Mid Warwickshire Society For Mentally Handicapped Children And Adults

Way Ahead Support Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Way Ahead Support Services is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 57 adults. Sixteen of these people receive a supported living service in three shared properties owned or leased by the provider. The provider is responsible for managing these properties.

We visited the offices of Way Ahead Support Services on 22 and 23 February 2016. The inspection was announced. This was to ensure the manager and staff were available when we visited, to talk with us about the service.

The service is required to have a registered manager in post. 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. At the time of this inspection, the service did not have a registered manager in post and had been without a registered manager since July 2015. There was a new manager who had been in post since January 2016, who was in the process of applying to become the registered manager.

People told us they felt safe using the service and staff understood how to protect people from abuse. Not all safeguarding incidents had been referred to appropriate agencies, since the previous registered manager had left in July 2015, however the new manager had developed a new system to track safeguarding incidents in future. Staff recorded accidents and incidents, on people's support plans. There were other processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on care workers to ensure their suitability to work with people who used the service.

There were enough staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively. People told us staff were sometimes late or did not attend care calls. There was no consistent process to identify missed or late calls, or to investigate the reason for them.

Staff understood the principles of the Mental Capacity Act (MCA). They respected people's decisions and gained people's consent before they provided personal care. It was not clear on people's records if they required support to make decisions. However people's records showed their families and other health professionals were involved when they did not have capacity to make their own decisions, and any decisions made were in their best interests.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence.

Care was planned to meet people's individual needs and preferences and support plans were regularly reviewed. Support plans and risk assessments contained relevant information for staff to help them provide the care people required. People were involved in planning how they were cared for and supported.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the senior management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were some processes to ensure good standards of care were maintained for people. However during the period where there had been no manager in place, there was a lack of oversight by the provider because it was not clear which senior manager was responsible for fulfilling the missing manager's duties. Systems were not put in place to ensure information about important events was shared appropriately within the service. Therefore during this period some information about important events was not analysed by senior managers and learning could not take place across the service to minimise future risks. The new manager had recognised these issues and had taken steps to make improvements since starting their role in January 2016.

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.

Staff understood their responsibility to keep people safe and understood the risks relating to people's care. However not all safeguarding incidents had been referred to appropriate agencies, during the period between July 2015 and February 2016. Risk assessments and checks on staff to ensure their suitability to work with people who used the service, minimised risks associated with people's care . There were enough staff to deliver care and support to people, however some people told us staff were sometimes late or did not attend care calls. There was no consistent process to identify missed or late calls, or to investigate the reason for them. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA). They respected people's decisions and gained people's consent before they provided personal care. It was not clear on people's records if they required support to make decisions.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff ensured they respected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good

The service was responsive.

Care was planned to meet people's individual needs and preferences and support plans were regularly reviewed. Support plans and risk assessments contained relevant information for

staff to help them provide the care people required. People were involved in planning how they were cared for and supported. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the senior management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were satisfied with the service and felt able to contact the manager if they needed to. There were some processes to ensure good standards of care were maintained for people. However where there had been no manager in place, the provider had not clarified which existing senior manager was responsible for fulfilling the missing manager's duties. Systems had not been put in place to ensure information about important events was shared appropriately, so that some information about important events was not analysed by senior managers and learning could not take place across the service to minimise future risks. The new manager had recognised these issues and had taken steps to make improvements since starting their role in January 2016.

Way Ahead Support Services

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 22 and 23 February 2016 and was announced. We told the provider one day prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we sent surveys to people who used the service to obtain their views around the quality of care they received. Surveys were returned from 14 people who used the service. During our inspection we spoke with the provider, the manager, the compliance manager, the central operations manager, a team leader, two senior support workers and three support workers. Following our inspection we spoke with nine people who used the service and one health care professional who was treating someone. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We reviewed four people's support 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, including 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 because they received care from staff they knew well and trusted. Two people told us, "Carers keep me safe" and "The team leader always comes out when I am worried about something." People told us they had lifeline pendants to ring for help which made them feel safe. All 14 people who responded to our survey told us they felt safe from abuse or harm.

