MacIntyre Care

Waring Close

Inspection report

1-3 Waring Close
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 20 May 2016 and the visit was unannounced.

Waring Close consists of one house and two bungalows, purpose built to provide person centred support for up to 16 people with learning disabilities who may also have autism.

The service had a registered manager in place although they were currently away from work. It is a requirement that the service has 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 area manager was providing support to the staff in the absence of the registered manager.

Relatives felt that their family members were safe. Staff understood their responsibilities to keep people safe and knew how to respond to accidents, incidents and concerns they may have had about abuse. The provider had made sure that people were being protected from avoidable harm, for example, by regularly checking equipment and having plans in place to support people with their behaviour that could challenge.

People's support needs had been considered to keep them safe during an emergency. The provider had a plan in place to make sure that the service would continue in the event of a significant event such as a fire.

People were being supported by staff who had been checked before they had started to work for the provider. This had helped the provider to make safer recruitment decisions. Relatives and staff felt there were enough staff available to support people to keep safe and we found this to be the case during our visit.

People received support to take their prescribed medicines. Staff had received training and support on how to handle medicines safely. People's medicines were not always stored securely. We found that people's cabinets were not always locked. We also found that staff had not always signed when they had administered people's medicines. We were given assurances after out visit that all medicines cabinets were now locked and that an audit was being carried out of people's medicines.

People received support from staff that had undertaken training. The provider had plans in place to address any gaps in the required training. For example, some staff required training to support people when they became anxious. The area manager told us that this training would be attended by all staff within the next six months.

Staff had received guidance in order to provide effective support to people. For example, they had received an induction and attended regular meetings with their supervisor to discuss and gain feedback on their work.

People were being supported in line with the Mental Capacity Act (MCA) 2005. Where people were able to express their own choices this was being encouraged. The provider had undertaken assessments where people may have lacked the capacity to make decisions for themselves. We found that staff knew about the MCA and could describe how to protect people's rights. Advocacy support was being provided where people required this to make important decisions.

People were being supported to remain healthy and had access to healthcare professionals. For example, we saw that people had seen their GP when they had become unwell. We also saw that people were being supported to eat and drink based on their preferences. Where there were concerns about a person's well-being, staff knew what to do and took the appropriate action.

People were receiving support by staff who showed kindness. Their privacy and dignity was being respected and their care records were being handled and stored safely. People were being supported to maintain relationships that were important to them.

Staff knew about people's preferences and things that mattered to them. People were being supported to be independent. For example, people were being supported to undertake daily living tasks such as grocery shopping. This meant that people received support based on their preferences and abilities.

Staff knew about people's communication needs and altered their approach to each person they were supporting. For example, staff used objects to help people to understand what was happening.

People or their representatives had been involved and had contributed to the planning and reviewing of their care and support. Staff updated each other regularly about people's support needs so that they were able to be responsive to their needs.

People had support plans that were focused on them as individuals and were known by staff. For example, staff knew about the interests and hobbies of people. People were taking part in leisure activities of their choosing and staff had recorded their responses to these to make sure they were offering the right opportunities.

Staff knew when people were unhappy with their care and support because the signs of this had been detailed in people's support plans. Relatives knew how to make a complaint and the provider had taken the necessary action when they had received one.

Relatives and staff thought that the service was well-led. There were opportunities for them to give ideas for improvement to the provider. For example, questionnaires had been issued to relatives in the last 12 months and actions had been taken as a response.

Staff told us that they were supported and we saw that the provider had processes in place to make sure that this occurred. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

The front line leader and area manager were aware of the requirements of their roles in the absence of the registered manager. They had undertaken quality checks of the service in order to offer high quality care and support to people. The checking of medicines had not occurred recently and the provider gave us assurances that this would restart.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were being protected from avoidable harm and abuse by staff that knew about their responsibilities for supporting people to keep safe.

The provider had a thorough recruitment process to check the suitability of prospective staff.

People received safe support with their medicines but systems and processes needed checking in relation to storage and recording.

Is the service effective?

Good

The service was effective.

People received support from staff who had received training and guidance. The provider had taken steps to make sure that all training was being completed.

People received support in line with the Mental Capacity Act 2005. Where people could, they made decisions for themselves.

People's nutrition and health was being supported by staff who knew how to seek additional support where required.

Is the service caring?

Good

The service was caring.

