

Enable Care & Home Support Limited

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Inspection report

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Date of inspection visit: 30 and 31 July and 3, 4, 5
August 2015
Date of publication: 12/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Enable Care and Home Support provide personal care and support to adults with learning disabilities who need care in their own homes. The service is run from an office in Holmewood near Chesterfield and they provide care to people in North Derbyshire. We carried out this inspection at the provider's office on 30 July and 05 August 2015. The provider was given 48 hours' notice

because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we also carried out visits to people using the service on 31 July 2015 and 3, 4 and 5 August 2015.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were inconsistencies in documents related to decision making. People were not always assessed to see if the non-prescribed medicines they were taking were in their best interests and not everyone who did not have capacity to make a decision had been assessed to see if decisions made were in their best interests. Staff were not always able to tell us how they would assess people's capacity to make decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people's health care needs were not always addressed promptly and people were at risk of not having timely access to healthcare or attending scheduled appointments.

Complaints were not always addressed in an effective or timely manner. There had been repeated complaints about property maintenance and financial charges that were not fully resolved.

There were inconsistencies in how risks to people were identified and managed. Risks to people and care plans were not reviewed on a regular basis which meant there was the potential for individual needs not to be met.

People were not always fully protected from abuse because the provider's procedures were not followed consistently.

The service had been undergoing a period of transition following several changes at the executive level of the organisation. This had led to inconsistent management practice.

Staff were appropriately trained and supported. They had all undergone a comprehensive induction programme

and, where necessary, had received additional training specific to the needs of the people they were supporting. One said "The line manager I currently have supports me well."

Most people using the service were supported in their food choices and had sufficient to eat and drink. One person told us, "The food is good, staff help me."

People were cared for by staff that were caring and who respected people's views and choices. They spoke positively about the service they received. They told us they were well cared for and felt comfortable and safe with the staff who provided their support. One person said: "I like the staff, they help me" and another told us "They look after me." People's privacy and dignity was maintained.

People received care that was personalised and responsive to their needs. We saw people had varied social lives and were encouraged to participate in interests on their choice

There were sufficient staff to ensure people's needs were met in a timely manner. Recruitment procedures were comprehensive and ensured suitable staff were employed to work with people using the service.

The provider had detailed policies and procedures relating to medicine management.

Staff understanding and competency regarding medication handling was subject to regular monitoring checks and medicine training was updated appropriately.

The provider had systems in place to monitor and improve the service provided and there were regular audits of key areas such as medication and health and safety.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is not consistently safe.

There were inconsistencies in how risks to people were managed. Risk assessments were not reviewed regularly which meant there was the potential for individual needs not to be met.

Safeguarding procedures were not always followed, which meant there was the risk of potential abuse not being addressed.

There were mostly sufficient staff available to meet people's needs and the provider ensured suitable staff were employed to work with people using the service.

Medicines were generally well managed

Requires improvement



Is the service effective?

The service is not consistently effective.

Staff did not always check people consented to their care and treatment before commencing care and the provider had not always established that decisions made were in people's best interests.

Staff had the skills and knowledge to meet people's needs and people had access to other health care professionals when required, although health care professionals were not always consulted in a timely manner.

People had access to sufficient food and drink of their choice

Requires improvement



Is the service caring?

The service is caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Good



Is the service responsive?

The service is not consistently responsive

Although people received a personalised service, the provider did not always respond to changes in people's needs in a timely manner.

Complaints were not always responded to in a timely manner or effectively.

People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Requires improvement



Summary of findings

Is the service well-led?

Although quality assurance systems were in place and used, they were not always effective at ensuring the quality and safety of services.

The manager was working in an open and approachable management style and engaged well with people, families and staff.

People using the service were asked for their opinions and views of how the service was run.

Requires improvement



Enable Care & Home Support Limited

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.

This inspection took place at the provider's office on 30 July and 05 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we also carried out visits to people using the service on 31 July 2015 and 3, 4 and 5 August 2015. The inspection team was comprised of three inspectors.

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 improvement they plan to make.

Before the inspection we looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about. We also spoke with health and social care professionals.

We spoke with seventeen people who used the service and seven of their relatives. We looked at eighteen people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records.

