HCS Domiciliary Care Limited

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Inspection report

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Date of inspection visit:
08 October 2018
09 October 2018

Date of publication:
05 December 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 8 and 9 October 2018 and was announced. We gave the provider 48 hours' notice of this inspection to ensure that the registered manager would be available to support us with this process.

In November 2017, the provider changed its name and legal entity from HCS (Enfield) Limited to HCS Domiciliary Care Limited. This is the service's first comprehensive inspection under the new provider name. Under the previous provider registration, the service had been inspected in December 2015 and had been rated 'Good'.

This service is a domiciliary care agency. It provides personal care to people with physical and learning disabilities and mental health issues. The service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. Each person has their own room and bathroom facilities and share communal lounges, kitchen and laundry facilities. 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. At the time of this inspection there were 30 people using the service.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Throughout the inspection we observed positive interactions between people and staff which promoted person centred care, choice, respect and dignity. Care staff were clearly aware of the needs of the people they supported and how these were to be met. People who could communicate with us told us that they were happy with the care and support that they received.

As part of the inspection we visited all three schemes and whilst two were seen to be well-managed, at the third scheme we identified some concerns around the lack of management oversight which had failed to identify care plans not being reviewed in a timely manner, lack of awareness of a DoLS (Deprivation of Liberty Safeguards) authorisation and poor decoration and condition of the scheme.

The provider and registered manager had a number of checks and audits in place to monitor the quality of care and support that people received so that appropriate improvements and learning could be recognised. However, not all of these checks were recorded.

The providers safeguarding policy clearly defined the different types of abuse people may experience and the steps to be taken to report any identified concerns. Support workers demonstrated the steps they would take to report any concerns to keep people safe and protected from abuse.

Information within care plans included people's identified risks associated with their health, care and support needs. Risk assessments listed people's identified risks and the steps to be taken to reduce or mitigate people's known risks to ensure their safety.
People needs and choices were assessed before a package of care was agreed so that the service could confirm that people's needs could be effectively met.

The providers medicines policy and management processes for the administration of medicines ensured that people received their medicines safely and as prescribed.

Recruitment processes were robustly followed to ensure that only support workers assessed as safe to work with vulnerable adults were employed.

Support workers told us and records confirmed that they were appropriately supported in their role through induction, regular training, supervision and annual appraisals. However, the provider did not always provide training which addressed the specialist nature of the service provided to people with learning disabilities.

Where people were able to give consent to the care and support that they received, this had been clearly documented with the person's care plan. Support workers understood the key principles of the Mental Capacity Act 2005 (MCA) and how these were to be applied when supporting people daily.

Care plans were detailed and person-centred and gave a comprehensive account of the person and how they wanted to be supported with activities relating to their daily care and support. We observed that people were supported to maintain their independence and were encouraged to access the community and engage in a variety of activities of their choice.

People were supported to access a variety of healthcare services where required in order to maintain good health and a healthy lifestyle.

People and their relatives knew the registered manager and the individual service managers located at each supported living scheme. Relatives told us that they felt able to approach the managers and that they were receptive to their concerns, which were appropriately addressed.

People and their relatives were informally asked for their comments and feedback on the quality of care and support that they received. The service was yet to carry out an annual satisfaction survey since being registered.

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. People were supported to be safe at all times. Support workers were able to describe the different types of abuse and the actions they would take to report their concerns.

Risk assessments identified people's individual risks associated with their health and social care needs and provided directions to staff on how to reduce or mitigate known risks.

Safe medicines processes ensured that people received their medicines on time and as prescribed.

Robust recruitment systems ensured that only staff assessed as safe to work with vulnerable adults were recruited.

People were supported by appropriate numbers of support staff which was based on individual support packages and their assessed need.

Accidents and incidents were documented and further discussed within the team to support learning and improvements to reduce or prevent further re-occurrences.

Is the service effective?

Good

The service was effective. Support workers confirmed that they received induction and regular on-going training which supported them to be effective in their role. However, the provider did not always deliver specialist training which considered the specialist nature of the service provided to people with learning disabilities.

People's needs were comprehensively assessed prior to a package of care being agreed.

In addition to training, support workers were also supported in their role through regular supervision and annual appraisals.

All staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). People's care and support needs based on their level of capacity had been appropriately

recorded within their care plan.