People were treated with kindness from staff and their privacy and dignity was being respected.

Staff knew about people's preferences and how to support them to be independent.

People were involved in planning their own care and support where they could. People had received advocacy support where they required it.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the review of their care needs where they could. They received support based on their preferences.

People were undertaking hobbies and interests that they enjoyed.

Relatives knew how to make a complaint and people's behaviour was observed to check if they were satisfied with their support.

Is the service well-led?

Good

The service was well led.

Staff felt supported and knew their responsibilities. There were opportunities for relatives and staff to give suggestions about how the service could improve.

The absence of the registered manager was being covered by a front line leader and an area manager. They monitored the quality of the service.

Waring Close

Detailed findings

Background to this inspection

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

The inspection visit took place on 20 May 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also asked the local authority for feedback on the care and support that had been provided as they commission and monitor services.

During our visit we spoke with the front line leader who was managing the service in the absence of the registered manager, the area manager and four support workers. We could not speak with people who used the service due to their communication difficulties. We observed the support being provided to people and spoke with three relatives during our visit. We looked at the care records of three people who used the service and three staff files. We also looked at other records about the running of the service. These included medicines and health and safety records as well as the quality checks that the registered manager and the provider had undertaken. After the inspection visit we made a telephone call to another relative and received feedback from a social care professional.

We asked the area manager to submit documentation to us after our visit. This was in relation to the training that staff had received, health and safety certificates and the plan that the provider had for dealing with emergencies. The area manager submitted these in the timescale agreed.

Good

Is the service safe?

Our findings

Relatives told us that they had no concerns about their family members' safety. One said, "I don't have any worries about [person's name] being left unsupervised as I have seen there's always staff around him at all times". Another relative told us, "Staff give me confidence because they are very professional".

People were receiving support from staff members who knew their responsibilities in relation to abuse and avoidable harm. One staff member told us, "If anything happens I call for advice. I'd report it to the manager quickly". The provider had made a safeguarding policy available to staff which detailed the signs of abuse and their responsibilities to report concerns. Staff members were able to identify the different types of abuse and they were confident to report any concerns. We also saw that staff had received training in safeguarding adults from abuse. This meant that the provider had arrangements in place to make sure that staff were aware of their responsibilities to respond to any concerns that they may have had.

People's health and well-being was being assessed where there were identified risks. A social care professional told us, "The team consider new and emerging situations of risk which may compromise people's safety". Staff members were able to give examples of how they kept people safe by understanding, for example, their dietary or health needs. We saw that staff had completed and regularly reviewed risk assessments in areas such as the support people needed when in the community and when they had required assistance to move from one place to another. We found that the risk assessments focused on things that people could do for themselves and offered staff guidance on how to reduce risks to people. This meant that people were being kept safe in ways that had protected their freedoms.

The provider had investigated accidents and incidents when they had occurred. We saw that people's care records had documented accidents and incidents along with action the registered manager or staff were taking to reduce the likelihood of a reoccurrence. We also saw that the area manager had a system in place to analyse all accidents and incidents and had logged action that had needed to be taken. For example, we saw that the area manager had recommended further training for staff following an incident. This meant that people could be confident that accidents and incidents would be managed safely.

People had support plans in place to keep them and others safe where they could show behaviour that challenged. Staff knew how to keep people safe should this have occurred. One staff member told us, "We don't use restraint, we might gently encourage [person's name] to move". We saw that people's support plans gave guidance for staff on how to support people to reduce their anxieties. We also saw that people were being supported with calming techniques and distraction methods. This meant that staff knew how to support people to keep safe when they had become distressed.

People were kept safe from the risk of unsafe equipment. This was because the provider had carried out regular checks and had maintenance records and certificates to confirm this. Examples of these included checks on the equipment needed for people to move from one position to another, on the gas and electrical supplies and the vehicles that the staff members used to support people to engage in activities. This meant that the provider kept equipment safe.

People had individual plans in place to support them to leave their home in the event of an emergency. These directed staff members on the level of staff support each person had required to leave the building. We saw that these contained a depth of information on each person including, for example, how easily they would wake from their sleep. Staff members were able to describe how to evacuate people in an emergency. We also saw that the provider had a business continuity plan in place that had been made available to staff. This had detailed how the service would have been able to operate in the event of an unplanned incident. For example, the provider had arrangements in place to offer alternative places of safety to people. This meant that people would have been safe and continued to receive support in the event of an unforeseen situation.

