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Affinia Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 10 July 2018. At the last inspection in October 2017, the service was rated as Inadequate. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service. We did receive a comprehensive action plan within the time allocated to them. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We asked the provider to take action to make improvements in staff training, medicine management, risks to people, care planning, about how specific decisions of people who may lack capacity had been made and how safeguarding processes were managed. During this visit, we found some of the actions had been completed. However, further improvements were needed regarding how risks to people were assessed and information about how to communicate with people.

Affinia Healthcare is a domiciliary care agency that provides personal care to people living in their own homes and some living in supported living in the London Borough of Havering. At the time of our service, there were 13 people using the service, three of whom were receiving personal care in a supported living set up.

There was no registered manager in place as the registered provider was in day to day charge of the service. 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.

We found that the risks associated with people's support were not always fully assessed, which could have an impact on the safety of people.

Care plans did not mention people's ability to communicate and how staff should communicate with people. Records showed that some people required information through a communication passport and in an easy read format. This was not available at our inspection.

The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again. The provider had safeguarding policies and procedures in place. Staff had received training about how to safeguard people from abuse.

Systems were in place to make sure people received their medicines safely and for the monitoring and prevention of infection.

The provider employed enough staff to meet the needs of people. There was a recruitment system in place that helped the provider make safer recruitment decisions when employing new staff.

Staff had the knowledge and skills to care for people effectively and responded promptly to their needs. They had a structured induction at the beginning of their employment and received regular supervision and an annual appraisal.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005. The consent of people was sought appropriately. Referrals were made to health care professionals for additional support or guidance if people's health needs changed.

An initial assessment of people was carried out before they started using the service. People or their representatives had been involved in writing their care plans. People received care and support in accordance with their preferences, interests and diverse needs.

Staff had a good knowledge and understanding of people's needs. People who required support with meals were provided with food and drinks which met their nutritional needs. People's privacy and dignity were respected.

People were supported to be as independent as possible and had access to advocacy services to represent them where applicable. People were happy with the support they received from staff.

There were systems to monitor and improve the quality of service provided. The views of people and relatives had been sought and acted upon. However, we noted that further improvement was needed on how audits were carried out.

There was a complaints policy and procedure in place. Confidentiality of people's personal information was maintained.

People, relatives and staff felt the service was managed well. Staff felt supported by the management team and were aware of their roles and responsibilities. They felt confident they could contact the provider at any time and were satisfied with the response they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Not all risks associated with people's care and support were assessed, and measures were not put in place to ensure staff supported people safely.

People were protected against the risk of abuse. Staff understood their role in safeguarding people and how to raise concerns about people's safety.

The provider had effective recruitment and selection processes in place. Sufficient staff were available to meet people's needs.

People who used the service received their medicines as prescribed by their doctors.

Systems were in place for the monitoring and prevention of infection.

Requires Improvement ●

Is the service effective?

The service was effective. People's needs were assessed before they started to use the service.

Staff understood and acted in line with the principles of the Mental Capacity Act 2005. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

People were supported to maintain good health and to access healthcare services when they needed them.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

Good ●

Is the service caring?

The service was caring. People were treated with compassion by staff who knew their needs and preferences and their privacy and dignity were maintained.

Staff demonstrated a good knowledge about people they were supporting. People were able to make choices about their care

Good ●

and their views were taken into account.

People were supported to be as independent as possible and they had access to advocacy services to represent them where applicable.

Is the service responsive?

The service was not always responsive. Care plans did not always mention people's ability to communicate and how staff should communicate with people.

People were involved in the planning of their care and had access to activities to protect them from social isolation.

People and their representatives knew how to make a complaint and their views were listened to and acted upon. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Requires Improvement ●

Is the service well-led?

The service was not always well led. There were systems in place to monitor the quality of the service and identify shortfalls. However, we found where improvements were identified during care plans audits, the actions to be taken were not always clear.

People and their relatives spoke positively about the way the service was managed. The provider had a positive culture and was committed to delivering effective care for people.