Records showed that not all events that might mean a person was at risk of harm, had been referred to appropriate agencies, such as the local authority and the CQC, during the period where there was no registered manager. During this period the provider told us the senior management team had shared the responsibilities to provide the CQC with notifications about important events that occurred at the service and notify other relevant professionals about issues where appropriate, such as the local authority. The manager was aware there had been gaps where serious events had not been reported to external agencies and explained that they had arranged for all staff to receive training sessions in team meetings, in order to raise their awareness of how to follow the provider's process to report serious incidents and escalate them internally to their manager.

The manager had developed a new system to track incidents, so they could identify patterns and introduced a new form for staff to complete following any potential incidents which may mean a person was at risk of harm. This was designed to help them identify where improvements were required to keep people safe and to ensure the event had been referred to the relevant external agencies as required. The manager told us, "This should help learning to try and prevent events from happening." The manager took action straight away on the day of our visit, when concerns were raised about the lack of reporting. They referred matters to the local authority and worked with them to ensure people were protected. Following our inspection, the manager made referrals of potential safeguarding concerns to external agencies, including us and the local authority.

Staff knew what to do if concerns were raised. A member of staff told us, "I know the clients well so I would know if something was wrong. I would go straight to my manager to report and make sure everything was documented." They explained they had done this recently and were satisfied with the way the issue had been dealt with by their line manager. Another member of staff told us they felt concerns were taken seriously by the management team. People who used the service told us they felt comfortable talking with staff if they felt unsafe.

Staff recorded accidents and incidents on people's support plans and informed their line managers. However information was not shared with senior managers, so they had not analysed information or shared their learning across the service. For example, one person had a fall and this was recorded on their support plan. We saw that actions had been taken to minimise risks to the person, however information about the incident had not been shared with the senior management team. Therefore there was a lack of senior management oversight because there was no system in place to review incidents which had occurred within the whole service. We discussed this with the manager who told us they were not aware of any incidents that occurred since they had started work in January 2016. Therefore they had arranged for all staff to receive

training sessions in team meetings, in order to raise their awareness of how to report incidents and to ensure incidents were notified to the management team in future.

People had different experiences of receiving care calls and three people told us there had been missed calls where they had not been contacted in advance. They told us, "I have had missed calls, not very often"; "No one came and I was waiting in for them, they apologised for that" and "Sometimes they phone and say sorry." We discussed this issue with the senior management team, who were responsible for monitoring care calls were delivered safely. The compliance manager told us care calls were electronically monitored during office hours and staff logged their call times using their phones. The central operations manager reviewed the electronic system to identify any issues during office hours. Outside of office hours, late or missed calls were only identified if someone contacted the manager on call. The central operations manager was aware of some incidents of late calls and had taken action to investigate these. However other managers, including the provider, were not aware there had been additional missed calls. There was no consistent process to identify missed or late calls, or to investigate the reason for them.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to providing their care and support. Staff knew about individual risks to people's health and wellbeing. Records confirmed that risk assessments had been completed and care was planned to take risks into account and minimise them. For example, a member of staff told us about one person whose physical health had deteriorated. They told us, "We've been trying to put things in place to minimise risks for them." They had involved an occupational therapist (OT) to obtain adaptions for their bathroom and they supported them to use grab handles and rails around their home. They explained how they shared information with staff at team meetings and looked at the person's support plans to identify any changes to their needs. A member of staff told us, "People's key workers are responsible for picking up new risks and writing them down. We review people's risk assessments at team meetings and staff make suggestions." A key worker is a member of staff who is allocated to support a person on an individual basis. Another member of staff told us they had raised concerns to their line manager about one person's care needs and improvements were made to the person's support.

The provider ensured that risks to people were minimised in their home. People told us key workers helped them maintain their tenancies and supported them with health and safety issues. One person told us, "Carers are good at health and safety." Staff had completed risk assessments of people's homes, including any specific risks to people, such as using specialist equipment, to ensure they were safe in their homes. The provider was responsible for health and safety issues affecting the properties they managed. Records showed there were weekly safety checks for all fire equipment, maintenance of utility services were monitored and there was a maintenance log and safety log in each property managed by the provider. The provider explained that they had employed an external company to make fire safety checks on the properties they managed, in order to ensure people's safety. Following recommendations, they had carried out improvement works, such as updating fire evacuation plans for premises.

