Midland Heart Limited

Learning Disabilities Supported Living Service Coventry

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 March 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service and to arrange for staff to be available to speak with us.

Learning Disabilities Supported Living Service Coventry provides personal care across four supported living locations to people with a learning disability in their own homes. Some people require 24 hour care. At the time of our inspection, six people were being supported with their personal care.

The service had a registered manager. 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. The registered manager had been in post since February 2016.

People told us they felt safe with the staff who supported them. Relatives also felt confident people were safe. The provider acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and minimised however some risk assessment monitoring forms were not up to date. Staff supported people according to their individual needs and encouraged their independence.

People were supported with their medicines by staff who were trained and competent to do this. People told us their medicines were given at the prescribed times. Checks were in place to ensure medicines were managed safely and the registered manager was introducing more robust auditing of medicine charts to ensure consistency of recording.

There were enough staff to meet people's needs effectively and the provider was recruiting new members of staff to fill vacancies. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who used the service. Staff told us they had not been able to start work until these checks had been completed.

People told us staff asked for consent before supporting them with care. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act (2005).

People and relatives told us staff were respectful and treated people with dignity. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and we saw the care and support provided followed their recommendations. People's care records helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. However, these were not consistently reviewed and kept up to date. People were involved in how their care and support was delivered.

People were supported to pursue their hobbies and interests both within and outside their home. Activities were arranged according to people's individual preferences, needs and abilities.

People were supported to have a nutritious diet, had a choice of food, and were encouraged to have enough to drink to maintain their health and well-being.

People and relatives told us they felt able to raise any concerns with staff but did not know who the current registered manager was. They felt staff listened to them and responded in a timely way; however we found complaints were not recorded. Staff told us the management team were approachable; however there had been recent changes in the management of the service.

There were systems in place to monitor the quality of the care and support provided but the provider had not consistently assessed this so that improvements were not always made for the benefit of people who used the service.

People and their relatives told us their views and opinions of the service had not been recently sought through formal questionnaires or surveys, but they regularly discussed any concerns with staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People and their relatives told us people were safe because they received support from staff who understood the risks related to people's care and supported people safely. However risk assessment monitoring forms were not consistently reviewed. Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed but records were not robustly audited. People and their relatives told us there were enough staff to keep people safe, the provider was recruiting new staff to fill vacancies.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People and relatives told us staff had the skills and knowledge to meet people's care and support needs. However some staff told us they were not consistently able to access training. The registered manager was addressing this.
People were supported to access a variety of healthcare services to maintain their health and wellbeing and were provided with a nutritious diet. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards and care workers obtained people's consent before care was provided.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans contained information about people and the support they required, but some records had not been reviewed regularly to ensure that they reflected people's current care and support needs. However staff had a good understanding of the care and support people needed. People were given support to access interests and hobbies that met their preferences. People and their relatives were involved in decisions about their lives and how they wanted to be supported. Complaints were responded to by staff however were not recorded, so we were unable to see if these were to people's satisfaction and whether actions had been taken.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had been some changes in the management of the service recently. The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. There were procedures to monitor and improve the quality of the service however these had not always been consistently followed. The registered manager was taking positive steps to make improvements.

Learning Disabilities Supported Living Service Coventry

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.

The inspection took place on 16 & 17 March 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service and to arrange for staff to be available to speak with us. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information our and found it did not consistently reflect what we saw during our inspection visit.

During our inspection visit, we spoke with two people who received care and support in their own homes. With people's agreement, we spent time observing interactions between people and staff whilst we spoke with them in their flats. We spoke with two relatives. We also spoke to the registered manager, team leader

and four care staff.

We reviewed three people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and would tell staff if they had any concerns. One person told us, "I tell staff if I don't feel safe, they make me feel safe though." Relatives we spoke with told us they felt their family members were safe, comments made were; "I don't feel there is any risk to [person], they keep them safe." Another told us, "Yes I think [person] is very safe there."

We spoke with one person who was not able to directly answer our questions but they were confident to speak with us and seemed relaxed and at ease. We asked them if they were worried about anything, who would they tell and they told us, "I would let the girls [staff] know."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. Staff also understood how to look out for signs that might be cause for concern and understood the various types of abuse that can occur such as verbal, physical and emotional.