People were appropriately supported with their dietary needs which considered any specialist needs that had been identified.

People were supported to access a variety of health and social care professionals as and when required.

Is the service caring?

Good

The service was caring. People and their relatives told us that they were happy with the care and support that they received. We observed that people had developed positive and caring relationships.

People's privacy and dignity was seen to be respected at all times during the inspection. Support staff gave specific examples of how they respected people's privacy and dignity.

People were supported by their carers to maintain and promote their independence; which included accessing the community independently where possible.

People were involved in the planning and delivery of care which included to day to day decisions about how they wanted to be supported.

Is the service responsive?

Good

The service was responsive. People were supported to access a wide range of activities and the community to ensure they were enabled to lead a full and meaningful life.

Care plans were detailed and person centred and gave comprehensive information about people and how they wished to lead their life with support where required.

People and their relatives knew who to speak with if they had any concerns or complaints to raise with the assurance that their concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led. Management oversight was not always robust. Although the service implemented a number of processes to check the quality of care people received, we identified certain issues at one supported living service, which the provider stated they had also identified, however, there was no record of this.

Where the service stated that issues had been identified, action and improvement measures had not been taken to address the concerns.

People and their relatives knew the provider, registered manager and service managers. However, some relatives feedback suggested that the communication between relatives and the managers could be better improved.

The service worked positively in partnership with a variety of healthcare and social care professionals to ensure that people received a holistic package of care.

HCS Domiciliary Care Ltd

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 8 and 9 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides support to people in their own home within a supported living service. We needed to ensure that the registered manager would be available to support with the inspection process and that people had consented to us visiting their home.

One inspector carried out this inspection with the support of two experts by experience who spoke with people during the inspection and made telephone calls and spoke with relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke with four people and 12 relatives. Many people supported by the service were unable to verbalise to us their feedback and comments about the care and support that they received from the service and the support workers. For that reason we noted and observed interactions between people and their support staff to form a judgement about how people were supported.

We spoke with the nominated individual, registered manager, one service manager, the quality and training manager and five support workers. We looked at six people's care plans and the recruitment and training records for six support workers, eight people's medicines records and records relating to the management of the service such as audits, policies and procedures.

During the inspection we spoke with four people and 12 relatives. We observed interactions between people and their support staff. We also spoke with the nominated individual, registered manager, one service manager, the quality and training manager and five support workers. We looked at six people's care plans and the recruitment and training records for six support workers, eight people's medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People who could communicate with us told us that they felt safe and were happy with the way in which they were supported by their allocated support staff. One person told us, "I like this place." Where people were unable to communicate, observations of interactions between people and support workers were of a kind and re-assuring nature. People were seen to be comfortable and relaxed in the presence of support staff and no signs of fear were seen. Relatives also confirmed that they felt their relative was safe with the care and support that they received. Comments from relatives included, "[Person] is mobile, and she is safe" and "I bring [person] home twice a week and he is happy to go back there."

The service had clear guidelines and processes in place to identify, report and investigate any allegations or concerns where people may have been subjected to abuse. All staff that we spoke with demonstrated a good understanding of the different types of abuse, the possible signs to look for where people may be subject to abuse and the steps to take to report their concerns. Support staff told us, "The first thing I would do, I have never come across it here, I would definitely 100% report it to my manager and record it" and "The first thing I would do is if I see it with my own eyes I would confront the person and then report to my manager." Support workers understood the meaning of the term whistleblowing and were aware of external agencies such as the CQC and the local authority who they could contact to report their concerns.

The provider told us about the most recent safeguarding concerns that had been raised, one of which was currently under investigation. The service had carried out their own preliminary investigation of the concerns and had put measures in place to protect the person at risk. However, the CQC were not aware of these allegations. The provider had not submitted a notification to the CQC, informing us that allegations of abuse had been made. The provider explained that the allegation had been raised by external professionals and that they had confirmed they would submit the appropriate notifications to CQC and therefore they assumed that they would not need to submit the same notification. The provider was informed that this was not always the case and that the provider also held equal responsibility to ensure that appropriate notifications were submitted to the CQC. The provider assured us that going forward, where required, notifications would be submitted regardless of who was raising the allegation.