People told us there were sufficient staff to meet their needs. One person told us, "Staff stay long enough to do tasks." However some people told us staff were sometimes late and did not always stay the allocated time. Two people told us, "Sometimes they are short staffed and they need more help" and "When short staffed, staff do not always arrive on time." The manager explained that staff shortages in the past had led to reductions in people's call times, but this was no longer an issue. They told us, "We contact the client to get their permission to keep a log of what time we owe and we report reduced call times to the local authority. We try and be creative in activities if we owe people time, we may suggest taking them on a visit." The manager told us, "We have used regular agency staff in one team, but using agency doesn't offer consistency

and we don't like to do it." They told us shifts were also covered by bank staff and they were currently recruiting for new staff.

The provider checked that staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. One person told us, "Carers help me with medicines and check to make sure I've had them." Staff had received training to administer medicines safely which included checks on their competence and spot checks by their line manager. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MAR sheets were checked by key workers each month for any gaps and errors. Staff knew to tell their line manager if they had made a mistake with medicines and told us they felt supported to do so. Records showed medicine errors had been reported and the manager had analysed the reasons for errors and action had been taken to make improvements to ensure people were protected. One member of staff told us what action they would take if people consistently declined their medicines, they said, "I would refer to their GP and inform management."

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Thirteen of the 14 people who responded to this question in our survey said they thought care and support workers had the skills and knowledge to give the care and support they needed, (one person disagreed). One person told us, "Carers are helpful."

Staff told us they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included internal training from senior staff and working alongside a more experienced worker, before they worked on their own. One member of staff told us, "I shadowed people at different times and on different shifts. Everyone is extremely patient and friendly and it doesn't matter what questions I ask. I'm enjoying the training it's preparing me to start my role." The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Staff received training to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and food safety. New staff had completed distance learning training and reminders about policy and practice had been provided to all staff at team meetings. Staff were positive about the training they received. A member of staff told us, "Training is really good. I was new to care when I started. They've been really good at helping me settle into my role. I can talk things through with them." Staff said they were supported to do training linked to people's needs, such as epilepsy awareness. One member of staff told us it was, "Extremely useful. If I had further questions I could go to any of the staff." Staff recently received training specifically about one person's needs from a health professional who treated that person. A member of staff told us, "The speech therapist came to our team meeting last week to help train us on how to communicate with one person. This helped."

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' of their practice. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. Some staff commented their managers were busy and supervision had been delayed. We raised this issue with the manager who told us supervision was not up to date for all staff, but showed us that it had been scheduled to ensure that all staff were seen by their line managers within the next three months.

Staff told us they felt supported by the provider to study for care qualifications. One member of staff told us, "I was supported by work to do a level 3 NVQ." The manager told us they were supporting staff to do a variety of different courses, for example, all team leaders completed a bespoke team leader course from an external trainer when they started in the role.

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 service was working within the principles of the MCA.

We found there were no documented mental capacity assessments for people, so their capacity to make decisions was not clear. The manager told us they were working with the local authority to clarify people's needs around their ability to recognise risks and decision making. The manager told us they currently supported one person they believed lacked capacity to make decisions about how they lived their daily lives and they were working with the local authority to review this person's needs and abilities. A Deprivation of Liberty Safeguards (DoLS) application had been made for this person because a potential restriction to their liberty was included in their support plan. The manager was awaiting the outcome of the DoLS application.

The manager told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. We found that where people did not have capacity to make complex decisions, decisions had been made in their best interests. For example a best interest decision about a treatment option for a health issue had been made with one person. The decision had been clearly recorded in their support plan and involved appropriate people including health professionals.

The manager told us existing staff had not received training on the Mental Capacity Act 2005 (MCA), but new staff had received an overview in their induction. The manager was aware of the potential gap in staff's understanding of the principles of the MCA. The manager had arranged for staff to attend awareness raising sessions with their line managers and formal training was being organised. Staff understood their responsibilities under the MCA and they told us how decisions were made in people's best interests where required. Staff told us, "If someone has dementia they might not have capacity to make some decisions. It's about their understanding. Quite a lot of people have advocates and social workers and we work alongside those" and "It's about if people are able to make their own decisions and supporting them to make choices."