There were policies and procedures for staff to follow if they were concerned that abuse had taken place. One staff member told us, "I would contact my line manager and document what happened. I would also tell social services or the police if I was not happy." Records showed the provider managed safeguarding information according to their policies and procedures which helped to keep people safe. We were aware of a safeguarding incident involving one person prior to our inspection. Staff had taken appropriate action and had supported the person throughout the investigation. There was 'easy read' information in a pictorial format in peoples' care plans that gave information on what to do if they felt unsafe and how to report abuse.

The provider had a recruitment process to ensure risks to people's safety were minimised. Staff told us they had to wait for checks and references to be obtained before they started working with people. One record we looked at showed the staff member had only one reference that had been received. We asked the registered manager about this who told us they had identified this and had already approached the human resources department who were following this up. Records showed the provider checked whether the Disclosure and Barring Service (DBS) had any information about prospective staff members. The DBS is a national agency that keeps records of criminal convictions.

Risks related to people's individual care needs had been identified and assessed. Action plans were written with guidance for staff on how to manage these risks. These focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were also focussed on encouraging people to take responsibility for managing risk themselves, and detailed how staff might support them to do this. For example, we saw risk assessments in relation to people accessing the local community and how to do this safely and independently.

We saw that people had a 'support monitoring' assessment form that indicated how often risks should be reviewed. Two records we looked at stated people were at 'high risk' and these should be reviewed every 3

months, however they had not been updated since December 2014. Other information in care records was up to date.

Staff we spoke with had a good understanding of how to manage risks associated with peoples care and support. One told us, "We learn about people and follow their risk management plans, for example one person does not like dogs." They went on to explain how this helped them to support this person when they accessed the local community and manage their anxiety if there was a dog nearby. The registered manager told us they would be reassessing these forms to ensure they contained up to date information.

People told us there were enough staff available to meet their needs. One person told us, "Yes they never let me down. They always show up." Relatives we spoke with also told us there were enough staff to support people. Staff told us there were enough of them to meet people's needs effectively. One staff member told us, "We always have time to sit and chat with people."

The registered manager told us they were staff vacancies currently and on the day of our visit interviews were taking place. We asked how gaps in the staff rota were filled and they told us some staff had increased their overall working hours and others took on extra shifts to cover. Staff we spoke to were happy to do this as they felt it was beneficial for people to be cared for by staff who knew them well. One staff member told us, "I think there are enough staff, we don't like to use agency, they don't know our customers the way we do."

All staff we spoke with expressed the same opinion and were flexible in the hours they worked so that people could be supported at the times they needed to be. The team leader told us, "It's very customer led, we will schedule staff according to people's needs and appointments. We rarely use agency staff, our customers need familiar faces." They went on to tell us that they also had access to staff from the provider's other home who were also familiar with people

People told us they received their medicines on time and as prescribed. One person told us, "I always get my medicines; they never forget to give them to me." Staff told us they had training in how to administer medicines safely as part of their induction. The team leader then carried out medication competency checks to ensure staff remained skilled and competent.

People's care records included information about the medicines they were taking, what they were for and possible side effects. Where people took medicines on an 'as required' (PRN) basis, for example for anxiety or epilepsy, protocols were in place for staff to follow so that safe dosages of medicines were not exceeded and people were not given medicines when they might not be needed. These plans focussed on supporting people to manage their anxieties and helped staff to identify 'triggers' that may lead to changes in their condition or behaviour.

We asked staff how they would identify if a person who could not communicate may need medicine for pain relief. One staff member told us, "I would look for signs such as flicking of teeth or rocking. We also look at facial expressions and hand gestures." For example one person would touch either their face or chin in response to questions staff asked.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff usually completed MAR sheets in accordance with the provider's policies and procedures. However, one MAR sheet had an incorrect code entered as to why a medicine had not been given. This meant the next member of staff may not understand the reason why the medicine had not been given as prescribed and this could pose a risk the person would

not receive their medicine correctly. We spoke to the registered manager about this who told us they would ensure there was consistency in future recordings.