Staff were clear about what were expected from them. They had access to policies and procedures to inform and guide them in their roles.

There was a system in place to check if people were satisfied with the service provided. The provider welcomed suggestions on how to improve the service.

Requires Improvement ●

Affinia Healthcare

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 checked 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 inspection took place on 10 July 2018 and was announced. The provider was given 24 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection. The inspection was carried out by two inspectors and one expert by experience. 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 reviewed information we held about the registered provider, including previous notifications and any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also reviewed the information that was shared with us by the local authority and spoke with the local authority commissioners.

During our inspection, we spoke with two people who used the service, one relative, the care coordinator who was responsible to ensure people's needs were met, one member of care staff, the deputy manager and the registered provider. We looked at seven people's care plans, three staff recruitment files, staff rotas for the last month, and medicine administration record (MAR) sheets. We also looked at other documents such as quality assurance audits, satisfaction surveys, staff training, staff supervision, complaints, compliments and policies and procedures of the provider.

After the inspection, we spoke with two people who used the service and three relatives on the telephone to seek their views about the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

During our last inspection in October 2017, we found there were ineffective safeguarding processes at the service which were not robust enough to protect people from abuse. The safeguarding policy did not contain information about the local safeguarding authority contact details. This would not enable staff to contact the appropriate authority promptly in the event of an allegation of abuse. Staff were not able to explain the current safeguarding process to us beyond reporting to the manager. This meant that potential abuse would not be reported promptly and effectively, therefore people were at risk of potential harm.

At this inspection we found that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People and their relatives told us that they felt safe with the care staff. One person told us, "Yes, it is very safe here. When I call them the staff, they come. I am happy here."

The provider had taken action to ensure people were safeguarded against the risk of abuse as they had put systems in place to identify the possibility of abuse and stop it occurring. We saw all staff had received training in this area and the topic was regularly discussed during staff meetings as well as during staff supervision (one to one meetings that staff had with their line manager).

There were clear safeguarding procedures available for staff to refer to if needed. The provider had also produced an easy flow chart for staff to follow on reporting any allegation of abuse. Staff had also been given this information on a small laminated card which they carried with them at all the times. This helped to ensure staff had appropriate information to report any concerns when they were not at the service. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They were able to describe the process for reporting concerns and escalating them to external agencies if needed. They were aware of the whistle blowing policy and they had contacted us directly in the past to raise concerns about the service.

We asked the staff and the management team how they would respond to different safeguarding scenarios. They were clear on the actions they would take and who they would report it to. One member of staff said, "If something is not right, I would report it to the manager and if they don't do anything, I will report it to the local authority safeguarding team."

During our inspection in October 2017, we received information that suspended staff had continued to work and access the supported living service whilst on suspension with the registered person's knowledge. This demonstrated a lack of understanding of the risk management responsibility to protect people and the staff member concerned whilst safeguarding investigations were still in progress. It also exposed people to potential risks of further abuse. During this visit, we saw evidence that the provider had taken disciplinary action against the member of staff and they were no longer working for the service. The provider had also referred the member of staff to the Disclosure and Barring Service (DBS). DBS caseworkers make decisions about who should be placed in the children's barred list and/or adults barred list and are prevented by law from working with children or vulnerable groups. The provider had also reviewed their procedures to

prevent this situation from happening in the future.

During our inspection in October 2017, we noted that risk assessments were not reviewed in a timely manner and did not outline how to effectively manage risks. At this visit, we saw assessments were carried out with people to identify risks before they started to use the service. Most risk assessments that had been completed provided information and guidance for staff on how to keep people safe. They were regularly reviewed and updated, such as on falls, moving and handling, finance and environment. However, we found that some risk assessments were inconsistent.

We found that some risk assessments had not been completed for people with identified risks. Records showed that some people had specific health conditions such as diabetes and photosensitive epilepsy. Risk assessments had not been completed in these areas and there was no information with regards to what these conditions were, the symptoms people may display or the action staff should take. For example, how to prevent hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels) or if a person was having a seizure. Another person had osteoarthritis. Information was not available on what part of their body this affected, to ensure staff were careful around the area when supporting the person to avoid pain or discomfort.

