Voyage 1 Limited

Voyage (DCA) Leicestershire

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 and 21 September 2016. Both days of the inspection were announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Voyage (DCA) Leicestershire provides personal care to adults with a variety of needs living in their own homes. This included people living with learning disabilities or autism spectrum disorder, people with physical disabilities and younger adults. At the time of the inspection there were 47 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave. There was an interim manager in place.

People were protected from the risk of harm because identified risks were managed safely and recruitment checks had taken place. Staff understood what constituted abuse or poor practice and how to report any concerns that they had. The provider dealt with accidents and incidents appropriately and reviewed these to try and prevent reoccurrences.

Where people displayed behaviour that may be deemed as challenging, staff had training and guidance available to them. We found there were enough staff to support people safely during our visit.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary.

Staff received appropriate support through an induction and regular supervision. There was an on-going training programme to provide and update staff on safe ways of working.

People chose their own food and drink and were supported to maintain a balanced diet. They had access to healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that people were supported to make their own decisions. Where people were unable to consent they were supported in their best interest.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including staff discussing people in a professional and discreet manner. Staff knew people's communication preferences.

People were supported to be as independent as they could be. Skills that people had were developed and maintained. Staff knew people's preferences and had involved people in planning their own support.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives. However, some relatives felt that complaints had not been resolved. Complaints had not always been resolved within the timescales in the provider's procedure.

People and their relatives had contributed to the planning and review of their support. People had support plans that were person centred and staff knew how to support people based on their preferences and how they wanted to be supported. People took part in activities and hobbies that they enjoyed.

The provider had not always notified us of all incidents they were required to report.

The service was led by a registered manager who understood the requirements under the Care Quality Commission (Registration) Regulations 2009.

Systems were in place which assessed and monitored the quality of the service. Areas for improvement had been identified and were being addressed. People and their relatives were asked for feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. Staff knew about their responsibilities for supporting people to keep safe. Incidents were recorded and investigated.

Risks to people's health and welfare were assessed. Actions to minimise risk were in place. There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff had guidance on how to involve people in making their own decisions.

People received the support they required with their healthcare needs, to keep healthy and well. People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to remain independent by staff who knew their preferences. People were supported to maintain relationships with relatives and people who were important to them.

People were involved in planning their own support where they could.

Is the service responsive?

Good

The service was responsive.

People or their relatives had contributed to the development and review of their support plan. Support plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. Staff demonstrated a person centred approach and put this into practice.

People undertook hobbies and activities they were interested in and enjoyed.

There was a complaints procedure in place. People felt confident to raise any concerns. However relatives sometimes felt complaints had not been resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not notified CQC of all incidents they were required to tell us about.

People knew who the registered manager was and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The provider had checks in place to monitor the quality of the service.

Voyage (DCA) Leicestershire

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 20 and 21 September 2016. Both days of the inspection were announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the area manager, a team leader, two senior support workers and two support workers.

We met three people who used the service while we were in the office. We spoke with six people who used the service, one carer and eight relatives of people who used the service. This was to gather their views of the service being provided

Good

Is the service safe?

Our findings

People told us that they felt safe when they received support from staff. One person said, "Yes I feel safe. Staff help me." Another person said, "I feel safe with them." Relatives agreed that people felt safe. One relative said, "There were some issues in the past, but these have been resolved. I feel that [person's name] is safe." Another relative commented, "As far as I am aware [person's name] is safe. The carers are nice. I have met them."

Staff members we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns, or if information of concern was disclosed to them. One member of staff told us, "I would report it immediately if I was worried." Another member of staff said, "I work with someone who has difficulty speaking. You can monitor [person's name] for any changes in behaviour to see if there are any concerns. I would then report this." Staff we spoke with confirmed that they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "I have had training in safeguarding. It was online. It was useful." Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy.

Staff we spoke with told us that they understood whistleblowing and felt they could raise concerns. The manager had an understanding of their responsibility for reporting allegations of abuse to the local authority. We saw that the manager had reported concerns appropriately to the local authority and the concerns had been investigated either internally when this had been requested or by the local authority.

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise risk, whilst supporting people to maintain as much choice and independence as possible. For example, one person was able to go out independently. Checks were in place to monitor their well-being whilst they were out. We saw that risk assessments had been reviewed regularly or when a person's needs had changed. This meant that staff had up to date guidance on how to support people in a safe way.