Medication audits were not sufficiently robust. The registered manager told us medicines and MAR sheets should be audited and checked regularly by an experienced member of staff and acknowledged this had not been taking place on a 'formal' basis. However, the team leader and staff told us they would check the MARs sheets every shift but this was not recorded. The registered manager agreed more thorough, structured audits of medicines needed to be carried out and this had been addressed with staff. This would ensure that staff were consistently administering medication safely to people and following the provider's medication policy.

Incidents and accidents were recorded in people's care plans but audits of this information had not been carried out by staff. The registered manager told us they would be creating a folder to contain all the information so they could analyse and identify any trends and take necessary actions to reduce the likelihood of them happening again.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us staff who supported them had the skills and knowledge to meet people's needs. One relative told us, "I think staff are good at their job, they seem well trained to me."

Staff told us they had an induction when they started working with people and were supported by the management team. They told us they worked alongside experienced staff who knew people well. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. One staff member told us, "I think it's the best training I have ever had, I am waiting to do my epilepsy and autism training. We can request training through the computer."

However, we had mixed views from the staff about the on-going training they received. Some staff told us they had not always been able to access training, one commented, "Training has been difficult to get on in the past but the manager is getting on top of this now." Another told us, "I would like to see more training to keep up to date."

The registered manager and team leader told us accessing training had been a problem and we looked at the staff training schedule which showed the training undertaken. We observed that this was not up to date and there were gaps in dates which meant it was not clear what training some staff had received. For example, we saw four members of staff did not appear to have had refresher training in safeguarding but we spoke to one who confirmed they had received the training, so this was not accurate. Another entry showed a care worker had not received medication training but we saw in their staff file a certificate to showing they had received this. The team leader acknowledged the training matrix needed to be updated to clearly identify the training staff had completed.

The registered manager told us one issue for staff accessing training sessions had been the location of training venues, which were out of the local area. To address this they had liaised with other managers in the region to identify staff that needed training, and then requested the provider to provide local venues. New dates had been organised for staff to attend sessions in March 2016, however the provider had cancelled some due to staff sickness. These were being rescheduled.

The registered manager told us new staff would be trained and assessed against the standards of the 'Care Certificate'. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The registered manager told us they would be responsible for the assessing and monitoring of staff completing this. New staff were enrolled on the provider's four day induction course however the registered manager told us this did not provide specific training related to care workers and additional training days had to be sourced. This meant that there could be a delay until staff were able to work independently and support people.

Staff told us they received supervision sessions (one to one meetings with their line manager) to discuss training and development needs and any issues related to their work. Staff told us they found these useful

and a good opportunity to discuss any concerns they may have.
The team leader acknowledged that these had not been formally recorded as they had been also covering staff vacancies. The registered manager told us this had been addressed and the supervision meetings were now being recorded.

The staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

People and relatives told us people were asked how they wanted to be supported, and were asked for their consent before being supported with care. One person told us, "They ask me 'what do you want to do'." One relative we spoke with commented, "As much as [person] can, he decides what he wants to do and they support that." People's care records showed where they had signed to give consent to care where they were able to. One relative told us they had been involved in a meeting with healthcare professionals and social workers to discuss the care of their relative and were involved in making 'best interest' decisions on their behalf. However we could not see any best interest decisions recorded in this persons care plan.

Staff understood and applied the principles of the MCA. One staff member told us, "I always say to people tell me what you would like me to do for you. You have to give someone the choice and never assume they don't have the capacity." Another told us, "Sometimes people may choose not to do things, we have to accept they have capacity to make their own decisions."
They went on to tell us that they would speak to people's doctors if they were concerned that decisions were affecting people's health or well-being.

The registered manager was aware of their responsibilities under the MCA and we saw that where relevant DoLS applications had been submitted to the local authority and were still awaiting authorisation. We could not see best interest decisions recorded in peoples care plans in relation to these applications and asked the registered manager about this. They informed us these should be in place and they would follow this up immediately.

Some people were being supported to make decisions about what they wanted to eat and drink and we saw people's food and fluid intake was being recorded. We asked staff about this and they told us, "We use this as an indicator if someone is not well or their behaviour is changing. For example, they may start pushing food away; that could indicate something is not right." People were given choices about the meals they wanted and pictures were used by staff to help them decide. One care worker told us to help maintain people's health and well-being; they monitored people's weights and encouraged healthy options to people when deciding on menu choices.

