HF Trust Limited

HF Trust - Devon DCA

Inspection report

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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

HF Trust – Devon DCA is part of a larger national provider for people with learning disabilities (HF Trust) and is registered to provide personal care to people living in the community. At the time of this inspection the service was supporting 38 people with varying support needs in a total of 14 supported homes. Some people lived alone, requiring minimal support and others lived in shared accommodation with support both during the day and overnight.

This inspection was announced and took place on 4, 6, 7 and 8 April 2016. We gave 48 hours' notice of the inspection because HF Trust – Devon DCA provided a supported living service for people who are often out during the day. We needed to be sure the registered managers and some of the staff and people receiving support from HF Trust would be available for us to speak with.

There were two registered managers in post, each with the responsibility for a geographical area or cluster. 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.

Prior to and following the inspection we had received concerns about how the service was managed and how the quality of the support provided was reviewed and monitored. Issues related to how medicines were managed; how people were being supported to promote their independence; how staffing was arranged, and the use of, and the quality of the information proved to agency staff.

At this inspection we found the regional manager was aware of these issues and they had been working with their own internal quality assurance team as well as the local authority's quality and improvement team to address these concerns. The regional manager had developed an action plan and changes had been made to the service's practices as a result. Audits of how medicines were being managed at each person's home were now being completed, agency staff had better access to information about people's support needs and there was greater management presence to support staff.

Those people who were able to share their views with us told us they liked their home and felt safe there. For those people who were unable to express their views verbally, we saw them approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. Staff recruitment practices were safe and people were involved in staff recruitment and reviewing staff suitability throughout their probation period. A comprehensive training programme ensured staff had the skills and knowledge to meet people's needs. Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse and they felt confident both registered managers would respond and take appropriate action if they raised concerns.

Not everyone we spoke with was able to tell us about their relationship with the staff who supported them.

Those who could told us they liked the staff and the staff were nice. For those people who could not tell us, we saw them spending time with staff, sitting next to them and smiling as they freely approached them. This indicated people had a good relationship with the staff. The staff talked about people with affection and some staff became emotional when talking to us about how much they enjoyed their work. Staff described themselves as "enablers" rather than "carers" as they felt their role was to support people to live as independently as possible and to learn new skills. Throughout our inspection we saw examples of a caring and kind approach from staff who knew the people very well.

Each person had their need for staff support assessed individually by the local authority. The service provided staff support in line with these assessments. People received varying hours of support during the week dependent upon their assessed needs and this could vary from a few hours a week to 24 hours a day. Personalised support plans gave staff important information about people's individual needs, preferences and the essential information staff must know to keep people safe. The regional manager had addressed the concerns that staff were not following the guidance in the support plans and were "doing things for people" rather than supporting them to do things for themselves. They confirmed that they and both registered managers were working in people's homes more regularly. They said they were working alongside staff to review their practice and mentor staff in promoting people's independence.

People were supported to identify goals they wished to achieve, such as being able to make a drink or snack, managing their own finances, or to be able to go out without staff. One member of staff told us they work "step by step" to help people achieve these goals. Technology was used to enhance people's independence. For example, one person had an electric blind at their bedroom window to allow them to close this for privacy without staff assistance. Other people used finger print recognition locks to access their front door or bedroom within a shared house.

People's support plans contained risks assessments which outlined measures in place to enable them to take part in activities both in and out of the home with minimum risk to themselves and others. Staff were given very clear information about their responsibilities to protect people from avoidable harm, such as when bathing. Some of the people receiving support could display behaviours that may put themselves or others at risk. HF Trust had a special support team of advisors who supported staff in assessing people's needs and provided guidance to promote people's positive behaviour. Guidance was also sought from the local authority's learning disability intensive assessment and treatment team. Staff were provided with very clear information about what behaviours to be observant for should the person become anxious or distressed and how to respond to this.

People were able to take part in a range of activities according to their interests. A day services co-ordinator who facilitated planned events such as music, arts and craft and an employment team supported people to obtain voluntary or paid employment. People were supported to maintain contact and relationships with family. People were involved with daily living tasks such as food shopping, meal preparation, and tidying their bedrooms.

Many of the people supported by the service were unable to make decisions about complex issues such as medical treatment. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, where capacity assessments had been undertaken for people some of these assessments had not been fully completed.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP when they needed to and had been offered health screening.