We spoke with the management team, including the registered manager, and seventeen support staff.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when being supported by staff. All the people who could communicate verbally with us told us they felt safe when the support workers were in their homes and that their possessions were also safe. One person said “I’m not worried about anything, it’s good.” One relative said they had “No concerns about safety” and another told us “They [family member] are safe, and I am always kept informed about any changes”. We saw that people were assisted safely, for example when being encouraged to participate in hobbies, when being assisted to use stairs and when smoking.

However, there were inconsistencies in how risks to people were identified and managed. We received information in February 2015 where an accident occurred when the person was unsupervised. This had resulted in a hospital admission. The incident was recorded and confirmed that the accident had occurred whilst the person was unsupervised. This demonstrated that risks for the individual had not been properly assessed or managed. However, we also found there was clear guidance on how to safely support people in the support plans we looked at. For example, we saw there were clear instructions for staff on how to ensure people were safe when accessing the community and how to manage any behaviour that could have a negative impact on others. Where people required support from equipment to assist them to mobilise, staff told us this care was planned involving other healthcare professionals, such as occupational therapists. Training was revisited as people’s needs changed.

However, we saw that although the information in risk assessments was accurate, some had not been reviewed since 2013, for example one risk assessment for self-administration of medicines had not been reviewed since 2013. We saw that people had personal emergency evacuation plans (PEEPs) in place and staff could tell us about the support that people would need in an emergency. However, some of the plans had not been reviewed since 2012.

We saw that safeguarding procedures were not always followed. Although most safeguarding concerns were managed openly and transparently, one allegation had not been referred to the Local Authority as stated in the provider’s procedures. The provider had undertaken an investigation and concluded that the allegation was not

substantiated. We saw this omission had been identified by the service manager and noted as an action point for the future. We discussed safeguarding procedures with the registered manager and other senior staff and they told us they were being reviewed and a new information leaflet for staff had been produced. The safeguarding policy used by the service was up to date and included the new categories of abuse to meet the requirements of the Care Act 2014.

We received information in June 2015 that suggested people were not always safeguarded from financial abuse. We found one allegation had been referred to the appropriate authorities for investigation and had been substantiated. Staff we spoke with understood the procedures for handling money on a day to day basis. We saw a sample of financial records and found receipts for purchases were available and that cash held corresponded accurately with the records.

Staff we spoke with told us they knew how to raise safeguarding concerns and would feel confident to do so. Most staff told us they were aware of how to contact other managers or CQC if they were not happy with how things were investigated. Staff were clear about who they would raise concerns with within the organisation, but not all staff we spoke with knew who to take concerns to outside of the provider if this was necessary. Training records we saw confirmed safeguarding training was up to date for the majority of staff. This meant people were safeguarded from potential abuse.

Some staff told us they were confident to report any concerns they may have about people’s care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider’s whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person’s care.

We looked at the provider’s procedures for dealing with accidents and emergencies. We saw incident reports showing one person who had an accident had not received appropriate first aid and that further medical attention had not been sought in a timely manner. This has been identified by the service manager and noted as an action point for future learning. We looked at the content of the emergency first aid training and saw this covered essential

Is the service safe?

areas. Staff training records showed staff were up to date with first aid training. Staff told us that they did a 1 day first aid course, and that they felt that this was appropriate for the job they did.

We discussed staffing with the manager. We saw that the provider had undertaken a recruitment campaign and that new staff had been employed to work with a specific person to ensure there was greater consistency in the staff team. Most staff we spoke with told us there were enough staff to ensure people's essential needs were met. However, some family members we spoke with expressed concerns that there may not be enough staff to support their relatives when they needed this but were clear that they felt this was a funding issue. One person said "I feel they [Enable] are being creative to try to resolve these concerns over funding limitations with me." One family member told us that they felt there were now enough staff to support their relative. Lack of staff had previously been raised as an issue but the family member felt this had been resolved by the provider. Another family member told us "The staff team supporting [person] is mixed in terms of experience and skills – I think this is very good." We saw there was sufficient staff to meet individual needs in the parts of the service we visited.