We looked at whether people received health and social care when required and found they were supported to access this. One person told us, "The staff will take me to the hospital or the doctor." One relative told us, "Staff organise appointments and take [person] to the doctor if they aren't well. They also see the chiropodist every month." Another relative told us how impressed they were at the response of staff when

their family member had concerns about their health. They told us, "They [staff] were really quick, they told me straight away and then took them to the hospital." One care worker told us it was important they supported people at healthcare appointments, they told us, "We take people, so we can help explain things to the doctor if need be."

Care records documented that staff followed instructions given to them by health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, hospital consultants and epilepsy nurses.

Good

Is the service caring?

Our findings

People and relatives we spoke with were positive about the staff and told us they were caring. One person told us, "I love the staff, they really look after me." Another person we spoke with told us, "They got me a bouncy castle for my birthday. I loved it." They told us they felt so happy about the support they received they wanted to sing to us. The person then went on to sing a song and recite a poem. A relative told us, "I am very happy with [person's] care; staff are always laughing and joking with them." Another relative told us, "They look after [person] very well, they are all extremely caring."

When we visited one person's home we saw caring staff interactions and that staff took the time to support and communicate with the person at their own pace. We observed good communication between the person and the care worker. It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. We asked the staff member what time staff they assisted the person with personal care in the morning and they told us, "It depends; [person] gets up when they want." This demonstrated that people had choice about how they wanted to receive their care and support.

People we spoke with confirmed they were involved in making decisions about their care and had been involved in planning their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "They help me get washed but they get me to do as much as I can." One care worker told us, "I am a visitor in their home. I might encourage them to be independent but it's their home and life. We encourage people to make decisions such as choosing their own clothes to wear." People were encouraged to be part of the running of their home, in order to maintain independence. A care worker told us, "We encourage people to be involved around their homes with washing up, preparing lunch and cleaning."

We asked one care worker what they would do if, one day, a person did not want to receive personal care. They told us, "I would encourage them and try to persuade but it's their choice unless I felt it was impacting on their health and I would report that to the manager."

One person we visited had decided to take a nap and the care worker told us, "That is their choice, I support people like it was my own family home." We saw they checked on the person later and when they woke asked if they wanted lunch. When the person did not reply the care worker told us they would wait until the person decided they wanted to speak with us and we sat in another room. Later on the person happily showed us their home and told us they had been involved in cleaning and tidying up in the garden. We asked if they enjoyed living at their home and they told us "Yes." They went on to say how they liked the birds coming into the garden and that they enjoyed laughing and joking with the care workers. We saw they were relaxed and comfortable in their home.

People were encouraged to maintain relationships important to them and visitors were welcomed to their homes. People were given choices of when they received their visitors A relative told us, "I visit when I can and my family do, they absolutely love the staff." Another relative told us they were always welcomed at the

home and their family member visited them at their home regularly.

Staff we spoke with were highly motivated to care for the people they supported and spoke warmly about them. Comments made were, "I love it, this is the best job, we can spend time with people." Another said, "We will go above and beyond to support our customers and we are flexible to their needs." One care worker told us, "They are like my family."

People told us their dignity and privacy was respected by staff. One staff member told us to ensure people's privacy and dignity when being assisted with personal hygiene they would, "Look the other way when someone was washing 'intimate' areas." Another told us, "I am supporting them in their own home so I have to make sure I don't invade their privacy."

Requires Improvement

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. A person said, "They come in the morning and help me get ready." They confirmed their support needs had been discussed and agreed with them, and care workers knew about their likes and dislikes. Both relatives spoken with told us they were very pleased with the care their family members received at their homes. One told us, "[Person] is always clean and well cared for."

Individual care plans had been written for people with the involvement of people and those important to them. Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond to changes in people's needs. They told us people's care plans were useful in helping them to do so.

It was unclear if some care plans had been recently reviewed to ensure people were receiving up to date support from staff. Three we looked at indicated they had been reviewed the day before our visit but there were no signatures or comments recorded. The previous review had been recorded in December 2014. One care plan we looked at contained conflicting information. For example in one section the person had been identified as being able to understand and be involved in the planning of their care, however all other sections said they were not. One staff member told us, "The plans can be confusing, sometimes it's not clear where the information we need is. I don't know who is supposed to update them, the last team leader started to do a new folder for people."