Staff knew they could only provide care and support to people who had given their consent. One member of staff told us how they gained consent from someone who was not able to communicate verbally. They said, "We ask a question and wait for a response. They will use signals, write things down and show pictures."

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to support their independence. One person told us they were on a diet to lose weight and how staff, "Were helping them with a healthy diet." A member of staff told us how they encouraged people to choose healthy meal options. They said, "We look at cook books, on the internet and in shops, getting to know what they like and we do a meal planner every week with some new foods to encourage them to eat different things."

Staff told us they knew people's individual requirements and made sure people were supported with food, drink and support in a way that met their needs. Staff told us how they had identified that one person's support needs had increased at meal times, due to an ongoing health issue. They explained how the person's needs had been assessed by the speech and language therapist and additional support was offered at meal times to ensure they could eat their meals and maintain their independence.

People's health was monitored and where a need was identified, they were referred to the relevant healthcare professional. People told us staff supported them to attend health appointments. Two people said, "Staff help make appointments and go with me" and "Staff took me to the doctor and the doctor made a referral for me." A health care professional we spoke with following our visit told us, "Staff contact us when

issues arise." A member of staff explained how they monitored people's wellbeing. They said, "If I noticed a change in someone's needs, I may contact the GP, falls clinic or occupational therapist." They gave an example where someone's health had declined recently and how the service had supported them to maintain their independence. They told us, "It's fab they've been able to stay in their own home." Records confirmed health professionals were involved with people's care when required, including district nurses and learning disability nurses.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "Staff are really nice I get on with them" and "Carers are really good and kind. "All of the people who responded to our survey said they thought care and support workers were caring and kind. Some staff had worked at the service for several years and developed caring relationships with people. One person told us, "We're like one big happy family." A member of staff told us how they felt about their work, they said, "I felt really rewarded that I supported [name] today, they're so resourceful."

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. A member of staff told us, "We only do what people need, for example if we support someone to wash, we encourage them to do as much as they can for themselves." The provider told us, "People are living independent lives and we are there to support them." The compliance manager said, "We encourage people to do things themselves by enabling and skilling them." Some staff had worked at the service for several years and all the staff told us they enjoyed working there. They had developed a service where people were enabled to pursue their interests and be as independent as possible.

Staff explained how they provided care that was personal to people's needs. One staff member told us, "Being person centred means making sure that we know the individual and keep their best interests at heart to make them as independent and safe as possible." A health care professional we spoke with following our visit told us, "They (staff) are very person centred, carers have quite often worked with the person for a while."

People we spoke with confirmed they were involved in making decisions about their care and were able to ask staff for what they wanted. The compliance manager explained how they involved people in making decisions about their care, they said, "It's everything we do from people's initial referral into the service. We sit down with the person to ask what they want. We look at their strengths and how they want to be supported and how they want this to be achieved." They told us people were involved in making decisions about their care and support needs through monthly reviews with their keyworkers and annual reviews with staff.

The compliance manager gave examples of how people who used the service were empowered and supported to express their views and make decisions about their care. They told us people were involved in the interview process for potential new staff. They explained there had previously been a group made up of people who used the service, called 'Doing Our Thing Together' (DOTT), who last met some months ago. They met regularly to review changes to the service. For example, they reviewed paperwork used by the service and suggested improvements. The group did not operate currently due to a current lack of members.

All of the people who responded to our survey said they thought staff always treated them with respect and dignity. One person told us, "Staff respect me, they're brilliant." A staff member explained how they showed

respect for people's dignity and privacy, they said, "We try to give people privacy, but with the support they need. For example we use towels to cover people up during personal care."

Good

Is the service responsive?

Our findings

People told us they were happy with their care and that staff supported them to be independent. All of the people who responded to our survey told us the support and care they received helped them to be as independent as they could be. Two people told us, "The service is just right for me" and "I was in a wheelchair, but I'm back on my feet now. All of us worked together." Staff told us about ways they helped people as individuals be more independent and care for themselves. The compliance manager gave an example of one person who had received long term support from the service, which had improved the quality of their life. The person had been supported to move from shared accommodation, to purchase and reside in their own property independently. They now attended the local college and were regularly involved in a local community theatre project.