Risk assessments were individualised and person centred, identifying risks associated with people's health, care and support needs. Risk assessments detailed the identified hazard and the control measures in place to safely support the person. Clear guidance was provided for support workers on how to reduce or minimise any known risks so that people were kept safe and free from harm. Identified risks included self-neglect, going out, using the kitchen, choking, moving and handling, health and safety and risks associated with specific health condition such as diabetes and epilepsy. Risk assessments were reviewed on a six-monthly basis or as and when required where significant changes had been noted.

Staffing levels were determined dependent on the assessed needs of each person living at each of the supported living schemes. Some people with higher needs had been funded to receive one to one care and support whilst others were funded for a certain number of hours per day. Records confirmed that staffing levels were set based on people's allocated funding.

The provider ensured that robust recruitment procedures were followed to ensure that only staff assessed as safe to work with vulnerable adults were employed. Records giving assurance of this included criminal record checks, proof of identity, eligibility to work in the UK and references confirming conduct in previous employment.

Medicines management and administration was found to be safe. People received their medicines safely and as prescribed. One relative told us, "Medication giving is good." People's medicines were kept in locked cupboards within the person's own room. The level of support the person required was clearly documented within their care plan. Medicine Administration Records for each person were appropriately completed confirming people had received and taken their medicines.

Where people had been prescribed medicines that were to be administered as and when required, appropriate protocols were in place to support this. When required' medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties. PRN protocols detailed the medicine to be administered, the reason it may be required and the dosage required to be administered.

All support staff who administered medicines had received training to do so. A competency assessment was also carried out to assess and confirm that each staff member was competent in administering medicines. One support staff told us, "I had training in medication, every year and before we get signed off my manager watched me." Each service completed weekly medicine audits to check that MAR's had been fully completed and stock checks of medicines stored within the service, especially for those medicines that were kept in their original packaging, were correct.

Accidents and incidents were clearly documented with details of the accident, people and staff who were involved, immediate actions taken, follow up review and further actions that were taken to support learning and improvements. Support staff told us that accidents and incidents were reviewed and analysed at team meetings so that learning and ways to prevent re-occurrences could be discussed. One support staff gave an example and said, "Once in a while we discuss accidents and incidents depending on what happens. We discussed a person who dribbles saliva and it goes in their hair. We wash their hair twice a week and there was a discussion around this and how we do this to support the person in keeping their hair clean."

The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and the service ensured adequate supplies of personal protective equipment such as gloves and aprons were available.

Good

Is the service effective?

Our findings

Support staff told us and records confirmed that an induction process was followed when newly recruited support staff began their employment with the service. The induction was delivered over a 12-week period and covered topics such as service and provider information, first aid, service user information, care plans, training and development and shadowing. Following the induction support staff received regular refresher training on a variety of topics which included, food hygiene, epilepsy manual handling, infection control, safeguarding, the MCA and health and safety.

However, we noted from the training matrix that staff members did not always receive generic or specialist training around supporting people with learning disabilities. The provider told us that where a specialist need was identified, appropriate training was delivered, but only staff directly involved with the person with the assessed need would receive the training. However, the provider and registered manager agreed to look at sourcing appropriate and relevant training to ensure support staff were appropriately skilled and equipped to support people with specific identified needs.

Support staff were complementary of the training they received and told us that the training appropriately equipped them to deliver in their role. Where specific training needs were identified, support staff felt able to highlight these to their line manager and appropriate training was sourced where possible. Comments from support staff included, "[Training Manager] was quite good and offered me support. They were available at any time. I am doing my NVQ level 2. I did not get any specialist training e.g. in autism or learning disabilities but was encouraged to read people's files. I would get the support from [training manager] if I needed specialist training" and "We get training straight away and induction and we go through all of that even though I came with training I had to do it all again. I shadowed for about four to five weeks with all the service users. I can definitely ask for training. I can ask for further training if I am not sure about something."

Care staff also told us that they were regularly supported through supervision and annual appraisals. Staff files contained signed records of this. Everyone confirmed that supervisions were a supportive process where they could discuss their concerns, people's care, key working and training. Appraisals were also seen as a positive process where work practices were reviewed and opportunities for career development were discussed. One support staff told us, "Yes, we discuss difficulties we have encountered and where we find ourselves going into the future. The company has offered me opportunities to complete my NVQ level 3."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. We checked whether the service was working within the principles of the MCA and were informed that discussions had taken place with the local authority about judicial DoLS and whether people they supported were subject to a DoLS. However, in one supported living scheme we found that one person had a DoLS authorisation in place but managers and staff were not aware of this as the paperwork had been placed away within the care plan. This meant that

support staff may not have been aware of the restrictions in place for this person. This was brought to the attention of the registered manager who gave assurance that the care plan would be updated to reflect the outcome of the authorisation.