Some people displayed behaviour that could have caused harm to themselves and others. We saw that there was guidance in place for staff to follow should a person become anxious. Staff told us that they knew how to offer support and had received training in this. One staff member said, "There are a number of different things that can trigger [person's name] anxiety. We know about these. There is a plan in place to help us support [person] and to manage their behaviour." This meant that staff were supported to understand and respond appropriately when a person became anxious.

Where people required the use of specialist equipment to support them, we saw assessments were in place regarding the use of this equipment. Checks were carried out on equipment to make sure it was maintained and safe to use. This showed that staff had the information available to manage risks to people.

Where accidents or incidents had occurred these had been appropriately documented and investigated.

The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly.

We saw that plans were in place to respond to emergencies, such as in the event of a fire. Plans were in place so that staff knew how to evacuate people from their homes should they need to. We saw that the information recorded was specific to each person's individual needs. There were also plans in place should the home become unsafe to use. This meant that should an emergency occur staff had guidance to follow to keep people safe.

People received support from staff when they needed this. Each person had been assessed to determine how much support they needed. One person said, "The staff come at the right time. One is coming soon to take me out." Relatives told us that there were usually enough staff available. One relative said, "There was a time when there were lots' of bank staff. This seems to have been resolved." Another relative commented, "[Person's name] has support three times a week for three hours. They are very good." One relative said, "We do not get the right cover. They are recruiting. Calls have been cancelled." Another relative told us, "There are not enough carers. They are regular. The hours are covered but it demands long shifts for the staff." One staff member told us, "We do sometimes cover other services. I get to work with the same people regularly." We saw that rotas had been completed that provided cover for all hours that people needed support. The registered manager told us that there had been calls cancelled for one person. They said that this was due to a misunderstanding and had now been resolved. They told us that a number of staff had been recruited and there was continuous recruitment taking place. The registered manager said that there had been staffing concerns and agency had been used to make sure that people received their support. The registered manager commented that agency staff had not been used for a number of weeks and that staffing levels were monitored.

People were cared for by suitable staff because the provider followed recruitment procedures. The process included obtaining references, checking people's right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and aims to stop those people who are not suitable from working with people who receive care and support. We looked at the files of four staff members and found that appropriate pre-employment checks had been carried out before they started work. We saw that where one person had gaps in their employment history this had been discussed with them. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely. One person told us, "I do my medicine myself." Arrangements were in place for the safe storage, administration and disposal of medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete and that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who required support with their medicine had a support plan around medicines to determine the support they needed and a medication administration record to record what medicine they had taken. We saw that there was a protocol in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given.

Good

Is the service effective?

Our findings

People received support from staff who had the skills to meet their needs. One person told us, "Yes [the staff know how to meet my needs]. I have had them for a long time." Relatives agreed that staff had received training to enable them to meet people's needs. However some relatives felt that staff did not have training that was specific for more complex needs. One relative told us, "I definitely think the staff have the skills to meet [person's name] needs. When they are on holiday they have other staff to do it." Another relative said, "The staff I have seen have the skills to meet [person's name] needs." One relative commented, "Training needs to be consistent. It has tightened up a lot but I think appropriate training is really important." Another relative said, "They are very forgiving of [person's name] faults. I am not sure they always get the complexities."

Staff told us they received the training they needed to support people. One member of staff told us, "The training is good quality. They are always asking me if I need any more training. I can ask for extra training if I needed it." Another member of staff said, "I am fully up to date with my training." Discussions with staff confirmed that an induction was in place. One member of staff said, "I did an induction it was very useful." We saw that new staff completed a workbook that included the Care Certificate during their induction. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. We saw that staff had completed a range of training including training that was specific for the needs of the people they supported. However, one relative commented that staff had not received training in working with people who were on the autistic spectrum. The registered manager told us that they were in the process of introducing training in this area. Where training was due to be refreshed this had been arranged.

People were supported by staff who received support and supervision. One staff member said, "I have supervision every month. I think that my manager is very approachable." Another staff member said, "If I wanted to discuss anything I can go to my manager at any time." During supervision staff's progress, competency in their role, training and support needs were discussed. This enabled the manager to evaluate what support staff required. Records we saw confirmed that supervisions had taken place.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.