We found that the provider had systems in place to ensure suitable people were employed at the service. Recruitment records showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service. People were therefore supported by staff who had been recruited to ensure they were suitable for the role.

People received their medicines when they needed them. One person told us "I get my tablets three times a day" and

records we saw confirmed this was correct. One person told us that they were able to manage their own medication, but preferred to have this managed by staff to reduce the risk of them forgetting to take their regular medicine.

Records were kept of medicines received into each person's home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. Staff administered medicines in line with the company's policy for the safe administration of medicines. This included staff reporting any anomalies with medicines administration record (MAR) charts to managers for appropriate investigation.

Staff told us they received training to administer medicines and were also assessed to ensure they were competent to do so. These included checking staff understood what to do if a service user refused their medicine, and what action to take if they noticed a recording error. One staff member described the procedures as good and said that they received training for specific locations where they worked. Another told us "All staff have medications training and competency assessments are redone every year."

We reviewed support plans for people who received support to take their medicines and found accurate records of their medicines had been recorded, with the exception of one where it was unclear when a medicine had been discontinued. This was discussed with the staff member available who was clear what medicine was prescribed but agreed the record needed clarification. They agreed to look into this and ensure the record was amended.

Is the service effective?

Our findings

The Mental Capacity Act (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to consent to care and support. We found there were inconsistencies in documents related to decision making. We saw some mental capacity assessments and meetings to determine whether decisions were in the person's best interests were not dated. We saw that one person's care plan stated that they could not manage their own medication. Staff confirmed that this was because the person had a limited understanding of the risks. However, there was no evidence of a capacity assessment and best interest decision. Staff told us that another person did not have the capacity to make decisions about day to day aspects of their personal care so decisions were made in the person's best interests. We saw, and staff confirmed, that there were no documented assessments of capacity for the person, and no evidence of best interest decision making. This did not ensure decisions were made in people's best interests.

People were not always assessed to see if the non-prescribed medicines they were taking were in their best interests. Staff were administering a non-prescribed herbal medicines to one person at the request of their relative. There was no evidence of a capacity assessment or best interest decision about the appropriateness of this medication being taken. Another person was taking multivitamins. When asked why the vitamins were being administered we were told "Because [the person] always has them and will ask for them." This person's care records did not contain an assessment relating to their capacity to understand why the medications were being taken. This did not ensure that people were fully involved in making decisions about medicines they were taking.

Some of the people we spoke with were not able to tell us about their medicines, and told us that staff managed this for them. Staff told us that some people did not have the capacity to manage their medication, but there were not always associated capacity assessments or best interest decisions recorded. This meant that staff were not consistently following the principles of the Mental Capacity Act, and people were at risk of having decisions made about their medication that were not in their best interests.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff told us that they had

received training on the MCA, but were not always able to tell us how they would assess people's capacity to make everyday decisions. This meant that people were at risk of not having their legal rights upheld. They were also at risk of not having their views and wishes taken into account or ensuring that the least restrictive option was taken in a best interest decision for them.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were mostly supported to maintain good health and to access healthcare services when required although we received mixed feedback. One person said "I go to the doctor when I need to". Staff were also available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. Staff told us "People are not restricted and we support them to live as full a life as possible." A relative told us "Brilliant care. They always let me know if [family member] is poorly."

However, another relative said "They don't discuss the care with me. I have to ask. If [family member] is ill they don't inform me." Another relative told us that their family member was not supported to attend their GP in a timely manner when they had an infection.

Staff we spoke with were knowledgeable about the healthcare services people accessed, but the healthcare appointment records were not always completed. In one house staff showed us that there were clear records of appointments, and future appointments were documented in a staff house diary and also on the rota sheets. However, in three care plans we looked at, it was unclear what the outcome of healthcare appointments had been and whether or not the person needed any further support or treatment. For example, one person had surgery, but there was no record of the follow up appointment that was easily accessible. Staff told us that sometimes healthcare appointments were recorded in different places. This meant there were inconsistencies in how staff ensured that people's healthcare needs were met. We spoke with staff at one house about this and they told us that they would address this.