The current team leader, who had the responsibility for conducting audits of the care plans, had been helping to cover staff vacancies and the provider brought in an interim team leader who supported the service for a short period in 2015. They had compiled new care plan folders for each person that contained clearer sections so information could be easily accessed by staff. The registered manager informed us these new care plans had now replaced the older version and they were in the process of ensuring all were up to date and fully completed. They acknowledged regular reviews of care plans had not been carried out consistently, to ensure the service provided met people's needs and preferences, and this was being addressed.

Care plans were written with people about their specific care and support needs and outlined how people wanted to receive their care and support and the choices they were able to make for themselves. They included instructions for staff to follow and useful information about people's lives and interests so their care could be planned in line with this. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide. They told us, "We have time to read the care plans; they give us lots of information." And, "The care plans are detailed, they even tell us about fears people may have about objects or animals."

We saw information for staff in relation to how best to communicate with people and how to recognise facial expressions and actions. For example, one person clapped their hands when they wanted to stop an activity. Where relevant some people had communication or 'hospital passports'. This information advised

hospital staff how to communicate effectively with someone who was unable to verbally communicate and help them to support people's needs.
We looked at care plans and found they contained information about people such as their likes and dislikes, triggers for changes in behaviours and sections called, 'Things I need help with' and another called 'What people say about me'. Staff told us this was useful, as information had been gathered from people close to the individual and gave them a greater understanding of the people they supported.

Staff told us they were kept informed about people's changing care needs at shift handover and recorded information in communication books. They told us they would read the communication book at each shift change. One staff member told us; "We communicate very well with each other." All the staff we spoke with were knowledgeable about the people they supported.

People were supported to maintain social activities which they enjoyed. People and relatives told us they took part in a range of activities. One person told us, "Staff take me to the cinema and out for meals." A relative told us, "They take [person] to the pub and out shopping. They also go on holiday every year." People's care records included information on how and when staff needed to support people with their chosen social activities. These activities were also linked to people's risk assessments so that people could be supported with social activities as safely as possible. We saw photographs in one person's care plan of the activities they had enjoyed such as attending football matches and holidays abroad. Several people chose to attend a day centre in the local area.

People told us they felt able to complain if they were unhappy with anything. One person told us, "They ask me if I am happy or sad, I would tell them." Relatives we spoke with told us they did not know how to make a formal complaint, but felt confident to raise concerns if they wanted to. One relative told us, "I have no complaints, but if I did I would tell the staff."

The registered manager had not received any complaints about the service in the past 12 months. We asked the team leader about this and she told us no complaints had been made and any concerns raised on an informal basis by people or their relatives were dealt with 'there and then'. The registered manager acknowledged that any complaints or concerns should be formally recorded along with actions and an outcome and told us they would discuss this with staff.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us they did not know who the registered manager was; one person told us, "No, I don't know who the manager is, but I would like to." Relatives we spoke with commented, "I don't know who the manager is, I think they have changed." And, "I have never met the actual manager and I would like to. I do think it's well-run though."

A staff member told us, "The previous registered manager was good, but it will be great to have a consistent manager now."

The new registered manager had recently joined the service in December 2015 and registered with us in February 2016. They were also responsible for managing another of the provider's services. The previous registered manager had been based elsewhere, and this meant much of the day to day running of the service had been undertaken by the team leader. People, staff and relatives all spoke highly of the team leader, one relative told us, "I thought the team leader was the manager."

The provider had been trying to recruit new staff into vacant positions and the team leader told us they had been supporting the service by covering shifts. They told us this had impacted on their responsibility of auditing and monitoring the quality of the service. They told us, "I do regular spot checks of the service and direct observations of the staff and carry out supervision (one to one meetings), but I haven't always had time to document it all."

As a result the provider brought in an interim team leader for a short time in 2015 but they had since left the service. The team leader told us, "That was a confusing because staff were still approaching me to deal with problems; it did take the pressure of me though." Staff we spoke with confirmed spot checks of their work was carried out, one told us, "[Team leader] comes out every three months to 'spot check' us." This meant staff were observed, and the quality of their work assessed, to ensure they were delivering effective support to people. Staff also confirmed they had received regular one to one meetings with the team leader.