People had also been supported to attend dental, optician and chiropodist appointments.

People had access to the complaints procedure which was in an easier to read format with pictures and symbols to help people read it. For those people who were not able to communicate verbally, staff told us they would look for facial expressions and changes in behaviour to tell if a person was unhappy. A monthly 'Voices to be Heard' meeting for people to be involved and share their views. These meetings formed part of HF Trust's 'Voices to be Heard' process to involve the people they support, to advise on how the service should be run and how people should supported.

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 were safely recruited. Where agency staff were used to ensure sufficient staff were available to meet people's needs, they were provided with sufficient information about people's care needs and preferences.

Risks to people's safety and well-being were identified and management plans provided clear guidance for staff in reducing these risks.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's legal rights under the Mental Capacity Act 2005 were protected, however not all the documentation relating to capacity assessments had been fully completed.

Staff were well trained and knowledgeable about people's support needs.

People were supported to maintain good health and had access to healthcare or other specialist services where required.

Is the service caring?

Good

The service was caring.

Staff treated people with respect, kindness and patience.

Support plans were personalised and contained detailed information about how staff should support people.

Where concerns had been raised about staff not enabling people's independence, management plans were in place to address this.

Is the service responsive?

Good

The service was responsive.

The service was committed to providing person-centred support and promoting the rights of people with disabilities.

People were listened to and complaints are investigated in line with the service's policy and procedures.

People were supported to use community facilities.

The service supported people to use assistive technology to help them become more independent.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Changes had been made in the way the service reviews how well people were supported. This ensured services were provided in line with HF Trusts' policies and expectations.

Staff felt well supported and were able to share their views about the running of the service.

People and their relatives were asked their views about the quality of the services provided.

HF Trust - Devon DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

At our last inspection of the service in January 2014 we did not identify any concerns with the care and support provided to people.

This inspection took place on 4, 6, 7 and 8 April 2016 and was announced. It was carried out by one adult social care inspector. Before the inspection, we sent questionnaires to five people who used the service, 18 staff and five health and social care professionals who had been involved with people's support. Of those we received a reply from two people, 10 staff and two health and social care professionals. We also looked at the information we held about the service before the inspection visit. This included correspondence we had received about the service and notifications of events they are required by law to send us. Following the inspection we spoke with a further four health and social care professionals as well as the local authority's quality assurance and improvement team for their views about the quality of the service.

During our inspection we visited three supported homes and met and spoke with nine people receiving support. We spoke with both registered managers, HF Trust's regional manager, a member of HF Trust's special support team and 10 support staff. We had further contact by letter and email with one person receiving support and two relatives. We looked at a number of records, which included five people's support plans, five staff recruitment records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

Prior to this inspection in April 2016 we had received information that medicines at a house for four people had not been managed well and that agency staff had not been given sufficient information to understand people's needs. The service had been working with their own internal quality assurance team as well as the local authority's quality and improvement team to address these issues. The regional manager had developed an action plan and changes had been made to the service's practices as a result.

At this inspection we found some of the audits of how medicines were managed had not been recorded during December 2015 and March 2016. These audits were required under HF Trust's policies and procedures to ensure people's medicines were being managed safely. Since April 2016 steps had been taken to ensure these were now recorded. All the people we met and spoke with required support from staff with their medicines, although people were supported to be as involved as possible with taking their medicines. For example, one person liked to get their own glass of water. Medicines were stored securely and stocks of medicines were recorded daily. The medication administration record (MAR) sheets had been fully completed and there were no gaps in recordings. Some people were prescribed medicines on an 'as required' basis. Staff were provided with guidance about when these medicines should be administered. Staff told us they received training in safe medicine practices and had their competence assessed on three occasions before they were allowed to administer medicines. Evidence of these competency checks were held in staff files. Guidance was available for staff regarding what action to take if people did not wish to take their medicines or if medicines were 'spoiled', for example by being dropped on the floor. "My medicines" document provided information about what each medicine was prescribed for, why it was important to take it and what, if any, side effects there may be.

Prior to the inspection, agency staff, healthcare professionals and some relatives had shared with us their concerns that, at times, agency staff had not been provided with sufficient information about people's support needs. At this inspection we found improvement had been made in the way information was made available. Written handover reports, a file containing essential information about people's preferences and their support needs and access to the service's computerised system were now available for agency staff. This meant agency staff had better information about the people they were being asked to support. The registered managers told us they used the same agencies and, whenever possible, used staff who were familiar with their service.