We found staff had not ensured one person's medical needs were addressed in a timely manner. We saw that medical attention had subsequently been sought for the

Is the service effective?

person and their health needs had then been addressed. We found specialists were involved in assessing the person for support following discharge from hospital. Some records we looked at did not have up to date health plans and some were undated so it was unclear if these were still relevant. This did not ensure health needs were always met and people were at risk of not having timely access to healthcare or attending scheduled appointments.

People using the service told us that the staff treated them well and were able to carry out most of the support required. One person said: “I like the staff, they help me” and another told us “They look after me.”

Staff we spoke with told us they had access to information and training to understand the needs of people using the service and said the company provided regular and in depth training courses which they were required to attend. One staff member described the access to training as good and said they had received training in how to manage behaviour that challenges. We saw training records showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to individual needs, such as falls prevention and epilepsy. Staff told us that they could ask for extra training if people had specific support needs, for example, training in using specialist medicine for epilepsy. Staff told us that some people who were new to the service used a signing system as part of their communication, so staff had asked for additional training in this. This ensured staff had the necessary skills to meet individual needs.

Staff told us they had supervision regularly, which enabled them to receive appropriate guidance. They told us they received good support from the manager. One said “The line manager I currently have supports me well” and another described their line manager as “Fantastic.” One staff member told us “My manager does on-going checks on my practice and skills.” The records we saw showed that

supervision sessions covered staff performance, policies and procedures and an action plan was developed to assist staff to progress. This ensured staff had access to guidance and support.

Staff told us they felt supported by their managers and communication mostly worked well. One staff member said “I can always ask my team leader.” There was also an out of hours on call service for staff and people receiving support from the service. However, some staff told us “There is not enough contact” when the locations they were working from were located a long way from the agency’s office. We discussed this with the manager who said team leaders were available locally and service managers also undertook regular visits to relevant locations and were available for additional contact.

People using the service were supported in their food choices and had sufficient to eat and drink. One person told us, “The food is good, staff help me” and a relative said “I am happy about the food, there is always enough to eat and [family member] has a balanced diet”. We saw records that showed staff were to encourage people to eat healthily. One person told us “I like burgers but I’m not supposed to have them too often.” However, one relative told us “I am a bit concerned about [family member’s] weight. Staff keep giving him chips and pies.” This meant there were some inconsistencies in supporting people to eat healthily.

Training records showed staff were trained in handling food safely. People’s care plans had detailed information about their food likes, dislikes and preferences. One person’s care plan had specific information about their diet and showed that advice had been sought from health professionals. We also found care plans provided information on any food allergies and people’s food and drink preferences. People were therefore supported to manage their individual nutritional needs.

Is the service caring?

Our findings

Staff had developed positive caring relationships with people supported by the service and we saw staff were kind and caring in their interactions. One person told us “I like the staff” and a relative told us their family member was “Happy living there.” People also told us they felt staff were respectful of their home and would look after their personal possessions. One staff member said “It’s their home.”

During our inspection we saw staff talking with people in a warm and relaxed manner. We saw staff taking an interest in people’s well-being by the way they spoke with people about their support. We heard staff checking out what people’s choices and preferences were in a way that was positive and promoted independence. We saw that staff supported people to have their medicine in their own bedrooms. One person showed us how this was done with them and told us that staff always talked to them about their medicines and asked them how they felt. This confirmed staff considered people’s individual needs and wishes.

We saw people’s privacy and dignity was maintained when personal care was being carried out. Staff ensured doors were closed when people were using the bathroom and a member of staff told us “I always ensure [the person] has their clothes adjusted properly when they’ve been to the bathroom.” Another said “We work to maintain people’s privacy and dignity. We know the personal preferences of each service user and always knock before entering a room.” We heard staff discussing people’s daily support needs when a shift changed. The staff did this in a discreet

way and were mindful of people’s confidentiality. We saw that care plans, daily diaries of care and staff communication books were kept locked securely in the houses we visited. This ensured people’s personal information was stored confidentially.