Relatives felt that there were enough staff to keep their family members safe. One told us that staff didn't, "Look rushed off their feet" when they had visited and that they were able to respond to people's needs in a timely fashion. Staff members also felt that staffing levels were suitable. We saw that the staffing levels were appropriate to meet people's needs on the day of our visit.

The provider had safe recruitment processes in place. They had a recruitment policy in place that highlighted the need for all prospective staff to undertake a criminal records check. The area manager told us that two references were also sought for new staff members. Records in staff files confirmed that these had been gained. We saw that the provider asked staff for an annual declaration of their criminal records status to check that they were suitable on an on-going basis to work with the people who received their support. This meant that the provider had thorough arrangements in place to check the suitability of staff.

People received their medicines as prescribed. We saw that people's support plans detailed the level of support people needed with their medicines as well as how they preferred to take it. The provider had a medicines policy in place that staff could describe including how to report medicine errors. We found that medicines were not always being stored safely in line with national guidance. People kept their medicines in their bedrooms but we found that their cabinets were not always locked. This meant that there was a risk that unauthorised people may have been able to access people's medicines. After our visit the area manager told us that staff had been reminded about the need to store people's medicines safely.

We saw that medicines were only being administered by trained staff who had been checked annually to make sure that they were still competent to do so. We also saw that some people had medicines to help them to reduce their anxieties or to relieve their pain. There were clear procedures for when these medicines could be given and these had been authorised and agreed by people's healthcare professionals. One relative told us, "I've seen them do it. It's all charted, monitored and signed". We saw that staff had not always signed people's medicines records to say that they had given their medicines. When we spoke with the area manager about this they told us that this should have been identified during the monthly medicines audit. They told us that they would arrange for an audit to be undertaken.

Good

Is the service effective?

Our findings

People received support from staff who had the necessary skills and knowledge. A relative told us, "They know what they need". Another said, "They are tuned in to him and they understand him". One staff member told us that they were a "confident worker" because of the training they had received. They added that staff were able to access autism and Makaton courses which felt helped them to gain an insight into their role. Makaton is a signing communication system often used by people with learning disabilities. Another staff member said, "The dietician came to help us with a person we support. The training was great to understand what we needed to do". We saw in the provider's training records that staff had undertaken training in, for example, epilepsy, food safety and first aid. Some staff had not received comprehensive training in positive behaviour support. This training helps staff to support people when they become anxious. The provider confirmed that all staff would receive this in the next six months although this had been briefly covered during the induction for new staff. The area manager told us that where people required specialist support, they had made contact with healthcare professionals to confirm arrangements as to how often staff needed retraining. This meant that the provider was aware of the training requirements of the service and had made arrangements to make sure that people received effective support from staff members who were suitably trained.

Staff were receiving guidance and support to undertake their role effectively. One staff member told us, "We have regular supervisions. They are about every month to six weeks". Supervisions are meetings that staff have with their supervisor to discuss their performance, training and other issues that need to be discussed. We saw in staff files that supervisions had occurred regularly and covered these topics. We also saw that support workers had completed an induction when they had started to work for the provider. One staff member described how they were undertaking the Care Certificate. This is an award that helps new staff to gain knowledge about how to support people effectively. Staff members had also received an annual appraisal to receive feedback on their work and actions had been set where necessary for staff to improve on their practice. This meant that the provider had arrangements in place to support staff members in providing effective support to people.

The Mental Capacity Act (MCA) 2005 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. We checked to see if staff were working within the principles of the MCA and found that they were.

Staff understood their responsibilities under the MCA. One staff member told us, "It's about not presuming that a person lacks capacity. I treat everyone as if they have". Relatives confirmed that they had been involved in best interests meetings as arranged by staff where their family members did not have capacity to make decisions for themselves. We saw that best interests meetings had been arranged to make a decision about, for example, safely moving a person as they had been assessed as not being able to make this decision for themselves.