Staff had a good understanding of people's care and support needs. For example, a member of staff told us one person's health had declined. The person had received support from different health professionals to review their individual needs, such as moving around inside and outside their home safely and support to eat and drink independently. A senior member of staff told us how staff noticed changes to the person's needs and made referrals to the appropriate health professionals for advice. They told us how information was shared about the changes in the team meeting. Records showed that action was taken to meet the person's change in need and their support plans were updated to reflect the new information.

Staff told us people's support plans were up to date and reviewed regularly with each person, so they knew when people's needs changed. One person told us, "We have a meeting to see what they can do to help. They're like friends." The manager told us and records demonstrated how people's support plans were reviewed monthly by their key workers and annually by senior staff, or sooner if their needs changed. For example, to reflect advice from health professionals. Staff told us they had time to read people's records. Two members of staff told us, "I always read back in people's daily notes and diary and check for changes, for example in medicines" and "I make it a priority to read care records for a new person and if new staff come on board, we ask them to read."

Staff told us information was shared well within their teams in different ways, including team meetings, staff notice boards, communication books, memos, emails and texts on staff phones. A member of staff told us, "We discuss changes to people's needs at team meetings, which is useful." A senior member of staff told us, "If staff came to me and raised concerns that someone needed more support, I would contact the local authority to arrange a review of their care package". They gave an example where one person's needs had increased due to a decline in their health, so additional support was provided. When the person's health improved due to the additional support, their care was reviewed and their support package was changed again to suit their needs.

Staff supported people to make choices. Two people told us, "I have healthy food, I choose what I want. They help me lots" and "They ask me what I want to do. We can choose what we want to do." A member of staff explained how they helped people choose what they wanted to eat. For example, they told us they might support people to buy ingredients for a meal they wanted. People's likes, dislikes and preferences for

care were defined in their support plans. People had shared information about what was important to them. Staff told us they read people's support plans so they knew people's preferences and ensured they supported people in the way they preferred. Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning.

All of the 14 people who responded to our survey told us their care and support workers responded well to any complaints or concerns they raised. People told us staff took time to listen to them and supported them to raise concerns. One person told us, "I reported to staff and the boss came out to see me." They told us how they had raised an issue with staff and it had been dealt with in a timely way and to their satisfaction. A member of staff told us, "People are supported to make complaints, we support them to write it down. They have a copy of the procedure in their homes. For those that don't read, we would read it to them and ask if they understood what they needed to do."

The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in their homes. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. Records showed there had been no complaints in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the service they received. All 14 people who responded to our survey told us they would recommend this service to another person. One person told us, "I'm happy with the service I'm getting." All 14 people who responded to our survey told us they knew who to contact in the service if they needed to. Two people told us, "I am able to contact staff and I feel listened to" and "I have the care office phone number. It is easy to phone. They help me lots." A member of staff told us, "I love working for the service, being able to help people achieve what they want to achieve, it's rewarding and I thoroughly enjoy it."

The manager was new and had been in post since January 2016, they were in the process of applying to become the registered manager. The previous long term registered manager had left in July 2015. The provider told us the senior management team had shared the responsibilities of the absent registered manager and a new senior management role of central operations manager had been introduced to complete parts of the quality assurance process. Other registered manager's responsibilities included providing the CQC with notifications about important events that occurred at the service and notifying other relevant professionals, for example the local authority, about issues where appropriate. The senior management team had completed the provider information return (PIR) which is required by law. The provider told us, "The senior management team stepped into the breach to fill gap the previous registered manager left, but not totally successfully."

The senior management team agreed during our visit that they had omitted to carry out some of the responsibilities of the missing manager and there were gaps in incident reporting and some issues had not been referred to external agencies as appropriate. Some information, for example incidents of falls, remained within teams and were not reported to senior managers to review. Some staff supervisions, spot checks and training was not up to date according to the provider's schedule. The provider told us, "Training requirements slipped off the radar because we were struggling with managers." The new manager had introduced new processes to ensure incidents were reported to the senior management team, to allow for analysis and learning from events and improvements to be made to the service. The manager had recognised where there were gaps in how the service was working under the MCA and had made improvements. They had started to work with the local authority to establish people's needs around decision making and were arranging essential training for staff. The manager understood their ongoing responsibilities and were aware of the challenges which faced the service. For example, they told us they were aware of previous staff shortages and "Aimed to recruit to staff the service to 108% to offer flexibility in cover."

