

Royal Mencap Society

Mencap Domiciliary Care Southend

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The announced inspection took place on the 6 and 8 December 2016.

Mencap Domiciliary Care Southend provides a service offering community support and personal care. The domiciliary agency provides practical day to day support for adults who have learning disabilities and other associated needs. The care is provided to people in a supported living capacity across five individual homes where people live in their own tenancies. At the time of our inspection the service was providing bespoke, flexible support packages to 15 people. There was support provided 24/7 where required and the service aimed to enable people to live as independently as possible within the community.

The offices of the service are situated on the ground floor of an industrial park and were wheelchair accessible.

The service is required to and did have 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 oversees the running of the whole service and is supported by two service managers all of whom have the necessary training to support the people who use the service.

Staff had good knowledge of their responsibilities and how to keep people safe. Staff understood their roles in relation to encouraging people's independence whilst mitigating potential risks. We saw how staff were actively taking steps to help people acknowledge risks and how to keep themselves safe. Medicines were prompted or administered and managed safely where necessary.

There were sufficient numbers of support staff to provide people a flexible and person centred service. A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks.

People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). Management applied and ensured such measures were appropriately adhered to. Staff supported people to maintain healthy balanced diets and encouraged people to make healthy choices. Staff and managers supported people to access healthcare services. Appropriate systems were in place to make certain appointments with health professionals were attended to ensure good health of the people.

The service provided good care and support to people that enabled them to live meaningful lives. There was a visible, person-centred culture whereby people and staff had built positive relationships. People had also been supported to create and build friendships with each other to form a community. Dignity and confidentiality was valued by staff and were observed to be respectful and caring towards people.

People were provided support in a person centred way by staff who clearly displayed good knowledge of the people they supported. People were helped to identify their own interests and pursue them with staff who also enjoyed the same interests.

People, relatives and/or their representatives, where appropriate, were involved in making decisions about their care and support. People's needs were regularly reviewed, re-assessed with them and the care plans changed to meet their needs. The changes were recorded and updated in the person's file that was regularly monitored and reviewed.

The service was well led and ran effectively using the provider's uniformed quality monitoring and compliance tools. A complaints procedure was in place and had been used appropriately by management. Systems were in place to make sure that people's views were gathered and acted upon.

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.

There was a high level of understanding from support workers of the need to make sure people were safe.

There was enough staff to meet people's needs. Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

People felt safe with the staff. Support plans and risk assessments were in place to ensure people's safety and autonomy.

Medicine was administered safely. Staff had been trained to prompt and administer medicine.

Is the service effective?

Good ●

The service was effective.

Staff were supported to receive additional training specific to people's needs. Staff were able to apply knowledge to support people effectively.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

The service had a visible person-centred culture where staff and people had developed positive relationships.

People's privacy and dignity were respected and people's views were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People were supported to identify and carry out their own person centred interests as well as form a community of friends within the service.

Support plans contained detailed information required to meet people's needs.

Complaints were investigated and acted upon appropriately.

Is the service well-led?

Good ●

The service was well-led.

Management were respected by staff that aligned themselves with the values of the service.

There were quality assurance systems in place to identify and make improvements to the service.

The service had an open culture and they gained people's views of the service to continually improve.

Mencap Domiciliary Care Southend

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.

We inspected Mencap Domiciliary Care Southend on the 6 and 8 December 2016. This was their first inspection which was announced. We gave the service 48 hours' notice of the inspection because the service is a domiciliary care agency and the service's management is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, 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 checked information we held on our database about the service and provider.

The registered manager was unable to attend the inspection due to commitments; however two area managers made themselves available to represent the service's management. We spoke with five people, two service managers, six members of staff, two social workers and a district nurse. We observed interactions between staff and people. We looked at management records including samples of rotas, people's individual support records and associated risk assessments for five people. We looked at four staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People consistently told us they felt safe using the service. One person said, "Oh yes of course." when we asked them if they felt safe. Another person said, "They [support workers] are nice, I trust them." One staff member said, "I've worked really hard to support people and [person's name] has changed so much. I think it's because they feel safe and trust us [support workers]."

There was a high level of understanding from support workers of the need to make sure people were safe. During their induction all staff received training in safeguarding and subsequent training to refresh their knowledge. They were able to identify how people may be at risk of different types of harm or abuse within the community and confidently told us they would report concerns to their managers or other agencies to keep people safe. One support worker told us, "I would be mindful if people weren't eating well or being withdrawn or any unusual changes in each individual's behaviour patterns. People are open to all different types of abuse. We constantly reinforce to people that when they open the door to their home they should keep the chain on until they know who it is and ask for identification if we aren't with them." When we visited one home a person asked for our identification before we were invited in. This demonstrated that support workers were enabling people to recognise and respect their own safety.

Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Another support worker told us, "You have to be aware all the time to make sure people are kept safe, harm can come in different types, like physical or mental abuse, or neglect or even from strangers in the community. We talk regularly to [person's name] about when they're out on their own shopping and to be aware of who's talking to them and to put their purse in their bag while they're at the till. It's great their confidence has grown being able to manage their money but we still need to make sure they are safe." The service's website also supplied clear and accessible contact details if people needed advice or support.

Risks to people using the service were managed so that people were protected and their freedom was supported and respected. We saw in people's support plans comprehensive risk assessments of how to protect people from potential harm in the community and within their own homes. The most appropriate support for each individual had been determined by asking them their wants and needs and discussions with all relevant persons had been had and documented. For example, people were supported to travel by taxi between service locations, to visit friends, independently and safely with support from staff and a taxi company. Staff were trained in first aid. If there was a medical emergency staff knew to call the emergency services and were able to provide examples of when they had correctly deemed it necessary to call for paramedics.

All accidents which occurred were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager and provider audited all the accidents and incidents which occurred at the service. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

The area and service managers told us the importance of building relationships to make people feel safe. We also saw pictures of support staff that had been pinned up in people's homes so they knew who would be providing them with support. We saw people use this to remind themselves of who would be supporting them that evening and later in the week. People consistently reported to us that they felt safe with all the support workers.

The sample of rotas we looked at reflected sufficient staffing levels. Mencap Domiciliary Care Southend used Mencap's staff relief service, when required which enabled shifts to be covered for staff to attend training days whilst continuing continuity of care for people. Support workers told us that they were happy more staff had recently been recruited and now felt that there were enough staff to support people at every location. One support worker told us how they had collaborated with the service manager to develop four week rolling rotas by imparting knowledge about people and staff so they could ensure consistency for people and flexibility for staff. Staffing levels were adapted to meet people's needs. The service manager told us that some people preferred not to go to day centres together so support staff were deployed sufficiently to ensure people were supported to lead fulfilling lives and had access to the community to go where they wished each day with support workers they enjoyed being with.

An effective system was in place for safe staff recruitment. The recruitment process included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview was conducted by two managers and included scenario based questions to identify people's skills and knowledge of the care field they would work in. The questions were based on the organisation's core values. People using the service were involved in the selection process of prospective staff by undertaking activities with them, such as baking. People's views were sought regarding the suitability of candidates. We saw relevant checks had been carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People that needed medicines administered, received them as prescribed by staff who had received training in medication administration and management. One person explained to us how they attended GP appointments on their own but support staff helped them reorder their medications. We found staff knowledgeable about people's medicines and conscientious about supporting people to attend annual medication reviews with their GP's. The service carried out daily and weekly audits of the medication and addressed any errors to ensure people's medications were always managed safely. One service manager told us how they were intending to improve medication audits to ensure they were even more robust.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by support staff with the necessary skills and knowledge. Staff received an induction and on-going mandatory training. The initial 12 week induction was comprehensive and based on the 15 standards of the 'Care Certificate'. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff. New members of staff shadowed more experienced support workers until they felt sufficiently confident to provide support by themselves and the service was also confident they were equipped to do so. We were told by an area manager that where necessary shadowing periods were extended for support staff until they were satisfied and felt confident to perform their role. As part of their induction support staff had successfully completed training and competency observational tests in medication and finance support. A service manager also told us, "Managers undertake exactly the same induction process and content as support workers so we can understand their role and how to help them fulfil it to the best of their ability. It's the most thorough induction I have ever undertaken in my career; you are really supported to gain the knowledge to be successful in supporting others."

Support staff told us there were regular monthly staff meetings, one to one supervisions and annual appraisals. This was confirmed within staffs support files we saw. This was in addition to the informal day-to-day supervision and contact with the office and management team. The area managers advised us and we saw that supervisions were centred on Mencap's core values. Support staff had recorded discussions with managers which identified to us how they had applied organisational values to their work. Furthermore support workers demonstrated how they used a tool called 'Shape the future' to identify how they hoped to improve their skills and knowledge to help improve themselves and the service in the future. Staff were encouraged to do additional training to continually develop their skills. One member of staff informed us, "During a staff meeting we discussed that we'd all like to learn more about Alzheimer's, so at our next meeting a specialist is coming to speak with us and provide more training." The service manager confirmed this. Another support worker told us how she knew how to use Makaton (a language programme to help people communicate) and had taught some of the other support workers basic Makaton skills. The service manager advised us that this had been recognised as others had voiced their want to learn Makaton and training was being sought. A social worker told us, "My experience dealing with Mencap has been very positive and their support workers are very focused and knowledgeable in the field of Autism."

