to people. The team leader had recently introduced a new format to capture more person-centred information about people's well-being and their support. However, there were regular gaps or limited information noted in the daily records we reviewed. An adult social care professional told us they had also identified there was "very little information" on these daily records. This meant the provider did not always keep accurate, complete and up to date records of people's care and support.

These issues constituted a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was committed to continuously improving the service. The provider planned to develop the service by introducing a new online support planning and quality monitoring system after our inspection visit. The aim was for the system to enable staff to be more focussed on delivering outcomes for people and to record more information about the support people received. After our visit the provider gave us evidence that this system had been introduced.
- The provider's quality assurance checks included monthly audits by the service manager and weekly reporting to senior managers. These monitored support and risk management plans, money handling processes, staff recruitment, and training requirements to ensure they were kept up to date. We saw actions were taken to address the issues these audits identified.
- The provider engaged an external care consultant to audit the service annually. We saw actions were taken to address the issues these audits identified, such as updating medicines support practices.
- We saw the provider's 'Quality Checker' Team was due to visit the service later in the year. These are people who have personal experience of using this type of care service. This initiative enabled the provider to gain another perspective on people's experience of the service, what was working well and what might need to improve.
- The provider reported complaints and concerns to its Board and Customer Committee for scrutiny and so

learning could be shared across the organisation's services.
● The organisation provided leadership training and the team leader was in the process of completing a health and social care management qualification with the provider's support. They told us they felt supported by their managers in their role.
● The provider informed the CQC of important events that happened in the service as required and displayed the previous CQC inspection rating at the service and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● People and their relatives told us they were happy with people's care and support. Their comments included, "I think this is a good place for [the person] to be" and "[The person] enjoys living there a lot. That's the main thing."
● Relatives and adult social care professionals told us the provider had been open when things had gone wrong and they were satisfied with how the provider had responded to put things right.
● The managers worked to promote an open and support culture for staff. Staff told us the team leader and recent managers were approachable and helped them when they were on shift. One support worker said, "If we had any concerns, [the manager] would sit down and listen."
● Relatives told us they felt they could approach support workers and senior staff. One relative said, "The manager is always willing to chat, friendly and communicative."
● Staff and managers told us team morale had improved over the last six months. Staff told us they appreciated the managers who "really listened to us" and "gave us a really big lift".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was a limited approach to obtaining people's views about the service and using this information to evaluate and develop the service. The provider had not conducted annual surveys with people and their relatives so they could give feedback about the service for over a year. The provider intended to re-introduce the surveys later in the year following our inspection.
● Relatives were not always invited to be involved in the service's six-monthly reviews of people's support plan arrangements, if people wanted this. The managers acknowledged both this and recording family involvement in the service were areas of the service that needed improvement. The provider intended to arrange family meetings to improve the involvement of people's family in influencing the service.
● However, a relative said they could contribute their views about the service when they visited and when they were involved in a person's statutory reviews with the local funding authority.
● The managers had recently started holding meetings with people who used the service so they could make suggestions about things they wanted to happen, such as repairs to the building.
● One relative we spoke to said they were applying to join the provider's Customer Committee. This reported to the organisation's Board and enabled people and their relatives to provide feedback about the services and influence the organisation's actions.

Working in partnership with others
● The service had not always worked collaboratively with some agencies to deliver joined-up care. Adult social care professionals told us staff at the service had not always informed them of incidents when they took place, such as when a person injured themselves. The service worked with other agencies to deliver joined-up care. Some adult social care professionals told us staff at the service had not always informed them of incidents when they took place, such as when a person injured themselves. However, the provider worked with professionals who visited the service regularly and met with the local commissioning authority

on a monthly and quarterly basis to discuss incidents and service provision.

● The service had worked in partnership with some agencies. These included healthcare services, as well as local community resources such as people's day services, colleges and job centres.

● Adult social care and healthcare professionals told us the managers at the service had not always been responsive to requests for information about people's care, but this had improved over the last six months. For example, adult social care professionals appreciated working closely and consistently with the recent service manager and nominated individual.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure that staff acted in accordance with the Mental Capacity Act 2005 Act when service users of 16 years or over were unable to give consent to their care treatment because they lacked the capacity to do so. Regulation 11(1)(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not always operating effective systems and processes to: - Assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. - Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided Regulation 17(1)(2)(a),(c)