We saw that staff had received training in the MCA and the provider had undertaken decision specific mental capacity assessments for people. For example, for one person there were mental capacity assessments in their care records in the areas of, for example, to take their medicines and managing their finances. People's support plans had detailed the areas of their lives where they could make decisions for themselves. For example, we saw that it had been documented that one person chose when they get up in the morning and when they wanted to spend time with staff. This meant that staff understood the need to only make decisions on people's behalves when it had been assessed that they had lacked the capacity to do this for themselves.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that any restrictions placed on people, for example, being restricted to leave their home by the use of key pads, had been recorded in people's support plans as necessary to keep people safe. We also saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. This meant that the provider was protecting people's human rights.

Relatives were satisfied with the food and drink on offer. One told us, "The meals are good quality". Another said, "They meet her dietary requirements very well". People's food and drink requirements, and any specialist support required, had been documented in their support plans and were known by staff. We saw that there was a menu in place that included people's specialist dietary needs and staff told us that people could always make other choices on a daily basis if they had preferred to. One staff member told us, "Nothing is forced on them, they have the choice". We saw staff passing information to other staff about what people had eaten when they were finishing their shift. We found that where there were concerns about people's eating and drinking, the provider had arranged for specialist advice and support. For example, we saw in one person's support plan that there were detailed guidelines for staff to follow written by a dietician to make sure that the person had adequate nutrition. In these ways people received support from staff that knew about and met their eating and drinking requirements.

People were being supported to maintain good health. One relative told us, "They are very good at keeping us updated, if [person's name] is unwell or needed the doctor". We saw that staff knew about people's preferences for the monitoring of their health. For example, one person's support plan had detailed how they no longer visited an optician for an eye test as they had shown distress when they had last visited. We heard staff giving updates to their colleagues about people's well-being. We heard one staff member say, "She is definitely on the mend but I decided that she was too ill to go out today". We saw in people's care records that people had accessed a range of healthcare services such as the dentist, their GP and psychiatrists where their health needs had changed. We also saw that for one person there was a health 'map' that supported the person to remain healthy and in times of ill-health there was a plan of how to support them. This meant that people received effective support to maintain their health as staff had information available to them.

Good

Is the service caring?

Our findings

Relatives thought that the staff team supported their family members in a caring way. One told us, "I like the staff as they are very caring towards him". Another said, "I can't fault them, I can't believe how caring it is there". Staff described people as adults who they encouraged to make choices for themselves. One staff member told us, "Everyone is an individual and are treated like adults". We saw staff showing a caring approach to people. One staff member supported a person who was unwell. They showed a caring approach to them by speaking gently and offering reassurances. The staff member made sure they were warm enough and observed them for any signs of distress.

People's privacy and dignity was being respected. Relatives confirmed that their family members were treated with respect. We saw staff knocking on people's doors before entering and they spoke with them in a kind and supportive way both listening to them and responding to their questions or body language. Peoples support plans gave staff guidance on how to respect people's privacy. For example, we read, 'Once in the bathroom shut the bathroom door for my privacy'. This meant that people received support that was respectful.

People could be sure that their emotional needs would have been met. This was because staff knew how to support people in times of difficulty. For example, one staff member told us that a person had recently died. They told us how discussions had taken place about how to tell people about this. As staff were not sure if people had understood, memory boxes had been devised. A staff member told us about these and said they were in place, "So that people do not just disappear from their lives".

People were being supported by staff members who knew their preferences and personal histories. We saw that important routines for people had been documented in their support plans and we found that these were being followed by staff members. Staff could describe each person they supported and we heard them talking to their colleagues about how people had spent their time during the day and whether they had enjoyed their activities. This meant that carers cared about things that were important to people.

People's communication needs were known by staff members. We saw that people's support plans had documented how people communicated. For example, some people used body language to gesture when they were happy or sad about something and for other people they used objects of reference. These are specific objects that help people to understand what is happening now and next. For example, a plate might be shown to someone to give them information that it is time for a meal. We saw that the provider had guidelines for staff on 'Great interactions'. These prompted staff to use their listening skills, observations and touch to interact and communicate with people in ways that were meaningful to them. We saw staff using all of these methods. This meant that staff were meeting the communication needs of people in a caring way because they adapted their ways of doing this for each person.

People, where they could, were able to be part of decisions about their care and support. A social care professional told us, "They have been proactive in ensuring that the person is able to make choices". Staff told us that through observing people they were able to understand how they liked their care and support to

be carried out. We saw that these observations had been recorded in people's support plans. In these ways, although people could not always be fully involved in planning their own care, staff showed that they cared by providing support based on the feedback they received when offering support.