Staff treated people with respect and were knowledgeable about how to provide individualised care for people. For example, we saw people’s independence was promoted. We saw people receiving guidance whilst assisting to prepare a meal and being encouraged to make the most of their skills. Another person was supported to make a hot drink with staff focussing on what they could do and giving tactful prompts appropriately. We also saw people getting ready for a meal and where prompting was required to complete tasks, staff did this in a way which was very supportive and friendly. Plans were written to promote people’s independence, privacy and dignity and there was clear information indicating what people could do for themselves; for example, one person took their medicines independently and their support plan gave guidance on how to do this safely.

We saw people who were able to write had signed their support plans and had contributed to the information in them. Support plans were available to people in pictorial formats to aid their understanding. This showed staff assisted those who were able to be involved in planning their care.

External social care professionals we spoke with told us they thought staff provided a good service and one described it as a “Happy and stable environment” and said staff were well established, which ensured consistency of care and support.

Is the service responsive?

Our findings

We found complaints were not always addressed fully and in a timely manner. We had been notified about a complaint by a relative, which was passed to the provider for a response. The response took in excess of six weeks to be processed and required a reminder, despite the provider's procedure stating written responses would be received in 15 working days. Although the provider took action to rectify some of the issues raised, the complainant was not fully satisfied with how their complaint had been dealt with.

We looked at complaints records and saw there were themes to complaints such as queries about property maintenance and financial charging that were not fully resolved. This repetition of similar concerns indicated the provider was not addressing the concerns in timely manner to people's satisfaction.

Most people we spoke with knew how to make a complaint and how to contact the office. A relative said "I know how to make a complaint and I would not hesitate to do so if I needed to" and another said "Staff are very approachable with any concerns". One relative we spoke with told us that staff were very responsive to any concerns raised so far: "He listened to me – I needed to feel listened to." They told us that they had a copy of the complaints booklet and felt confident to talk with staff. We saw the complaints procedure was provided in an accessible format using pictures to assist understanding. One member of staff that we spoke with was able to give examples of a complaint that they were able to deal with, and also give an example of a complaint that needed a more senior staff member to investigate. "If people needed help to make a complaint about their service then I would help them with this." People were therefore able to raise concerns or issues with the provider.

Relatives gave mixed feedback about their experience of staff involving them: "I've spoken with [staff] a lot about [person's] needs: I feel like they really listened and understood" and "I've been really involved in [person's] support planning and I feel I have been listened to." A family member told us "I've been as involved as I want to be with support planning for [person]." However, one relative said that they did not get as much information as they would like about their relative's support, and would like to attend regular reviews of their care. One relative said

that they did not feel that staff initially took their knowledge and experience seriously, and that this meant that staff did not have relevant information. This inconsistency did not ensure all people using the service were involved in their care planning.

We found that there was an inconsistent approach to monitoring and reviewing people's care needs. Staff told us that there was no formal schedule to review people's care plans and risk assessments. Staff said they aimed to review these monthly but this was flexible depending on the needs of the person. Staff at another house told us that people's care plans were reviewed annually, and then updated if anything changed throughout the year. We saw that there were care plans, risk assessments and associated documents that did not appear to have been updated in the last 12 months. We found one document with information about how a person needed to be supported in the event of a hospital admission had not been reviewed since July 2012 and in others some aspects of care and support had not been reviewed since 2013. This inconsistent approach to reviewing people's care plans and risk assessments did not ensure people received a service responsive to their individual needs.

People mostly received support that was personalised and reflected their lifestyle choices. We saw people had varied social lives and were encouraged to participate in interests on their choice. One person said "I go out walking", another went swimming and a third told us they enjoyed music and watching DVDs. A relative told us their family member "Enjoys going to work in the farm".

Another person told us "This is the best place I've ever lived." They told us that staff listened to them and helped them to be as independent as possible. This person told us that staff always asked them what they wanted and needed, and involved them in their care planning.

Another person told us the staff team had worked there for a long time. This meant that staff got to know people's individual preferences well and could provide care that was person centred. The person told us that staff shared their interests and hobbies, which made them feel well cared for. One person told us that they were involved in developing their care plans with staff, and we saw that their views and preferences recorded in their records. The care plans that we looked at in five houses were clear and detailed, with

Is the service responsive?

information about what was important to and for people. Staff knew which people were independent with different aspects of their care. People therefore received a service that responded to their individual needs and preferences.