For one person, records showed that they could demonstrate behaviours that may challenge the service. Although information listed potential triggers there was no de-escalation techniques listed on how to calm the person, to ensure the person and staff were safe at all times.

The above concerns meant that risk assessments were not always completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Although some staff were aware of people's conditions, any unfamiliar, new or agency staff would not have this information. This was discussed with the provider who agreed that further improvements were needed.

During our inspection in October 2017, we found the provider was failing to provide proper and safe management of medicines and people did not always receive their medicines as prescribed. We saw the Medicines Administration Records (MAR) had unexplained gaps. There were medicine audits in place which had identified these shortfalls but there were no action plans to address the recording issues identified. Staff had not had their competency to administer medicines assessed and this meant that the provider had failed to take steps to ensure that staff had sufficient knowledge and competency to give people their medicines safely.

During this visit we looked at how the service managed people's medicines and found the arrangements were safe. We found people had been given their medicines in a safe way and all staff had received appropriate training to ensure they were competent to administer medicines. Policies and procedures were available for staff to refer to. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given.

People told us that if they needed assistance to take their medicine that care staff helped them. One person said, "They [staff] make sure I take my tablets. They do it in the morning and at night." There were accurate records in place for the receipt, administration and disposal of medicines. Every person who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, photograph, date of birth and allergy status. These demonstrated that the service gave people the supported they needed to take their medicines.

The provider had an effective recruitment and selection process in place. We checked four staff files and

found the management team had requested information such as references and DBS checks. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. Checks that had been undertaken included proof of their identity, any gaps in employment and staff entitlement to work in the UK. This showed the provider understood their legal responsibilities regarding safe staff recruitment.

People felt there were enough staff working in the service to care and support them with their needs. One person said, "There is always someone [staff] around. If I need them [staff], I press my buzzer and they come immediately." People told us staff were usually on time for their visits, however, if they were going to be late the office staff would call them to let them know. The care coordinator mentioned that sometime due to traffic or issues with public transport, staff were late. They further mentioned that most of the staff didn't drive. We looked at the staff rota for the last weeks and found nearly all visits were completed within the allocated time. Records also showed that people were supported by the same staff members most of the time unless the staff were not well or on leave. This helped to ensure people's needs were met in a consistent way.

The service kept a record of all accidents and incidents involving people using the service and/or staff. Those were reviewed by the management team to look for any trends and identify actions to reduce the risk of similar events happening again. There was evidence that learning from incidents and accidents took place. For example, we saw appropriate action was taken by the management team when one person had a fall. They were referred to the physiotherapist department and were waiting for an assessment.

The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their roles and responsibilities for the management of infection and had received training in this area. They were provided with personal protective equipment such as aprons, gloves and hand gels.

Is the service effective?

Our findings

During our inspection in October 2017, we found people were not always supported by staff that had received appropriate training. Staff had not received training on aspects of care such as mental capacity, medicine administration and food hygiene. Four staff members told us they had not had any recent medicine administration training and two staff members had not received up to date food hygiene training. This showed staff were not always supported to have training in order to ensure they delivered safe care based on current best practice. This left people at risk of unsafe care that did not meet their specific needs.

During this visit, we found people were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. We noted that the provider had a programme of training for staff to undertake whilst working at the service. People told us that they thought staff were well trained and had the right skills to carry out their roles. Staff mentioned that the training was good and helped them in their roles. One member of staff said, "We have regular training and it is very good and informative." Training records showed staff had completed training in a number of areas to help them meet the needs of people. This included safeguarding, Mental Capacity Act 2005 (MCA), infection control, and moving and handling. The management team monitored staff training to make sure that all staff were up to date with their training. We noted that staff had received a number of refresher training courses following our last visit in October 2017.