Support plans documented people's consent where they had the capacity to do so. Where people lacked capacity to make certain decisions, the nature of the decision that needed to be made had been recorded with details of how support staff were to support the person with making specific decisions that were in the person's best interest.

Support staff demonstrated a clear understanding of the key principles of the MCA and how this was to be implemented in practice when supporting people who were unable to make decisions relating to their day to day support. One support worker explained, "It helps me to identify who has capacity and who lacks capacity. Some decisions I cannot make as they need power of attorney and I would go to my manager. Through people's facial expressions I know if the likes something or not. Simple decisions he can tell you. I still give people choice and ask their permission." A second support worker told us, "Being able to safeguard people who don't have capacity to make their own choices. People need to be assessed to see if they have capacity and where they don't, decisions on their behalf are made in their best interest."

The service collated information about the person prior to agreeing a package of care and support. A person centred support plan was then compiled based on the information gathered which included details on how the person wanted to be supported which delivered effective outcomes for the person. Support plans were reviewed every six months or sooner to ensure the care and support people received was current and reflective of the person's needs and wishes.

People were observed to be supported with their nutrition and hydration needs appropriately. People were supported with menu planning and preparation of their meals where this was an identified need. Support plans identified where people had specific dietary requirements due to health conditions and how they were to be supported. Where people had noted cultural or religious dietary requirements these had been clearly recorded in addition to people's likes and dislikes. People could choose to cook their own meal and were supported to achieve this. Where people wanted to eat out or purchase ready prepared meal, people were able to make those decisions. Relatives confirmed their involvement in planning menus for people and were also complementary of the quality of food that support staff prepared for people. Comments from relatives included, "He [person] has a menu, and they cook nice", "Good food" and "We can also eat very good Sunday lunch there."

People were supported to access a variety of health and social care professionals to help maintain positive health and mental well-being. We saw records confirming people had been supported by the GP, psychologists, chiropodists, dentists, social workers and occupational therapists. Support staff supported people in attending a variety of appointments to ensure people were living a healthier life. Each visit with a health and social care professional was recorded with details of the nature of the visit and any actions to be carried forward.

Support staff ensured that, day to day activities, significant information and events about each person was clearly recorded on their daily records so that effective information exchange could be facilitated between support staff enabling people to receive the appropriate care and support. This also included completion of daily shift plans which included information exchange about the activities people were scheduled to attend, domestic tasks, personal care and medication support, meal preparation support and appointments people were due to attend. Where concerns or issues were identified, we saw records confirming that the service had made referrals to the appropriate professional so that people received the required care and support.

Good

Is the service caring?

Our findings

Throughout the inspection we observed positive and caring relationships that people had established with the support staff that helped them. One person told us, "I like this place." A second person said, "I am happy here." Relatives told us that support workers were kind and caring. Comments included, "It's lovely", "Lovely atmosphere", "I feel they [support workers] love him" and "They [support staff] will give him a hug."

We saw that support staff knew the people they supported well and understood their needs and feelings through not only verbal conversation but also through body language, signs and facial expressions. Support staff were also very aware of their likes, dislikes, preferences and choices and most importantly their personalities and behavioural traits. With this knowledge carers knew how to support people in a way which took into account their mental health needs and disabilities and supported them to maintain positive well-being.

People were involved in all day to day decisions relating to their care and support. We were shown people's bedrooms where people had personally chosen how to decorate their rooms and had personal posters on their walls and had also chosen the colours they wanted their bedroom to be. Where people were unable to communicate these decisions, support staff knew people so well that, through various other methods of communication, were able to involve each individual person to make their own choices and decisions which were respected. On the first day of the inspection we were taken on a tour of one of the supported living scheme where we observed the service manager asking permission from one of the people living there if he would allow us to see his bedroom. The person enthusiastically agreed and was enabled to show us around his bedroom.

Relatives gave us examples of where the service communicated with them and kept them informed of day to day decisions about the care and support that their relative received. One relative told us, "I have a good rapport with carers."