Managers told us they listened to people and support staff. We also found the service gathered feedback from staff and people and used this to identify improvements. The provider employed a member of staff to ensure people were included in decision making and having an influence on the development of the service. They told us people

were involved in groups that developed their confidence and had a forum where people were encouraged to speak out and identify improvements to the service. The provider had also authorised additional funding that people could apply for to enable them to make positive changes in their own lives. We saw examples of the funding being used for gardening, a dance event and fishing. This demonstrated the provider was striving to enable people to take control of their lives.

Is the service well-led?

Our findings

The service had been undergoing a period of transition following several changes at the executive level of the organisation. A new chief executive and head of supported living had been appointed, members of the executive board had changed and there was a new registered manager of the service. This had contributed to a period of instability and change leading to some disorganisation in the running of the service, such as longer response times to complaints and maintenance requests. This had not been fully rectified at the time of our inspection. For example, records such as risk assessments and personal emergency evacuation plans (PEEPS) were not always up to date and we found the provider was not fulfilling their legal requirements in relation to the Mental Capacity Act. People were not being assessed properly to see if decisions made were in their best interests. Complaints were not always responded to in a timely manner.

We saw people using the service were asked their opinions through surveys and discussions with staff. The most recent survey in October 2014 showed people and their relatives were mostly satisfied with the service they received. The survey showed people thought the support they received was good. However, there were also some negative comments from relatives about the management of the service; one described it as “Unprofessional in dealing with a staffing issue” and another stated that there was “Total reluctance to discuss alternatives, compromise or take the issue seriously.”

The manager was recently registered with the Care Quality Commission, which met registration requirements, and was still familiarising herself with some aspects of the service and the geographical locations where personal care was provided. She recognised that the service had undergone a period of change and transition during the last twelve months and that this had led to some areas of leadership requiring improvement; for example responding to complaints in a more effective and timely manner. She told us she was committed to ensuring the service improved, for example by introducing new information technology systems to improve communication between different parts of the service. There was a senior management team in place to support the manager, including service managers and senior support staff. Most staff we spoke with told us they thought the service was improving and

that the changes implemented so far had been beneficial. For example, most staff thought requests made to the agency’s offices were responded to more quickly. However, some of the planned improvements such as communication improvements, had not yet taken place or been fully evaluated.

People we spoke with told us they liked the staff and managers and were able to talk to them. One person said “I would talk to staff” if they wanted to raise an issue or make a suggestion. We saw that people received appropriate and friendly responses if they raised queries with staff or a member of the management team.

The provider told us they were striving to promote a positive culture that was inclusive and empowering. For example, a member of staff was appointed with responsibility for enabling people to have a say and contribute to the running of the service. Proposed developments in the service involved people supported by the service and staff to ensure their views were taken into consideration. This included involving them in forums where they were able to express their views and providing training to enable people using the service to undertake quality checks and be ‘mystery shoppers’. This ensured people were able to influence the running of the service. The provider recognised both the Dignity Challenge accreditation scheme and told us this was an area they wished to expand.

Staff told us they enjoyed working for the provider. One member of staff told us, “I really enjoy working for them.” They were supported by locally based team leaders and management support. Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and they were positive about their job role. This ensured people received an effective service from a dedicated staff team.

The provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required.

The registered manager told us they had links with other community groups in the area such as local community centres and leisure facilities. They also maintained professional contacts with relevant agencies such as the

Is the service well-led?

local authority, specialist health services and local medical centres. They told us they operated an open door policy for people and welcomed people's views and opinions. This showed the provider welcomed feedback and demonstrated a willingness to co-operate with other professionals.

The provider had systems in place to monitor and improve the service provided. Management staff completed checks to ensure care staff provided care to expected standards.

We saw there were regular audits of key areas such as medication and health and safety. These identified key issues for improvement with timescales; for example, where there was an error on a medicine record, this was discussed with the relevant staff member. The provider had a development plan that showed us how the service intended to make improvements, for example in quality monitoring and staff recruitment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People who use services were not always asked for their consent to care and did not always have decisions made in their best interests.</p> <p>Regulation 11 (1) (3)</p>