People told us their needs were consistently met by competent staff and spoke fondly of the support staff and management. One person described the service as, "A very good service," another said, "They help me if I need anything, I'm independent but, yeah, I know they will always help if I need anything." The area and service managers collectively told us how they provided a flexible service to meet people's needs effectively and that they continuously adapted the rota to meet the wants and needs of individual people. Due to the nature of the service having five main homes that support staff visited, continuity of care was provided in a supported living capacity by the same groups of regular support staff attending the same people. People were aware of their key workers but observations revealed that people were extremely familiar and comfortable interacting with many members of staff and had built positive caring relationships.

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. We checked whether the service was working within the principles of the MCA.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions the registered manager ensured, where appropriate, advocates or their friends and family were involved. The service managers gave us examples of people who had involvement from the Court of Protection to make decisions on people's behalf for financial affairs. This meant that people's right to make the decisions they were able to, was upheld.

The staff had a clear understanding of people's rights in relation to staff entering people's own homes. Staff told us how they help people make choices on a day to day basis and how to support them in making decisions. We saw support staff discussing people's day to day choices in a respectful and supportive manner. Staff told us that they always consulted with people and their families, and supported them with making choices.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. We saw support staff having discussions with one person about planning a healthy dinner that evening. The person's support records stated that support workers were to encourage healthier food options in order to manage health concerns. A support worker told us, "There are some people we have to record what they are eating so we can look back through records and make sure they are consistently eating a balanced diet." Another support worker explained to us the importance of knowing each individual and what they like and dislike and described specific ways of how they encouraged people to try new healthy foods. People were encouraged to be as independent as reasonably possible when preparing their meals. We saw documentation that people regularly socialised together and with their families in eateries. This meant that people were supported to be independent and maintain a healthy diet whilst socialising with friends and family around their meals.

Support workers understood what actions they were required to take when they were concerned about people's health and wellbeing. One person told us, "They help me meet all my hospital appointments." Health appointments were recorded in the service's quality monitoring system which flagged up when the appointment was almost due to ensure arrangements could be made to support people to attend. We saw in one person's records that they needed to attend their GP surgery at regular intervals for specific treatment. We saw in support records that people were consistently supported to attend their appointments.

Is the service caring?

Our findings

People told us they were extremely pleased with the caring nature of staff and the service as a whole. We observed numerous meaningful interactions between people and support workers. One person laughed and pointed as they told us, "They [support worker] are my waiter. Does everything for me, bathes me does my hair and nails. They're lovely." The support worker responded by telling us they enjoyed baking cakes together and the person sat in the kitchen and chatted to them whilst staff prepared their meals. The service had a strong, visible person-centred culture where staff and people had developed positive relationships which maintained people's involvement. The support staff were organised to ensure that people primarily received support from a select number of staff that knew them well. Information regarding support of the person was communicated by staff in daily notes to each other. A social worker explained to us how they felt the support workers had interacted with one person very positively and that as a result their complex anxieties had remained stable.

Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people. For example one support worker told us how there had been discussions at one staff meeting to stress the importance that the right staff supported people with each chosen activity. For example one person supported with aqua aerobics benefited more when the support worker also participated. So those staff who did not like or couldn't swim, no longer accompanied the person on that particular activity. This showed that the service took care to match staff with the interests of people in order to enhance wellbeing and achieve their own goals whilst having fun.

Support staff had also facilitated positive relationships between people. We heard one person asking where someone else was, as they were eager to see their friend they lived with in the morning. One person told us how they had made many friends at all the clubs they went to but they had made one great friend in particular, who lived at one of the other five homes, as they attended the same clubs and events. They had also been supported to go on holiday together.

Support staff were very mindful of people's emotional health. Creative and practical action had been taken to relieve people's stress and discomfort with regard to finding loving, meaningful relationships as well as coming to terms with the loss of loved ones. Support staff voiced to us the responsibility they felt for making people feel like they matter. One support worker explained to us how they couldn't even consider leaving the service as they wanted to support people, who they considered as family, through their changing health needs as they got older.

People told us they felt listened to and were supported to express their views. Regular discussions were had with people about what's important to them. People showed us scrap books they had created which enabled them to creatively show others what was important to them. For example one scrap book we saw detailed the person's vision of exactly how they would like their room to be decorated. It allowed them to plan and budget and they were extremely proud when they showed us their room. Meetings were held monthly at each of the homes so people could discuss any complaints, safety concerns, social activities or any other business. Meeting minutes detail some people had identified earlier this year that they would like

to attend the local theatre for a Christmas meal together. During the inspection people told us that they had really had a lovely time at the Christmas meal that had been arranged at the theatre. This demonstrated that people's views were acted upon.