Those people who were able to share their views with us told us they liked their homes and where they lived and felt safe there. For those people who were unable to express their views verbally, we saw them approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. Staff spoke with people in a polite and friendly manner. People appeared to be relaxed and looked happy when staff spoke with them. Relatives told us they felt their relation was safe.

Each person supported by HF Trust had their need for staff support assessed individually by the local authority. The service provided staff support in line with these assessments. People received varying hours of support during the week dependent upon their assessed needs and this could vary from a few hours a

week to 24 hours a day. These hours of support were identified as those where the person might have 'shared support', that is, support from a member staff shared with the other people living in the same home, and those that were identified as one-to-one hours. Staffing was identified for assistance with personal care as well as social and leisure activities. Some people required more support than others and the duty rotas indicated who each member of staff was responsible for supporting.

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff had a clear understanding of what may constitute abuse and how to report it. The provider had safeguarding policies and procedures in place. Staff told us they felt confident the registered managers would respond and take appropriate action if they raised concerns. Safeguarding incidents had been appropriately reported to the local authority safeguarding unit and CQC.

Support plans contained risk assessments which outlined measures in place to enable people to take part in activities, both in and out of their home, with minimum risk to themselves and others. Staff had been given information telling them how to manage these risks to ensure people were protected. For example, staff supported people to use public transport and there were safety measures in place for returning home and emergency contacts. Staff were given very clear information about their responsibilities to protect people from avoidable harm, such as when bathing. For example, one person's risk management plan said they were not to be left alone when having a shower.

Some of the people receiving support could display behaviours that may put themselves or others at risk. HF Trust had a special support team of advisors who supported staff in assessing people's needs and provided guidance to promote people's positive behaviour. Guidance was also sought from the local authority's learning disability intensive assessment and treatment team. Staff told us they managed each person's behaviour according to this guidance. Support plans included a 'traffic light system' of information about the person's behaviour, triggers that may result in the behaviour, warning signs to look out for, and steps on how to manage the situation at each 'traffic light' stage. For example, one person's plan stated if they did not make eye contact, shook their head and said "no", this was a sign they were becoming anxious. Staff were guided to explain what was going on around the person and ask them if they wished to continue or to go somewhere quiet. Staff told us they had completed training in supporting people who may display potentially aggressive behaviour and were familiar with appropriate distraction techniques. Staff confirmed no one required a physical restraint.

The service had a policy and procedure on managing people's finances. The registered managers explained that each person had an individual bank account and only withdrew the money they required for each week. This was held securely in their safe. Records showed the money obtained from the bank, receipts for expenditure and the checks undertaken by the registered managers.

We looked at five staff recruitment files and saw safe recruitment practices were in place. People who received a service were involved in the interview process and were asked their views about a prospective member of staff's suitability. We found appropriate pre-employment checks had been undertaken such as obtaining previous employment references and disclosure and barring service (police) checks. This helped reduce the risk of employing a person who may be a risk to vulnerable adults.

There were arrangements in place to deal with foreseeable emergencies. For example, there were detailed personal emergency evacuation plans for each person, and a file showing staff where to turn off the gas and water supplies.

Good

Is the service effective?

Our findings

People had varying ability to make decisions and choices. Some people could only make day to day choices while others were able to make more complex decisions with support, about issues such as medical care. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We spoke with the staff about the systems in place to ensure people consented and agreed to the support provided. Staff told us the support plans had been written with people's involvement where they were able as well as with the involvement of their family members if appropriate. Health and social care professionals, such as the local learning disability community teams, were also consulted. We saw records of this involvement with one person who was being supported to make a decision about a healthcare issue.

Capacity assessments had been undertaken for people who weren't able to make decisions themselves. These recorded the details of the decision under review, who was involved in the assessment, how the information was presented to the person and how the person's capacity was assessed. Some of these assessments had been completed very clearly with a full description of how the information had been presented to the person and how they had been supported to understand the information. However, for others, we found these not been fully completed with the conclusion and best interest outcome not recorded. For example, one person's assessment for taking prescribed medicines had not been completed with the conclusion and best interest outcome not recorded. Another person's assessment for spending a large amount of money on a holiday had not been completed although a best interest meeting had been held about this.