People and their representatives told us they were happy with the care and support they received. They felt the staff knew what they were doing. One relative told us, "They (staff) do a very good job, they are very tidy and make sure everything is put away." One person said, "The carers are very good at what they do, I appreciate what they do for me."

At our last inspection in October 2017, we noted the induction process for staff was not always followed consistently to ensure all staff were inducted to the same level of knowledge and competency. Although the provider was aware of the Care Certificate, this was not yet fully incorporated into the current induction process. This meant we could not always verify the content of the induction staff, in order to check consistent support was offered to ensure safe care delivery. The Care Certificate is an identified set of standards that staff adhere to in their daily working life.

During this inspection, we found improvement had been made on how staff were inducted to the service. When newly recruited staff started to work at the service, they received an induction and this included them getting to know the people who used the service, as well as familiarise themselves with key policies and procedures. New staff were given opportunities to shadow more experienced staff until such a time they felt confident to work on their own. We saw the induction was comprehensive and included subjects such as understanding the principles of care and the needs of people. The induction was run alongside with the Care Certificate. One staff member said, "I did my induction with [Deputy manager], it was very good."

Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. One member of staff told us, "Yes, I have regular supervision with the manager and we discuss

about how I am getting on, any concerns I have and any issues with the service users." We looked at some copies of staff supervision records and noted a range of issues were discussed, including staff training needs. This helped to ensure that staff were supported to carry out their roles effectively. We saw staff also received a yearly appraisal where their work performance was reviewed and any areas for development were identified. This showed us that systems were in place to support staff.

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.

During our last inspection in October 2017, records reviewed showed consent to make decisions on behalf of people, was not always sought and decisions were not always made in their best interests. Consent to care had not been completed in full and for people whose finances were managed by the service, an assessment had not been completed in accordance with the MCA principles. We also found where people lacked capacity there was no documented evidence of Power of Attorney or best interest decisions in place. This showed shortfalls in staff's understanding and evidencing consent, especially for people who lacked capacity to make specific decisions.

During this inspection, we found improvements had been made. Consent to care forms had been completed in full by people or their relatives. In addition, MCA assessments had been completed using the MCA principles to determine if people had capacity to make specific decision. Where people did not have capacity, a best interest decision had been made on their behalf with family members. For one person, whose finance was managed by an external service, an MCA assessment had been carried out and a best interest decision was made. One person told us, "Care staff to ask permission when they help me."

We found that the management team carried out an assessment of people's needs before they started to use the service. Information was obtained from the placement authority as well as from relatives. The assessment helped to ensure people's needs were fully assessed and to determine whether the service would be able to meet their needs. The pre-admission assessments contained information such as people's nutritional requirements, mobility needs, details of any health conditions and their personal care needs. This showed that the provider had a process in place to ensure the service was able to meet the needs of people.

Most people were independent and were able to support themselves with meals. We observed one person at the supported living service had made their own lunch and was eating without support. Care plans included if any support was required with meals and shopping. For one person, information included that staff should support the person with shopping for food but ensure this was in accordance to the person's preference and choice. One person told us, "The staff help me whenever I need help to prepare my food."

We saw care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. There was an 'Health Action Plan' that detailed information on people's health such as allergies, immunisations, family history, weight and health appointments. There were records in place that evidenced referrals had been made to healthcare services to ensure people were in the best of health. Relatives told us they were kept informed of any changes in their family members' health and social care needs.

Records showed that one person did not like attending health services and the service had arranged a GP to

visit the supported living service to see the person. Some people had a healthcare passport. The aim of the healthcare passport is to assist people with learning disabilities to provide healthcare services such as hospital staff with important information about them and their health when they are admitted to hospital. This meant that the service worked with health professionals to ensure people were in the best of health.

Is the service caring?

Our findings

During our last inspection in October 2017, we noted people's information was not always protected. We found at times people's information had been accessed by staff who had no authority to do so via an electronic system. This did not always ensure the privacy of people using the service. The registered person was initially unaware of this and since our last visit, they had taken action to ensure this did not happen again. The system they had in place was now more robust, where each member of staff had their own password and the level of access to information was restricted depending on the roles of the staff. For example, care staff would have access to information about the care needs of people but not about how much they paid for their care to be provided to them. People and relatives did not raise any concerns with us about how their confidential information was managed.