People had information about advocacy support available to them. An advocate is a trained independent professional who can support people with making decisions. Staff members told us that people would not always be able to access advocates independently so any concerns about people's wishes or choices would be considered by them or their representative. We saw that one person was receiving advocacy support to help them to make decisions. This meant that staff cared for people's rights.

People were being supported to be independent. One staff member talked about a person who had recently moved into the home from a different service. They described how the person's behaviours had positively changed through supporting their independence. One staff member told us, "All we did was give her own space to gain control over her life". Staff told us how people were encouraged to, for example, help prepare meals and to take part in buying the shopping for the home. We saw that people's support plans had documented the skills that people were learning. For example, in one person's support plan we read about their learning objectives for different activities that they were undertaking. In these ways the provider had considered how to support people to remain independent and staff understood the importance of this.

People were being supported to maintain relationships that were important to them. Relatives told us that they were able to visit without any undue restrictions. One said, "I have no worries as I just pop in". Another told us, "I can pop in whenever I want. They are always welcoming". We saw people initiating physical contact with staff members. They approached the staff member and gave them a hug and smiled when they saw them. Staff told us that they accepted this type of interaction as they wanted people to feel secure and at home. We also saw that people's support plans had documented significant others that were important to them. This meant that the provider had offered a service that was enabling of friendships and relationships that were important to people.

People could be sure that their confidential and sensitive information about their care and support was being handled in a safe way. This was because there were guidelines available to staff for them to follow. The provider had confidentiality and data protections policies in place that staff could describe. We saw that people's care records were being stored securely and only those authorised to view them had access. This meant that the provider had maintained people's rights to privacy.

Good

Is the service responsive?

Our findings

Relatives confirmed that they had contributed to the assessment and planning of their family members' care and support. One told us, "They are brilliant. They talk to us about her needs and we give them information. They try to ask and include her but she is not able to". A staff member commented on how others are involved in contributing to people's support planning. They said, "It's usually the management as people cannot really understand what they (support plans) are for. The person's link worker and the families, they are quite involved". A social care professional told us, "The service has acknowledged the person's care needs and has promoted a person centred approach to her care which ensures that the support is specific to her needs".

People had support plans that were focused on their individual preferences for care and support. They were written in such a way that staff would have been able to offer support that was responsive to people's needs and preferences. For example, there were detailed routines that were important to people such as how people preferred to wake in the mornings and their preference for a shower. We also saw that people had 'wish lists' that included their desire to go swimming more regularly and to ensure they went abroad every year on holiday. We saw photos that showed that these had been undertaken with support from staff. We also saw information available to staff in peoples' support plans about their likes, dislikes and things that were important to them. Staff were able to describe how people preferred their support to be offered and we saw occasions when this was occurring. For example, where it had been recorded that a person enjoyed bright and colourful lights to offer stimulation, these were in place and we saw the person relaxed, smiling and enjoying these. This meant that people received support based on their individual preferences.

People's needs had been regularly reviewed. Relatives confirmed that they had been involved in annual review meetings. They all told us that they had been kept regularly informed of their relatives' well-being and any concerns. One relative said, "We had a review recently. I always attend. She does not have the capacity to understand so doesn't take part". We saw that people's care and support was being regularly reviewed. For example, people's care records were updated where a person's needs had changed and during our visit staff had updated each other on people's changing behaviour or health. This meant that staff had up to date information on the people they offered care and support to.

Staff knew about people's needs. One staff told us that they knew that one person disliked being sung to on his birthday as this gave him great anxiety therefore they were extremely careful in not doing this for him. We heard one staff member say to their colleagues, "I took [person's name] to Tesco's and supported him to smell shower gels". The staff member confirmed that this person enjoyed this type of activity as it made them happy to smell different things. We saw staff giving people the time they needed to undertake tasks and activities and staff were patient and offered support where this was required or requested. This meant that staff knew about and acted on people's individual needs.

People were taking part in hobbies and interests that were important to them. One relative told us, "They have a better social life than me!". We saw that activities were planned such as cycling, swimming, horse riding and going out for pub lunches. We also saw that there was an indoor ball pool and lots of toys and

games available to people in their homes. People's care records had been updated when people had taken part in interests which they enjoyed so that staff knew what people liked. On the day of our visit people were out for large parts of the day undertaking their hobbies and interests of their choosing that matched what was in their support plans. This meant that the provider had made sure that people received personalised care and support based on their interests.