Both people and relatives told us that their privacy and dignity was always respected by all support staff that supported them. Support staff demonstrated a good understanding of how they ensured people's privacy and dignity was maintained at all times. Examples given by support staff included, "Each person has their own key to their rooms. We close their door, prompt people take their own showers, check they have shaved properly, talk to them" and "Doesn't matter who the person is we knock on the door before we walk in. When changing clothes and personal care we close the door, dress them appropriately, put some makeup on. We always have to understand that this is their home."

Promoting people's independence was important to support staff to ensure where possible people were supported to lead an independent and fulfilling life. One support staff explained, "Getting people involved in their day to day life, promote skills, get them involved in shopping, some of them would get involved in cooking." Another support staff said, "There is a lady that I key work who loves us to do more for her. She will complain she doesn't want to go to day centre and I encourage and persuade, get her to do the shopping, explain why it is good for her."

Staff we spoke with understood what equality and diversity meant and how that affected the care they provided for people who used the service. When asked about supporting people who identified as lesbian, gay, transgender or bisexual (LGBT) one staff member told us, "What concerns me is that the person is a human being that is the most important thing."

Good

Is the service responsive?

Our findings

Care plans were person centred and gave detailed information about the person, their personality, their likes and dislikes and how they wished to be supported. Each person's care plan used their individual characteristics to describe who they were, their emotions and how to support them in response to any specific behaviour or incident. Each section within the care plan described what support staff should know and what they should do in areas such as communication, mobility, personal care and mealtimes. Information and clear guidance available within the care plans enabled support staff to respond to people's needs.

Where people required support due to their behaviours which presented as challenging, care plans contained behaviour support plans which described the person's specific behaviours, how to understand them, the triggers behind them and the strategies to use to support them person to minimise and prevent escalation of the known behaviours.

Guidance was also provided to support staff on how to support people in response to their specific health and dietary needs such as how to respond when a person was suffering an epileptic seizure on where people required their meals and drinks to be at a specific consistency to prevent them from choking or aspirating. Support staff told us that care plans were very informative and helpful when supporting people. One support staff told us, "To know the client you need to read the care plan to know how to support and what method to use."

People had a hospital passport which contained information such as allergies, medical interventions and gave instructions on how best to assure the person and communicate with them if they were anxious. It also detailed their moving and handling needs and likes and dislikes. This meant that in an emergency situation or if the person required hospital admission, they had an accessible document which would enable the healthcare professional's providing interim care to have essential information to hand to effectively care and support the person.

Care and support plans were reviewed on a six monthly basis or sooner where significant changes had been noted. Each person was allocated a key worker. Key workers were support staff members allocated to people who they knew them well and were responsible for reviewing the person's care plan and risk assessments as well as reviewing any set goals that the person wanted to achieve. Key working sessions took place on a monthly basis in partnership with the person and included discussions on activities, finances, achievements and health.

Each person supported by the service had an activity schedule which detailed the activities and planned outings people were to engage in throughout the week. Plans had incorporated peoples likes and dislikes, hobbies and interests. Activities included attending day centre, going to the cinema, exercise, art and craft, going bowling, swimming and eating out. Most people had a regular routine in place which support staff supported them with. The service had taken a range of photographs where people were involved in a variety of activities. However, the service did not always clearly record the individual activities people had

participated in each day to evidence whether activity schedules had been adhered to and where there had been change what the person had participated in as an alternative. This was highlighted to the registered manager who acknowledged the improvements required in this area.

Throughout the inspection we observed most people were out in the community either individually or with support accessing a variety of activities and outings. People had also been supported to go away on annual holidays to destinations of their choice. One person had been supported to travel to Majorca and plans were in place to support four people on a holiday to Spain. For one person this meant travelling on a plane for the first time. Relatives also commented positively on the support their relative received in accessing activities and told us, "They will take him out every day if he wants", "No problems asking for any outing" and "He likes to see different things and people outside."