Support workers advocated for people when appropriate. The service also supplied people with contacts of advocacy agencies. People had been supported to establish the necessary contact with advocacy services to ensure their voice was heard.

People's privacy was respected whilst ensuring their safety. At one of the homes a person showed us their bedroom which had an additional locked adjoining door to their en suite. The service manager told us that they were able to respect the person's independence and privacy whilst they used their bathroom but support workers were able to gain access if necessary and assist them in the event of an emergency. We saw that support workers knocked on people's doors before they entered and told us that they were mindful to be respectful as they were visiting people's homes. We were assured that people's dignity and privacy was respected.

Is the service responsive?

Our findings

A robust pre assessment process was in place. Service commissioners forwarded assessment information to the service, regarding people's needs. The agency also carried out assessments prior to providing a service to identify if they could meet people's needs appropriately and that the commissioning assessment had covered all aspects of people's needs. An assessment visit was carried out in conjunction with people who would be using the service and relatives, if appropriate, to confirm the identified needs were accurate and to confirm the required tasks. This was to prevent any inconsistencies in the service to be provided.

People's needs, choices and preferences had been considered which resulted in people receiving personalised care. The area and service managers told us that the pre assessment was a significant process and that people's needs were continuously reviewed during the initial stages. For example one person had been assessed as requiring extra support during the first few weeks to help support them with the changes in environment and other difficulties that arose during the transition. Their needs had since been reviewed and the extra support is no longer required due to the fact they now feel settled in their home. The area managers confirmed that people's dependencies were reviewed monthly to ensure people were receiving the correct hours of support. There were several examples of people's hours that had been increased or decreased in response to a review of individual needs.

Care plans were individualised, person focused and the management team told us that people were encouraged to contribute to the support plans and update tasks with their key workers if any change in need arose. The support plans detailed the agreed support and gave information that would help staff familiarise themselves with the person and their needs. Support staff had signed to demonstrate they had read each review of needs. Support plans included how they would like to be addressed, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical history. There was also an abbreviated 'Grab and run' sheet that contained essential information.

The area managers explained to us how support plans were being revised to contain all relevant information in a condensed easy read and picture format which would facilitate further the involvement of people during discussions of their own care. Future developments were also explained to us regarding the implementation of quality of life indicators to document how people are developing in life and would be used to identify how to have a bigger positive impact on people's wellbeing and future.

Care and support was planned and reviewed with people and where applicable their families and health professionals. When we asked people if they knew about their support plans one person told us, "Yes I know about my file, they talk to me about what I want and if I need anything changed." Support workers asked permission from people before they showed us people's support records. We saw in one person's support file that support workers had sought advice and it was agreed by their GP that it is acceptable for the person to receive their medications between extended time frames when they returned home some days. This enabled the person to attend their clubs in the evening and avoid potential isolation and negative effects on wellbeing.

Additionally support workers and service managers told us how they were researching how to be trained further regarding monitoring health needs and administering time specific medications. They explained to us how when this training is completed, people's daily time restrictions will be eradicated as people would not need to always make sure they are at home for twice daily district nurse visits. We saw the support worker happily tell one person they would be able to stay out for longer in the day and organise holidays as a result. It was clear that the responsiveness of the service to this person's changing health needs would have a positive impact upon their future.

People's strengths and levels of independence were taken into account by the service. Many of the people had been using the service for several years and we also spoke to support workers who had been employed with the service for several years. Therefore the support workers were aware of people's physical limitations and were able to identify when people were taking on too much. Nevertheless increasing people's independence was a strong motivation for support staff. People were supported to undertake travel training. One support worker told us, "When I first met [person's name] they wouldn't even get on a bus as they had severe anxiety because of a previous traumatic event. But we started travel training and over the course of over a year we took photographs of all the bus numbers and specific locations so they could remind themselves of each stage of specific routes. Now we can phone their relative to tell them they're on their way and they can use the bus alone."

People's achievements were celebrated. Main activities and events were recorded monthly for people to read in summary and an 'Our Year' report was produced annually for everyone to reflect on what they had achieved every month as a community. Reflection events were held and people invited whoever they wanted to celebrate what they had achieved.