We saw people were asked for their consent before staff assisted them and people were consulted about what they would like to do during the day. People were also reminded by staff of the reason for our visit and asked if they were happy to participate in the inspection.

People were supported by well trained and knowledgeable staff. There was a comprehensive training programme in place for all staff to ensure they had the skills to meet people's needs. The service provided an on-line knowledge centre where staff could access training. Regular training updates in areas relating to people's support needs, such as autism awareness and dementia care, as well as health and safety topics were provided both online and group training sessions. The service employed a training co-ordinator who ensured staff were provided with regular updates and who also organised training personalised to people's care needs. For example, a number of senior staff had been trained to provide moving and transferring training to the staff team supporting one person whose mobility was declining. This ensured staff could receive training immediately it was needed rather than wait for external training to be organised. Certificates of completed training were seen in staff files.
Staff told us they were encouraged to undertake diplomas in health and social care, or management and could request training in issues that interested them. HF Trust had been recognised nationally as a

recognised provider of training by Skills for Care (SfC) Endorsement Framework. This is a mark of quality given to the best learning and development in the adult social care sector. This meant by passing the SfC quality assurance processes the training provided by HF Trust met a specific set of standards.

Newly employed staff were enrolled to undertake the Care Certificate, a recognised induction training plan for staff new to care. This was confirmed by one new member of staff who described their induction training as "brilliant". They told us they had received three days essential training which included safeguarding people, supporting people who had epilepsy and safe medicine management prior to being introduced to the people they would be supporting. They also worked alongside an experienced member of staff for two weeks. The first six months of staff's employment was considered probationary, to ensure the person they were supporting was comfortable with them and the staff member was competent. Records confirmed staff received regular supervision and appraisal of their work performance, both during their induction and probationary periods as well as once their employment had been confirmed. Records also showed people had been consulted over how well they felt new staff were supporting them.

People were supported to maintain good health and had access to healthcare services where required. Support plans contained information about people's health needs. Records showed people had seen their GP when they needed to and had been offered health screening. People had also been supported to attend dental, optician and chiropodist appointments. Where people had specific support needs, such as with poor mobility or dietary needs, referrals had been made for specialist advice. We saw recent referrals had been made to occupational therapists and the learning disability intensive assessment and treatment team. People had individual 'hospital passports' which were used if a person was admitted to hospital and provided important information about the person's needs.

People were supported to maintain a balanced diet. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. People were involved in menu planning and they chose what they wanted to eat and drink. People wrote a shopping list and went food shopping at the supermarket of their choice. One person told us they were supported to buy their food shopping from a number of local supermarkets. During the inspection, we saw another person go to the local shop to buy their lunch.

Good

Is the service caring?

Our findings

Not everyone we spoke with was able to tell us about their relationship with the staff who supported them. Those who could told us they liked the staff and the staff were nice. One person told us, "the staff are very kind and support us in everything we do". For those people who could not tell us, we saw them spending time with staff, sitting next to them and smiling as they freely approached them. This indicated people had a good relationship with the staff. Relatives also made positive comments about the staff and confirmed their relations were happy.

When staff discussed people's care needs with us they did so in a respectful and compassionate way. The staff talked about people with affection and some staff became emotional when talking to us about how much they enjoyed their work. They said they received a great deal of satisfaction from ensuring people had a good life and felt valued. One member of staff said, "It's a rewarding and positive environment" and "It's good to see people making progress." Staff described themselves as "enablers" rather than "carers" as they felt their role was to support people to live as independently as possible and to learn new skills. One staff member said, "It's the greatest thing to see people doing things like mowing the lawn in their own home".

People's privacy was respected and we saw staff knock on people's door before entering their room or their house. Staff received training in equality and diversity to promote their skills and awareness. Throughout our inspection we saw examples of a caring and kind approach from staff who knew the people very well. Staff described people's interests, likes and dislikes, support needs and styles of communication. They said it was important to listen to people, to show respect and protect their dignity at all times. We saw staff had a good rapport with people and people laughing and enjoying the company of staff.

There were different ways for people to express their views about their care. Each person had their care needs reviewed with their keyworker on a regular basis. This enabled them to make comments on the care they received and voice their opinions. Families were also involved in ensuring people's needs were being met and advocates were involved for people who were unable to communicate their wishes and who had no family support. The support plans contained information about each person's preferences and identified how they would like their care and support to be delivered. The plans focused on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and we saw records had been reviewed and updated to reflect people's wishes.