Relatives knew how to make a complaint should they have needed to and told us that they would approach the registered manager or area manager with any concerns. One said, "I know how to complain. When [person's name] first went there the turnover of staff was high but it's not a problem now. I can go to the manager or area manager if I'm concerned". People were being supported to raise concerns or to make complaints. We saw in people's support plans that there was guidance for staff on 'How to support me to make a complaint'. This described how people showed their unhappiness. For example, we read, 'I make it clear when I am not happy', and 'I may sit down on the floor to express when I am unhappy'. We saw that the provider had made available to staff the complaints procedure which contained information about how to respond to complaints. The provider had also made the complaints procure easier to understand for people with learning disabilities. They had done this by including pictures. Where complaints had been received, the provider had taken prompt action to address these and they had been analysed by the area manager to look for ways to limit any reoccurrence. This meant that the provider had robust systems and processes in place to receive feedback from people and their relatives.

Good

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. Relatives felt listened to and staff told us that the registered manager and front line leaders were approachable. One staff member said, "They are supportive and usually sort any issues out when raised with them".

The staff team had a shared vision of the service that they could describe. One staff member said, "It's to enable people with their daily living, provide support based on their needs and wishes". These principles had been detailed in the provider's statement of purpose. This outlined what people could expect from the service which included people having control of their own support and the provider supporting differences in the ways they communicated. These objectives were the focus of the staff and the front line leader when we spoke with them. This meant that staff had shared goals about what the service strove to achieve and therefore provided support based on this.

Staff felt supported by the provider. One told us, "It's all fine. There are no problems there". They described how there were regular team meetings to discuss ideas for improving the service and that either the front line leaders or the area manager were available for guidance and support where this had been necessary. We saw that team meetings had occurred every two months and had documented discussions, for example, about training needs and ideas for how practices could be changed to improve outcomes for people. Staff members felt that individual meetings with their supervisor were beneficial to their work. One told us, "They help me to think about my work and how I am working with people". In these ways the provider had offered staff members opportunities for support and feedback and had welcomed their ideas on how the service could be improved.

Staff knew how to report concerns about a colleagues' poor performance should they had needed to. This was because the provider had made available to them a whistle blowing procedure which they could describe. Staff told us that they would approach the front line leader in the first instance and that the area manager was also contactable. We saw that the provider's policy detailed other agencies that staff could raise concerns with including the Care Quality Commission. This meant that there were ways for staff to raise concerns about their colleagues' performance to make sure that people received quality care and support.

Relatives had been asked for ideas on how the service could develop. The provider had issued questionnaires to them in the last 12 months and had also invited relatives to regular meetings. We saw that feedback had then been used to develop the service. For example, where feedback was obtained about involving people in recruiting new staff, the provider had given feedback that they would do this wherever possible. In this way the provider was open to ideas for how to improve the service.

The provider had carried out, and recorded the results of, quality checks of the service to see if the care and support was to a high standard. These checks had included checking that staff were working with people in a positive way. For example, we saw that competency checks on staff had occurred recently. These had checked staffs' practice when working with people and included checking that they were working with

people in a dignified and caring way. We saw that other checks were occurring on the quality of the service. These had included accident and incident and medicines audits. However, medicines audits had stopped occurring in the last six months. The front line leader explained that this was something that the registered manager had previously undertaken. The provider gave us assurances that these would be started again so that medicines systems and processes were checked regularly. We saw that the provider had recently analysed the whole service and had developed a service development plan. This sought to improve the service by looking at, for example, the reasons why staff had left the organisation and seeking to make sure that every person who used the service had a person-centred plan in the next 12 months. In these ways the provider was planning and implementing checks on the quality of the service to improve outcomes for people.

The front line leader and area manager were aware of their responsibilities in the absence of the registered manager. We saw that they had submitted the required notifications to the CQC for significant incidents. We also saw that they were working in partnership with local authorities to make sure that people's support needs continued to be met. For example, we saw that there was discussion about people's changing needs. The provider had also ensured that a range of procedures were in place to challenge the poor performance of staff such as a disciplinary policy. The provider also had processes in place to recognise good practice. We saw that regular newsletters were made available to staff that had included positive news stories such as the progression of staff within the organisation. This meant that the provider had systems and processes in place that demonstrated effective leadership.