Staff had a very good understanding of the importance of confidentiality. One member of staff told us, "We should not share any confidential information about the service users, we share only with people who has a right to know." We saw confidential records were stored in lockable cupboards. The provider had policies and procedures on confidentiality. Staff knew people's private information should not be disclosed to a third party without their consent. This meant people's confidentiality was protected.

People and relatives commented positively about the care and support they received from staff at the supported living service as well as in the community. They told us the quality of care provided by staff was good, and staff were caring. One family member told us, "They treat [person] very well, know how to work with [person]. They record every day and know the care plan." One person said, "I enjoy them coming and having someone to talk to. I'd be gutted if I lost my main carer."

At our last inspection in October 2017, we made a recommendation that support should be provided to staff on available advocacy services, as staff were not always clear when and how people should be signposted to services. During this inspection, we found when required, people had been referred to advocates and an application had been made by the service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The provider ensured people were aware of their rights to access advocacy services to make independent decisions about their care and support needs.

Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. For example, they told us what things people liked to eat or what they liked to do during the day. Staff had built a good relationship with people. One member of staff told us, "[Person] likes to have cereals for breakfast." People told us that because they had regular staff they had got to know them well. One person told us, "I feel perfect with staff supporting me. Definitely like the staff who support me, especially my main carer. They come on time and stay for the whole duration." One relative said, "They [staff] always listen to my [family member], they have a bit of a laugh and play games with them whilst doing personal care."

Staff ensured that people's privacy and dignity were protected. For example, one staff member told us, "I

always make sure I close the doors, when I am assisting the service users with personal care." One person mentioned, "The staff are very good at respecting my privacy, they always knock before coming in." This helped to ensure people's privacy was maintained. People told us that staff spoke with them a polite way and called them by their preferred names. They also told us that staff took time to listen to them so they received the support they needed.

People were helped by the staff to maintain their independence wherever possible. For example, people were encouraged to wash part of their bodies by themselves, where they were able to reach. With regards to the supported living service, there were opportunities for people to develop their independent living skills for example some people were involved in preparing their meals with the support of staff. One person said, "Sometimes they [staff] come and help me with my meal."

People were able to express their views and were involved in making decisions about their care and support. They had been involved in developing their care plans where they were able to. Relatives told us that they were involved in reviews of their family members care and support. This meant people and their representatives had the opportunity to have a say about the care and support being provided.

People told us they were given sufficient information by the service about their care and support. One person told us, "Yes, they [management team] always let me know what was happening." This helped people to make choices and decisions they needed about their care and support. For example, one relative told us, "If they [management team] want to change the care plan for my [family member], they always involve me and social services." From records we saw that the management team were in regular contact with relatives to discuss the care of their family members.

The provider ensured that people were not treated differently or less favourably, on the basis of their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age. Staff had received training in this topic and were aware of their responsibilities. People were happy with the way staff treated them. One relative said, "They [staff] have a joke with my [family member], and treat them like their own." This showed that the provider promoted the equality and diversity of people regardless of their individual circumstances.

Is the service responsive?

Our findings

During our last inspection in October 2017, we found care records were not always accurate and did not always reflect people's current complex support needs which included mental health issues, substance misuse and severe learning disabilities. The provider failed to ensure care plans were reflective of people's preferences. This meant that staff could not rely on the information in the care plans to enable them to support people in accordance with their needs and wishes. This left people at risk of receiving care that did not fully meet their needs in instances where new staff were allocated to assist them.

During this visit, we found each person had an individual care plan which contained information about the support they needed from staff. Care plans detailed the support people would require. They described the tasks that staff would need to complete during care visits throughout the day for the homecare and supported living service. They also contained people's family contact details. Plans included people's personal information such as their preferred name, religion, any health conditions and date of birth.