There were some systems in place to monitor the quality of service. The compliance manager explained the previous registered manager had completed their own checks on quality and since they had left, the senior management team now completed checks. These checks included a staff file audit and quality checks on people's files. The provider told us, "We have recently drawn up a schedule to ensure that all files are audited and there is a central action plan for improvements to be carried out. This is monitored by a senior manager." We saw evidence of senior management team checks on people's care records and we saw

where required, action plans were followed and improvements were made in a timely way by staff. We found there was no consistent system for identifying missed or late care calls.

Staff understood their roles and responsibilities. Some staff had worked at the service for several years and were dedicated and enjoyed their roles. One member of staff told us, "It's not just a job, it's a vocation." Staff told us they felt listened to and could make suggestions for improvements within the service. One member of staff told us, "I have made suggestions to my line manager which have been taken onboard." They gave an example where their suggestions were used, to change the way team meetings were held. Another member of staff told us, "If I have any queries I can always go to the managers and they will help me. They've been really good at helping me settle into my new role. I can go to the new manager with any questions." This showed staff were encouraged to make improvements to the service.

Staff told us they felt supported by the senior management team and their line managers and knew who to report concerns to. They were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. Staff we spoke with were complimentary about the senior management team and staff in the office and about the support and guidance they offered. Two members of staff told us, "I can approach the manager, it's easy enough. There's always someone I can ask questions, I am always learning" and "I love my job, I feel looked after. They've been fab, I'm dedicated to my role."

There were regular staff meetings where staff were asked to contribute and raise issues to discuss. Staff told us they found team meetings useful and discussed people's support plans and staffing issues. A member of staff told us, "We talk about any problems we experience, issues or changes we need to implement. Our team are vocal and we discuss things and agree a way forward." The manager told us there were seniors meetings, which were held by the provider for team leaders to attend, where information was passed on. The senior management team held weekly meetings. The manager told us in future they would use these meetings to raise issues where they felt improvements were required. The provider explained that they had regular meetings with the trustees of the organisation, where they were kept up to date with the running of the service. They told us these meetings were increased in frequency during the period there was no manager, to ensure the service was running well.

The compliance manager told us they kept up to date with best practice by researching changes to legislation and procedures and attending local forums to share information and best practice with other service providers, for example, the 'providers forum'. This is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. The compliance manager told us they looked at how they could improve recruitment in the local area and the local authority responded by holding a recruitment fair. The service had attained recent official recognition for it's quality of care. In the previous 12 months, a 'Lifetime Achievement Award' was given to the founding trustee of the organisation by the 'Directory of Social Change' in 2015, for work which demonstrated, ' measurable positive results and changes that have made a difference to individuals or the wider community.' Work by the service with the telecommunications company BT 195 service, had resulted in a free directory service being made available to people with learning disabilities. This achievement was acknowledged by NHS England, local members of parliament and the Minister of State for Disabled People.

Twelve of the 14 people who responded to our survey told us the care agency asked them what they thought about the service, (one person disagreed and one person did not know). People were encouraged to provide feedback on their experiences of the service by completing surveys. The compliance manager explained that questionnaires had been sent out to people and their families in December 2015. The compliance manager told us the central operations manager visited people and supported them to complete questionnaires on

an individual basis. Health professionals were also asked for their feedback and experiences of the service. The information had not yet been collated because they were still receiving responses but we looked at some of the survey responses from October 2015 and saw the results were fairly positive. We saw one person had commented about receiving late calls. The compliance manager told us the provider would analyse the information and share it with senior managers and explained how they discussed any issues raised by people on an individual basis.

All 14 people who responded to our survey told us the information they received was clear and easy to understand. People received a customer guide which contained pictures, to help people's understanding. The guide included important information and guidance, such as the complaints policy and useful contact numbers for people if they had a concern.