People told us that they were involved in making their own decisions. One person said, "They give me choices about things. I can say what I want." Another person commented, "I can choose what I want. I'm in charge." Relatives told us that most people were involved in making their own decisions where they could be. One relative said, "They involve [person's name] in simple choices." Another relative told us, "They try to involve [person's name]. I think they could do more to involve him and help make choices." One relative commented, "They should offer alternatives in the right way to enable [person's name] instead of giving a direct choice."

The registered manager was aware of the legislation and had considered this during support planning. The information in people's support plans reflected when they needed support to make decisions and how best to do this. We saw that support plans contained information about how to involve people in making their own decisions.

Staff told us that they had received training about the MCA and understood where people needed support to be involved in making their own decisions. One staff member told us, "[Person's name] is not able to tell us about their choices. We know her well. She can tell us by her behaviour if she wants something or is not happy with something. She lets us know." Another staff member said, "We involve people to make decisions where they can. It is important." We saw that when people were unable to make decisions, they were made in their best interests with the involvement of people who knew them well. In these ways people's human rights were protected.

People were supported to choose their own food and drink and prompted to follow a healthy diet. One person said, "They help me with shopping, but I am able to say what I want to eat." Another person told us, "The staff help me cook frozen meals. I am going to get back to cooking more stuff when I can." Relatives told us that people were able to choose their own food. One relative said, "I am comfortable about his diet. They have a responsibility to make sure he is eating healthily." Another relative told us, "Food is brought every week and the menu is changed once a fortnight. Food is freshly cooked. We have input on food."

We saw that people were supported with specific diets, where required, that met their needs with guidance from health care professionals. For example, one person had a soft diet due to their risk of choking. Information in this person's support plan told the staff how to make sure that the food was prepared correctly. Staff told us they tried to promote healthy choices where possible. One staff member said, "While we are out shopping we are trying to get [person's name] to pick the healthier option."

People were supported to maintain good health. One person said, "I went to the doctor by myself last week. They can take me if I need it. They help me to get in touch with the doctor. They took me to the chiropractor for my back." Another person commented, "I would let them know if I needed help. If there was an emergency I would ring the manager and someone would come with me." Relatives agreed that people were usually supported to access health services. A relative told us, "The carer's take her to the doctors. They take her to the dentist if they are supporting her on the day of the appointment." Another relative said, "The staff are good at seeing that he gets to the doctors." However, one relative commented, "I will be finding out later if [person's name] has been to the podiatrist. If he has it will be the first time in that staff have set up the appointment and taken him without us being involved."

People had a health action plan. This provided staff and health care professionals with information about their health needs. Records showed that people had been supported to attend routine appointments such as the GP and a dentist. The outcome of these appointments had been documented. We saw that people had information about their medical conditions and support requirements in a 'grab sheet' so that this could be taken to hospital in the event of an emergency. Support plans contained contact details of

people's relatives'; GP's or other involved health professionals so that staff were able to contact them when they needed to.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. One person said, "Yes [I feel listened to and respected.]." Another person told us, "They give me choices. They respect me and listen to what I say." A relative said, "She is treated with dignity and respect." Another relative commented, "I would have a word if I thought she wasn't being treated with dignity and compassion." Staff told us they promoted people's privacy and dignity. This included involving people in making their own decisions, asking people before supporting them, knocking on people's doors and offering people privacy while being supported with personal care. We saw that support plans contained prompts for staff about maintaining people's dignity. For example, in one person's support plan it said, 'wrap a towel around me and support me to dry my hair. Remember to keep the curtains closed.' In these ways people's privacy and dignity were maintained.

People told us that they staff were very caring. One person told us, "The staff are very caring and kind." A relative said, "The staff are caring and respectful." Another relative commented, "They are a caring team. There are variations but generally staff are caring." Staff we spoke with demonstrated a good understanding of people's needs and treated people with respect in a kind and caring way. We observed staff interacting with people in a caring, compassionate and kind manner throughout our visit. We saw that staff knew what people liked and were able to talk about this. For example, one person had participated in a talent competition and had a video of them doing this. Staff prompted the person to talk about this and show the video. The person was proud of what they had achieved.