Comments from people were positive, indicating that staff were kind and caring in meeting their care needs. One relative said, "The staff are completely knowledgeable about the support needed for my [family member]." Another relative told us, "They (staff) do a very good job." One person told us, "The carers know what's need doing and I can't fault them."

Care plans were personalised based on people's preferences and support needs. There was a 'What is important for me' section that detailed people's preferences. In one person's care plan, information included that the person did not like loud music and banging on doors. They required to eat before taking their medicines to ensure a stable glucose level. Another care plan detailed that a person had been offered to go to alcohol awareness services to support them with their alcohol consumption. This was refused by the person but staff continued to encourage them to attend.

There were daily records, which recorded information about people's daily routines and the support provided by staff. This would enable to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

The management team assessed people's needs and choices through regular reviews. Records showed that changes in people's circumstances had been recorded and used to update people's care plans. There was a 'Needs Review' which reviewed people's needs such as their mental and physical health and if this had been changed. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

Each person at the supported living service had a key worker. A key worker is a member of staff with a special interest in the ongoing care and wellbeing of a person using the service. A key worker regularly meets with a person and reviews their plans and makes sure that staff follow the information to meet their needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. However, care plans did not mention people's ability to communicate and how staff should communicate with people. For example, one person had a cognitive impairment but there was no information on their ability to communicate and how staff should communicate with the person.

Records showed that some people required information through a communication passport and in easy read format. This was not available. The provider told us that they were sourcing materials from an external company to make information available through pictorial and easy read formats and showed us evidence to support this. Without including this information on care plans, staff may not have been able to communicate with people effectively and provide information in a way that was accessible to them.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. Within the supported living service people were supported to go out into the community with staff to places of their choice such as going shopping. On the day of our visit some staff were out with people and this helped them to take part in activities they enjoyed doing. One person told us, "I go out regularly sometime with staff or on my own. I go to the pub to watch the football." There was a weekly programme of activities for each person. One member of staff told us, "[Person] likes to go for a walk. We also go to the pub."

The provider had a complaints policy in place. There was a complaints register that included the complaints received and the action taken, which ensured the management team were able to track complaints and have oversight of complaints investigations. Records were kept of complaints that had been received, details of the investigation and the response that was sent to the complainant, which was actioned in a timely manner. Records showed that the service had received compliments from people and their relatives. One relative wrote, "The service [name of person] received is extremely good. I and [name of person] are very satisfied with [name of person] carers. They are efficient and take a real interest in [name of person]. They are friendly and kind and quite marvellous." Another relative commented, "We would like to thank you and all the staff at Magnolia for all the support you gave [person] over the last eight years. We are very grateful for everything you have done for them."

Is the service well-led?

Our findings

During our inspection in October 2017, we found notifications to us were not always submitted in a timely manner as required by law. We had not been notified of some safeguarding events until two months after the event occurred and we were notified only after we had received information of concern from the local authority. This meant safeguarding matters were not always dealt with in an open, transparent manner. The lack of transparency had resulted in delays in safeguarding investigations and meant the CQC and the local authority had not been informed of safeguarding events as required by law.

Since the last inspection, the provider had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us. The provider was aware of their responsibilities to inform us of any notifiable events such as recent safeguarding referrals they had made to the local authority. They also kept copies of all the notifications that they had sent us.

During our last inspection in October 2017, we found the provider did not always maintain accurate records of people's care. The systems in place to check record keeping had failed to pick up discrepancies we found on the day of the inspection. Consent forms were either incomplete or had date discrepancies. Health action plans were either incomplete or not dated and did not have the person's name. Furthermore, these records did not give staff a clear guide as to the comprehensive support needs of people using the service. Some information within care documentation was out of date and had not been picked by the governance systems in place.

These issues demonstrated ineffective systems were in place, which did not always accurately enable the registered manager to assess monitor and improve the quality and safety of the services provided. This meant we could not rely on the records we reviewed as a contemporaneous record of the care delivered. This showed there were failures in the governance systems.