The service ran a monthly 'Voices to be Heard' meeting for people to be involved in and share their views. These meetings formed part of HF Trust's national 'Voices to be Heard' process to involve the people they support to advise on how the service should be run and how people should supported. We saw the minutes from some of these meetings which included a variety of topics. People voted locally for a representative from the group meetings to attend the regional and national 'Voices to be Heard' events organised by HF Trust.

Where people lived in shared homes, monthly meetings were held. Records of these indicated people discussed what social and leisure activities, including holidays, they wished to do, as well as meals they

would like to plan in the forthcoming few weeks.

HF Trust endeavoured to provide support to people for life and many people had been supported for several years. The local learning disability service and the local hospice were involved in supporting staff with training to care for people at the end of their lives. The service had asked people, where able, to consider how they would like to be cared for should they become ill and after their death. One person's file showed they wished to be cremated, where they would like their ashes scattered and what music they wished to have played at the service.

Good

Is the service responsive?

Our findings

Prior to and following this inspection, concerns had been raised with us that some staff were not following people's individual support plans to enable people to learn new skills and promote their independence. The regional manager was aware of these issues and they confirmed they and both registered managers were working in people's homes more regularly. They said they were working alongside staff to review their practice and mentor staff in enabling people's independence.

People's personal profiles and support plans gave staff important information about their individual needs. These records were personalised and identified the essential information staff must know. This included a description of the person's personality; their preferences with food, clothing, and interests; what they were able to do for themselves and who was important to them. There was detailed information on how to meet people's health and personal care needs, how to communicate with people, and how to support people when they became anxious or distressed. Staff told us people were supported to make choices about all aspects of their day to day lives.

The service used the 'Fusion model of support' for 'person-centred active support that helped people live a fulfilling life with more independence and choice'. This model involved supporting people with eight specific areas of their lives: personal growth; specialist skills; create solutions; family and other partnerships, choice; total communication; personalised technology and healthy, safe and well. Staff told us all their interactions with people were based on this model of support and all were interlinked to provide the support people required to live as full a life as possible. Using this approach people were supported to identify goals they wished to achieve, such as being able to make a drink or snack, managing their own finances, or to be able to go out without staff. One member of staff told us they worked "step by step" to help people achieve these goals.

Staff supported people to use technology to help them become more independent. For example, finger print recognition locks were used for people who might lose a door key. Some people, with their consent, carried equipment that indicated their GPS position and alerted staff if they were outside of the area they were familiar with or were expected to be. One person was pleased to show us an electronic blind in their bedroom which meant they could open and close this for privacy without staff support. Other technology such as induction hobs in the kitchen reduced the risk of burns and promoted people's independence with meal preparation.

The staff responded to changes in people's needs. Staff described how one person's physical and mental health needs were changing. A referral had been made to the service's special support team and we saw a member of that team visiting the person to assess their needs and provide support for staff. Relatives told us they were involved in support planning and reviews and felt able to talk to the registered managers and the staff.

People were able to take part in a range of activities according to their interests. The service employed a day services co-ordinator who facilitated planned events such as music, arts and craft as well as the 'Coast'

development group. This group supported people to develop new skills and to advocate for themselves. Through this group a number of people had been supported to become 'dementia friends' after learning about what dementia was and how people could be supported if they were sad or frightened. The service also had an employment team who supported people to obtain voluntary or paid employment. One person we met had a voluntary job at a local café and another worked at a garden centre. 'Being safe' and 'stranger danger' training provided people with information such as road safety, what was a safe level of alcohol to drink, how to stay safe when using the internet and how to avoid potentially unsafe situations with people they did not know. This helped people develop interests in the community without staff support.

People told us they enjoyed going out to shops and local community music and art groups. One person told us staff supported them with their photography, helping them to upload and print out their photographs. On the day of our inspection, three people were supported on an individual basis to go to the shops or out for a walk and others were making their own breakfast or baking and decorating cakes. At other times, people accessed local cafes, pubs, music sessions, and social clubs.

People were supported to maintain contact and relationships with family. One person told us how they were supported to take a bus to visit their relatives. People were involved with daily living tasks such as food shopping, meal preparation, and tidying their bedrooms. One person showed us a pictorial guide which showed step by step how they used the washing machine and tumble dryer. This meant they required little support from staff with their laundry.