People's preferred methods of communication were identified and there was guidance as to how best communicate with each person. Where someone used pictures to help them understand, information had been made available for them using pictures. One person told us, "Staff always explain things well to me." A relative told us, "Although she cannot speak, she can indicate with her eyes. They can tell by her eyes if she wants the toilet. They are very good at communicating with her." Another relative said, "I have sat and watched them and analysed what is going on. They are really good at communicating with [person's name]." One relative commented, "Communication is his biggest difficulty. I don't think the carers always take all of these things into consideration." We saw that support plans detailed how people communicated. For example, one person needed staff to use an actual object to reinforce what they were saying. This could be using a certain bag to indicate that the person was going to the gym. Their support plan guided staff to use the appropriate object for the person. This meant that people were supported to communicate in the way that they were able to.

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their cultural and religious beliefs and goals they had set for themselves. We saw that support plans identified what made a good day for the person and how to help them to achieve this. One person told us that they had written their own questions for prospective staff. They told us that they had interviewed and chosen their own staff and they were happy with the choices they had made.

People were supported to maintain links with family members and other people who were important to them. One relative told us, "Yes [I can visit when I like]. They are very good. You couldn't wish for better." Another relative said, "The staff react differently but we are never made to feel unwelcome." We saw that support plans contained information about relatives and friend's contact information and important dates so that people could be supported to contact people on these dates.

People were encouraged to maintain as much independence as possible. One person said, "I do my cleaning. Staff help me." Another person said, "I can do what I want." A relative told us, "[Person's name] write lists, they take her shopping, bring her back and help her to put it away." People were supported to develop their skills. One staff member told us, "Family members said that [person's name] can write some words. We are supporting her to do this and keep this skill." Staff told us that they encouraged people to do things for themselves where they could. We saw that people's support plans recorded what people could do for themselves and what they needed help with. For example, one person's care plan said, 'I can be involved in cooking my own meals. Offer me two healthy choices. Prompt me to start cooking by putting vegetables in the pan. I can then follow a recipe with support." This meant that people received support from staff to retain or learn new skills.

People were actively involved in making decisions where they could do this. This included decisions about what they wanted to eat and activities they wanted to do. We saw that people were asked what they wanted to do and if they wanted to participate in their activities. Records showed that people had been involved in decisions about their support. Where people were not able to make their own decisions other people were consulted to determine what the person would want. A staff member told us, "We make sure that we ask [person's name]. It is their choice what they do."

People had support from advocates where this was needed. An advocate is a trained professional who can support people to speak up for themselves. One person said, "I have heard about them [advocates] but not needed to use them." Relatives told us that people had received support from advocates. One relative said, "As soon as the advocacy service intervened things were done." Another relative told us, "We have had two experiences of using advocacy." This meant that people were supported to be actively involved in decisions about their support.

People's sensitive information was being handled carefully. One person told us, "They have information about medical things and my independence. I think it is kept safe." We saw that the provider had secure lockable cabinets for the storage of records. When information about people was shared between staff this was done discreetly and in a sensitive way so that conversations were not overheard. The provider had policies about confidentiality and data protection. This meant that people's privacy was being protected.

Good

Is the service responsive?

Our findings

People and their relatives had contributed to the planning and development of their support plans. One person said, "They talked about my support and what I wanted." A relative told us, "We are involved in the meetings. We are not involved on a day to day basis but [person's name] is an adult and we expect that they ask her." Another relative said, "I have to be involved. She won't talk to anyone else unless I am there." We saw that people's support plans contained information about how people preferred to be supported and routines that they wanted to follow. Records showed that people and their families had been involved in reviews of support and in decisions with the person's consent. A relative said, "We usually get to read the plan and have a say in meetings." We saw that support plans had been reviewed at least three monthly and that feedback was sought from the person, staff and relatives. We saw that at the end of each month, people's support was reviewed and progress towards goals was recorded as well as any changes in a person's needs. People were involved with this when they could be. This meant that people were given the opportunity to discuss their care and any changes they would like to happen and staff had up to date information and guidance on how to provide support to people.

People's support plans were personalised and provided details of what the person liked and what activities they wanted to do. For example, in one person's support plan it was identified that they liked to do certain activities in the summer and other activities in the winter. We saw that people's routines were detailed in relation to days of the week and people's likes and dislikes were recorded. For example, one person's support plan said, 'I like to put my trousers on before my socks.' Staff were able to describe people's preferences and this matched the information included in each person's support plan. This meant that people received support based on their preferences.