Staff told us they had felt well supported by the team leader when the registered manager was not on site. They told us, "[Team leader] is fantastic; you can always speak to them." And, "I feel trusted and valued by [Team leader]." Relatives we spoke with told us they felt the team leader was approachable and they could speak with them if they had any concerns. One commented, "I think it's all well managed and the staff get on with their job, they are very good."

The team leader told us they were happy a new registered manager was now in post and more accessible for staff. They told us they felt able to approach the registered manager to discuss any concerns and issues, and said, "I feel very supported by [Registered manager], things are very different with them, they are very knowledgeable. I have seen a big improvement already and they give me confidence."

Staff spoken with had a clear understanding of their roles and responsibilities and had a shared understanding of the provider's aim and vision. Staff we spoke with were complimentary about the open

and inclusive management style. They told us they felt supported in their job roles and that the management team were approachable. There was a 24 hour on call system in place to support staff outside of office hours if they required the assistance of a senior member of staff.
Staff also spoke positively about the new registered manager and told us, "The management are very approachable." And, "The registered manager has something about them, I think they will be very good, they are down to earth and you can be yourself."

In order to ensure a good quality service the new registered manager was keen to ensure there would be improved and effective communication between the staff team, people and relatives.
Staff told us they had the opportunity to share their views at staff meetings, one told us, "Team meetings iron out issues and we can be direct with each other." Staff told us they were listened to and that made them more likely to share their views. However, one member of staff told us they would like to have more team meetings so they could share information. We only saw the minutes of a recent team meeting in February 2016 however this had been called to discuss a specific matter by the provider. The registered manager told us they wanted to improve the frequency of the team meetings so that staff could share views and opinions and look to continually improve the support to people.

The registered manager and team leader acknowledged that regular audits of the service had not been consistently carried out over the last 12 months. The registered manager told us, "My priority is recruiting new staff; this will then allow the team leader and I to focus on how we can audit what we are doing and then make improvements." They went on to say, "It's not easy to recruit into this role as we ask a lot of flexibility of staff to meet customer's needs."

We saw the provider had carried out an audit of the service in June 2015 and then had returned in September and October 2015 to check improvements had been made. Where areas of improvement were required, actions needed were identified and dates to be completed by were recorded. Some of the areas requiring actions were risk assessments, staff training and supervision schedules to be updated and to ensure documentation was consistent in the information it provided to staff. We found these areas still required improvements and the registered manager agreed and told us this would be a priority for them.

The registered manager was open and transparent that the service needed to improve their auditing processes. They had devised a new form to be used that clearly outlined what documents needed to be reviewed on a monthly basis. These included MARs sheets, daily records that contained information about the support people had received from staff and to randomly check care plans to ensure they reflected the needs and preferences of people and how they received their care. The registered manager told us they would use this information and actions would be taken in response to any shortfalls identified to ensure people received a good quality service. In addition they had improved charts that recorded direct supervision of staff and this included feedback from people on the support they received. We saw these were in place.

We asked people and relatives if the provider obtained their feedback about the quality of service they received. They told us this was on an informal basis and staff supporting them frequently asked for their views. One relative told us, "I think maybe I had a form for my views last year but I can't remember."

We asked the registered manager about this and they told us a customer survey had not been completed recently. They went on to say they would be planning meetings, and reviews, both with people and their families to obtain their views about the service. They told us, "I want to improve the survey form we use to make it more user friendly for people who are non-verbal." As part of this they had met with one person who received support from the service to give their views on how best to make the form clearer for people to

understand.

The registered manager told us they felt the provider was approachable when they needed support and they felt confident to address any concerns or issues. They told us, "I am willing to raise issues with them and the different departments within the organisation."

We asked the registered manager what their biggest challenge was and they told us, "The recruitment of more staff and also to improve the monitoring and improvement of the service." They told us, "It will take time but I am committed to improve things." They were also responsible for another of the provider's homes and acknowledged this had been their priority since joining the provider. However improvements required there had been made and they were now able to focus on the needs of the service.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service.

We reviewed the information in the provider's information return (PIR) information and found it did not consistently reflect what we saw during our inspection visit. For example it stated that care plans were regularly reviewed and regular audits carried out to monitor and assess the quality of the service provided.