People had access to the complaints procedure. This was also available in an easier to read format with pictures and symbols to help people read it. People confirmed if they were unhappy they would tell the staff. For those people who were not able to communicate verbally, staff told us they would look for facial expressions and changes in behaviour to tell if a person was unhappy. The registered managers confirmed that people had access to a local advocacy support group should they need independent advice and guidance. Staff told us that they would always pass any complaints to the registered manager. Relatives felt confident they could raise any concerns if they needed to. Complaints were monitored locally, regionally and nationally. Records showed when a complaint was received the issue and the actions taken to review and resolve the matter were well recorded.

Requires Improvement

Is the service well-led?

Our findings

HF Trust - Devon DCA supports people with a learning disability to live in the community either by themselves or in shared accommodation. The service has two registered managers, each responsible for a geographical area, or cluster, and they were supported by a regional manager.

Prior to the inspection we had received concerns about how the service managed and monitored the quality of the support it provided. Issues related to how medicines were managed; how well people were being supported to promote their independence; how staffing was arranged, and the use of, and the quality of the information proved to agency staff. Following the inspection, we received information from health and social care professionals and a relative about inconsistencies in people's support and how information was shared between staff particularly when the senior support staff were not at work. These same concerns had been received and acted on by the regional manager ahead of the inspection. The regional manager had identified areas where the management support for the service had not been in line with HF Trust's policies and expectations. An action plan had been developed which included the registered managers working within people's homes every week. The regional manager had also increased their own presence and both they and the registered managers would be working alongside staff and coaching and mentoring them. The service had been working co-operatively with HF Trust's own quality assurance team as well as the quality and improvement team from Devon County Council.

Staff told us the registered managers visited each person within their geographical area several times a month. During the visits they would check people's medicines, whether their support plans and risk assessments were up to date, whether there were any environmental issues or any other issues of concern. They also undertook direct observations of staff's practice as part of the supervision process. However, staff were unable to show us records of how frequently the registered managers had attended each home and when they did visit what checks they had undertaken. We saw some entries in the diary to record the visits and some signatures on the documents that had been checked. For the person whose medicines audits had not been undertaken in line with the service's policy, there was no evidence the registered manager had identified this. Also there was no evidence the registered managers had reviewed people's mental capacity assessments to ensure they had been fully completed. When we asked staff to tell us what checks had been undertaken during February and March 2016 they were not able to find that information.

Both registered managers confirmed they signed a variety of documents when they visited but did not complete a report at the home. They made a written report to the regional manager each month identifying issues within their cluster, and we saw evidence of these in the service's office. From these reports the regional manager would undertake their own spot checks and report to the services. Immediately following the inspection, the service provided us with a document which would be left at each location to record each visit the registered managers undertook. This would enable them to record what reviews and audits they had undertaken, whether any issues had been identified and what action had been taken.

Staff were aware of the service's aims and objectives and described them as supporting people to live the life they choose. They stated they aimed to provide a high quality service and promote people's

independence: they were all very proud of the work they do. One staff member told us, "It's all about the people we support. They are at the centre of everything we do." They said they worked well as a team and the communication within the service was good with clear guidance regarding their roles and responsibilities. One member of staff told us "they [the staff] are all so approachable and are lovely people to work with". Staff found regular meetings useful in keeping up to date about people's support needs, training events and the management of the service. They said they felt the service was well managed and the registered managers were supportive and approachable.

In addition to the regional manager and the registered managers there was a team of senior support staff within each cluster. They were provided with some dedicated administration time to plan the duty rota, to review with people their support plans and liaise with health and social care professionals. They also undertook staff supervisions and provided on-going advice and support to less experienced staff. They provided the first level of out-of-hours support, with a named registered manager providing a second level of support.

People and their relatives were asked to share their views about the quality of the service provided using both formal and informal methods, such as questionnaires and through reviews and conversations. Twice a year the service held regional family meetings to share information and identify any issues families would like the service to address. HF Trust is a national organisation and employs staff responsible for keeping up to date with new developments and best practice within learning disability care and support. As such it is able to support the registered managers to keep their skills and knowledge up to date by on-going training and meetings. The chief executive of the organisation visits each region regularly and holds 'roadshows' for staff to exchange information and ideas. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.