There were systems in place for reporting and recording complaints. Each record detailed the nature of the complaint, the action that had been taken by the service to resolve the complaint and a response to the complainant with details of the investigation and actions taken. We observed people, who were able to, approach service managers and support staff with their concerns and we saw that staff responded appropriately. Relatives also confirmed that they felt confident to speak with service managers regarding their concerns or complaints and that these would be dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

We observed people's interactions with the registered manager, service managers and support staff and saw that people knew all staff members well and approached them with confidence. People were able to speak with all staff about things that mattered to them and current things that were happening in their lives. We observed a conversation between one person and a service manager which included a discussion about which staff members were on the rota for that evening. The service manager showed the person the rota for that evening. They also had a chat and talked about television programmes and movies that the person liked and what the person was going to have for lunch. Relatives also confirmed that they knew the service managers allocated to the supported living scheme where their relative lived. One relative told us, "Good staff. They will inform me of any concerns."

However, there was mixed feedback about communication between service managers, support staff and relatives where relatives stated that this could be better especially where changes to people's support needs were required in response to particular requests such as change in timings of transport supporting people, informing relatives following incidents or where a person's health may have deteriorated. This feedback as given to the registered manager following the inspection who assured us that these concerns would be looked at with a view to making the required improvements.

Processes were in place to enable service managers to oversee the quality of care and support people received. This included audits of medicines, care plans, people's finances, night checks and checks of the premises. Service managers completed daily and weekly checks which were recorded for medicines, care plans and health and safety. Where issues were noted these were recorded with details of actions taken.

In addition, the operations manager, the registered manager and the quality and training manager told us that they regularly monitored the quality of care delivery but these checks were not always recorded. We were informed that formal quality checks were scheduled to be completed twice a year, however, since the provider had re-registered its services from care homes into supported living schemes, these checks had not been completed. As part of the inspection we did not note any overall serious concerns. However, we did find that at one scheme, where the current manager was off sick at the time of the inspection, there were issues with some care plans that were not current and up to date and the environment and living conditions for some people were poor. Therefore, people may not have been receiving care and support that was current, reflective of their needs and in an environment that promoted their wellbeing. This included one person who had a DoLS authorisation in place with conditions which the registered manager and operations manager were not aware of. Another person's care plan stated that they lacked capacity, however on speaking with staff, this was not the case and that the person was able to make certain decisions.

The quality and training manager and the operations manager told us that they had identified similar issues through supervision with the service manager, however, we did not see records of this. We were shown an action plan with issues identified around staffing, health and safety and food but the action plan did not record that care plans had been audited and any such similar issues had been identified. The operations

manager and registered manager assured us that following the inspection issues identified would be addressed and that going forward the necessary processes would be put in place to ensure care provision delivery was effectively monitored. Following the inspection, the registered manager sent us evidence of improvements that had been implemented to address the issues highlighted.

Support staff spoke highly of the service managers within the scheme in which they were allocated to work. Staff told us that they were supported through various processes which included supervisions, annual appraisals and regular team meetings. Areas of discussion at team meetings included, areas for improvement, people's support needs, health and safety and medication. Comments from support staff included, "Yes always if I have any challenges or difficulties I go back to my manager we have a good rapport", "At team meetings we talk about compliance, people and what they need, how you can support each other, as you go you learn from each other, improve your skills and knowledge" and "The manager she is great, understands us, she is great, she is the one who I will take extra work for, works on the floor, visible all the time. We can call her to help us."

One service manager told us that all managers also met on a monthly basis and talked about each of the schemes, the issues they faced, local and national updates and the organisational vision which included providing high standards and promoting people's independence. The service manager explained, "We are trying to be an innovative service which can be hard. We are working with the staff team for them to modernise their approach. They do care and they try their best. They know the tenants well." We asked support staff about the values of the organisation to see whether what they told us was in line with what the service wanted to achieve. One support staff told us, "They [provider] believe in putting their clients' needs first and following the policies and procedures of the company."

People and their relatives were encouraged to engage informally with the service to give feedback and comments about the quality of the care and support that they received. Feedback received allowed the service to learn and improve so that the service could ensure people received high quality care. However, the operations manager and registered manager explained that since the service had de-commissioned their care homes and re-registered as supported living scheme, they were yet to ask people, their relatives, other stakeholders and staff to complete a satisfaction survey.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals such as social workers, mental health clinics, speech and language therapists, community nurses and GP's. The service also maintained positive links with community services which included the day centres that people attended, local supermarkets, local pubs and shops. The registered manager and service manager told us that the local community surrounding the service knew the people living the supported living schemes well which meant that established relationships had led to people in the community being readily available to offer their support and assistance to people where required.