People were supported to follow their own interests and social isolation was avoided. One person had identified that they wanted to get on a plane. A support worker told us how they had taken initial steps and regularly visited the restaurant at the local airport with the person so they could watch the planes take off and land together. Copious amounts of evidence was provided to us detailing all the events that people in each of the homes were supported to attend daily, weekly and annually. For example, holidays, theatre trips, art classes, church events, gardening groups, afternoon teas, trips to garden centres, country estates and much more. Festive events were also celebrated. We saw that festive decorations had been put up in people's homes with everyone's agreement and people put on their own festive music when we visited.

One person also told us how they were supported to attend church service every Sunday and college classes in the week. Another person was supported to attend the offices of Mencap Domiciliary Care Southend where they had chosen to undertake a cleaning job once a week for a couple of hours. People told us and we observed that they were contented in their own homes and pottered around doing what they chose and were supported by staff as required. We met the support worker who had been appointed as the Activities Champion. They were clearly enthusiastic about their role and felt passionately about supporting people to follow their interest's every day.

Support workers listened to people's experiences. We saw in documentation recorded from a monthly meeting held for the people that they declined bingo at another home as they were planning their own firework party. People actively chose how they wanted to spend all of their time. Some people in the service had sadly been through negative experiences in their lives including the loss of family. The staff had acknowledged the need for people to express themselves and suggested the development of a memory garden in the grounds of one of the homes. People had agreed to this idea and the project would go ahead in the new year with the involvement of anybody who chose to.

There was a robust system for logging, recording and investigating complaints. We saw that people were given the opportunity to raise any complaints in monthly meetings. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Support staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

Is the service well-led?

Our findings

People said that they felt comfortable speaking with the registered manager and service managers. We also saw fun, light hearted interaction between people and the service managers. It was clear that the managers had a strong presence within the service.

The service demonstrated good management and leadership. Although the registered manager was unable to attend the inspection due to prior commitments, the service ran smoothly and effectively in their absence. The service managers both told us how the registered manager was a strong, experienced support and they all worked well together to apply the vision and values of Mencap into safe and effective care for people in their own homes. Area managers and service managers told us how they all shared the responsibility of the on call out of hours management support. This support allowed support workers to gain advice and for safeguarding concerns to be responded to immediately no matter what time of the day.

The service promoted a positive, open and transparent culture. A social worker told us, "The senior manager that I have worked with has always been very open, honest and transparent in their dealings with me. They are always very professional." Mencap Domiciliary Care Southend clearly outlined how they strive to put people at the heart of everything they do, without letting them down and are willing to challenge unfairness to create positive futures for people. The visions and values of Mencap were clearly embedded into everyday practice. The management team were open and confidently described and endorsed the provider's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, displayed around the office and on the service website. Staff understood them and they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Additionally, staff felt valued and supported by management who had regular contact with each other enabling them to voice their opinions, exchange knowledge and share information. This included during monthly staff meetings. Support workers repeatedly told us their ideas were listened to and acted upon by both service managers. One support worker told us, "[Service manager's name] is brilliant; I didn't have any support in my old job so it's great that they are so enthusiastic and get things in place straight away." Staff were asked their opinions on the leadership within the organisation and feedback gained was reviewed in order to improve management leadership skills.

Uniformity across the provider's locations was demonstrated as area managers from other regions attended the inspection to support the service managers. Due to the systems and processes that were implemented throughout the organisation it was possible for managers to gain an oversight of each service instantly to ensure safe and effective management can be continued. The area managers explained that daily, weekly, monthly and quarterly audits were generated in order to ensure people's needs were being met and improvements were driven within the service.

Compliance tools were used to record and audit the service delivery for each individual person that used the

service. There were systems in place for the registered manager to audit and monitor all aspects of care provided. Action plans were created in response to these regular audits and actioned by service managers. The service carried out regular reviews with the people regarding the support provided. They noted what was most important to the person, how they could be best supported and any compliments and comments to identify what the person considered the most important aspects of the service for them. This was an individualised approach to monitoring the quality of their care. Quality checks took place that included regular discussions with key workers and regular visits from service managers. We also saw people were welcomed to visit the office. Questionnaires were distributed to people, health professionals and relatives in order to gain feedback and identify where improvements could be made within the service.

Complaints, medication records, staff files and training, support plans and risk assessments, accidents and critical incidents were all audited regularly at local and provider level. The area managers told us that the service used this information to identify how it was performing, any areas that required improvement and areas where the service performed well. We were told that compliance tools were being developed in order to address improvements that had been identified over time by service managers across Mencap. One area manager told us, "Our systems are actually useable. We use them to develop and improve the service for people. It's important to think about the legacy we want to leave behind and how to empower your staff to provide a good service." We were assured that the values of the service had been filtered down effectively to support workers by active listening from management.