During this visit, we found improvement had been made to record keeping. The provider had acted upon our findings during our last visit and had put systems in place to regularly audit and review records within the service. This helped to ensure records were in date. A new format for care records had been introduced which made it easier for staff to follow, thus ensuring people's needs were met accordingly. Records were being checked by the provider as well as by the two deputy managers to identify and correct any errors in the information held by the service.

The management team carried out care plans audits to check if they were completed in a timely manner and the support listed on people's care plans were up to date. However, we noted where action had been identified for improvement, this was listed as 'Needs Improvement' without detailing why it needed improving and the type of improvement needed. This meant that there was a risk that improvement would not be made effectively. We fed this back to the provider who informed this will be detailed. The provider had also recruited an independent consultant to support and advise them in the running of the service.

During our last inspection in October 2017, we noted that there were shortfalls in the quality assurance

system to monitor the quality of the service and support provided to people. They did not always ensure feedback given by people and their relatives was taken into account in order to improve the service.

During this visit, we looked at some satisfaction surveys completed between 1st of January 2018 and March 2018 and most people were satisfied with the service and how it was managed. One relative commented, "[Person] is very happy with the care they get, they also feel very safe." One person wrote, "Staff listen and act whenever I am not happy about something." Where people had made suggestions, this had been taken on board. For example, one person said, "Staff do not always let me know what appointments I have." We saw the management team took appropriate action to ensure all people were informed of any forthcoming appointments. This showed that the provider sought out the views and concerns of people, and implemented changes where necessary to accommodate them.

The provider welcomed suggestions on how they could develop the service and ensured improvements were made when identified. We noted the surveys now included dates when they were completed, as well as the names of people's name who were happy to share their identities. We saw the management team also carried out regular spot checks on staff to ensure people were receiving care and support as they had requested or agreed.

People, relatives and staff felt the service was run well and were very complimentary about the provider and office staff. One person told us, "It is a good place." Another person said, "I'm very satisfied with the carers and happy with everything." A relative said, "The manager seems down to earth, well-spoken and we get to see them every six months. I am more than happy with the service provider."

The provider had a positive working relationship with the management team and staff. They worked well together and supported each other to ensure the service was running smoothly. One member of staff told us, "[Provider] is wonderful and very supportive." One person said, "I get on well with [provider], they are alright, they are good." People and relatives were happy with how supportive the management team was of them. Staff told us the management team was approachable and they felt supported. One member of staff said, "We work well as a team." Another staff member said, "The management team provides us with a lot of encouragement and keeps us motivated." A further staff member told us, "They [management team] are always available to advice and guide you."

We saw staff meetings were held regularly. This gave staff an opportunity to share any ideas for the development of the service and to discuss any concerns they might have. During these meeting staff were informed of any changes occurring at the service and policy changes such as the introduction of the General Data Protection Regulation (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This showed that staff received up to date information and were kept well informed. Staff told us they were able to approach management team with ideas and suggestions and were confident they would be listened to.

Discussions we had with staff showed that they had a clear understanding of what was expected of them. They were aware of their roles and responsibilities and who they were accountable to. There was a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

The management team worked closely with other external professionals, including local GPs, social workers and local authorities. They also maintained good links with the local community. This helped to ensure people received good quality care and support.

Following our last inspection, the provider had decided to reduce the number of people they supported with

personal care who lived in their own homes. They planned to stop providing a domiciliary care service by the end of July 2018 and to concentrate on their supported living service only. The provider informed us that the reason that we identified a number of concerns at our last visit, was that they were unable to cope with the high needs of people they were taking on as well as the number of people they had at the time. At our last inspection, there were 55 people using the service nine of which were receiving personal care in a supported living set up. Now only 13 people were using the service, three were receiving personal care in the supported living service. They felt the service would improve further once they stopped providing a service to people who lived in their own home.

The provider had also employed an independent consultant to help and advise them in the running of the service. Two new deputy managers had been appointed. Staff who were not performing to the required standard in their roles were no longer working for the service. The provider felt having taken all these actions would help to enhance the quality of the service provided.