People were supported to follow their interests and hobbies. We saw that people attended a range of activities throughout the week and had an activity plan in place. This included hobbies such as bowling as well as completing tasks in the house such as cleaning to develop people's skills and independence. One person told us, "I go to the day centre, round town and to different places. I decide." A relative told us, "They take [person's name] to the bank, help with paying bills and shopping." We saw that on the day of our visit people were supported to participate in activities. For example, we saw one person visited the office after having been to a local slimming group with staff and another person visited who was going clothes shopping with staff. Each person had support from one member of staff to do their activities. This meant that people were doing activities they enjoyed.

Each care plan had goals that the person had identified they wanted to achieve and steps to achieve these. This meant that people were being supported to work towards achieving their own goals, wishes and aspirations.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I have raised a concern in the past." Another person told us, "I have the number I can phone the office." Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. One relative said, "I can call head office if I needed to." Some relatives felt that complaints had not been handled well. One relative said, "I find I have to complain multiple times to different managerial levels to make sure someone responds." Another relative said, "I have made frequent complaints that remain unresolved over time." We discussed this with the registered manager and the area manager. They acknowledged that these complaints had not been resolved initially. The area manager told us that they had met with the family and other professionals who wee involved with the person. They told us that the concerns had now been addressed and they were continuing to monitor this. Other relatives felt that complaints had been responded to. A relative commented, "Issues are usually dealt with." Another relative said, "I haven't had to complain about anything major. I have spoken to the manager about minor things and they have been sorted."

We saw that there was a complaints procedure in place and this was available to people and their relatives. The registered manager told us that they received four complaints in 2016. We looked at the records of these and found that they had not all been responded to within the timescales in the procedure. We discussed this with the registered manager. They told us that some complaints had been more complex and required a number of meetings in order to try and resolve. We saw that complaints had been investigated and responses had been given to the complainant.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was aware of the registration requirements. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about most incidents that had happened. We saw that there were four incidents that had been referred to the provider as potential safeguarding incidents by the local authority. These had been investigated and appropriate actions had been taken. However, these incidents had not been reported to us. We discussed this with the registered manager. They told us that as the concerns had been raised by the council they had not considered the need to notify us of the investigations. The registered manager agreed that they would notify us in the future if there were any suspected safeguarding incidents. We have taken this information into account when making our judgments.

People felt like they were listened to. One person said, "Yes they have asked me what I want." However relatives felt that they were not kept informed about all changes that took place. A relative said, "I don't think they are very good at notifying change." Another relative commented, "They don't' really tell you anything." We discussed this with the registered manager. They told us that a newsletter was being developed to help keep people informed about what was happening.

People and some of their relatives felt that the service was well managed. Comments included, "The manager has come to see me to discuss my care," I think they are quite on the ball with things, very supportive actually," and "I think the managers' have a reasonable rapport with the staff and are leading well." However, other people and their relatives were less happy with how their service was managed. Comments included, "The left hand doesn't seem to know what the right hand is doing," "They don't seem particularly well led," and "The staff are good. They don't seem to get much backing from the company." This feedback was shared with the registered manager.

The service had an experienced registered manager. People felt that they could speak with the registered manager, or their local manager. However some people felt that the managers' could be difficult to contact. One person said, "Sometimes it is difficult to get through to the office. It is frustrating. They say they will call me back and it can take two or three days." Relatives felt that they could approach the registered manager or their local manager. A relative commented, "The manager is approachable. I have a direct number I can ring or text." Another relative said, "I would say the manager is approachable." Staff spoke positively about the registered manager. They told us that they felt supported. One staff member said, "I feel that my manager is supportive. I can talk to them about anything" Another staff member commented, "I feel supported in my role." We saw that the registered manager spent time with people who used the service and staff on the day of our visit. They were available to staff to answer questions and provide support. This showed effective leadership. The management structure provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, departments within the organisation such as training, quality and human resources, team leaders, senior support workers and support workers. This meant that they had a network of people who were all working to provide a good quality service.

People were encouraged to express their views through a range of methods. These included house meetings that included staff and people who used the service, satisfaction questionnaires and monthly reviews. People's views and experiences were taken into account in the way the service was provided and delivered. One person said, "They do ask me what I think. I have suggested things in the past but I can't remember what." Relatives told us that they were sometimes asked for their views. One relative said, "We have had questionnaires. There is a circular once a year." Another relative told us, "We are asked for our thoughts on the service but I don't feel we are listened to." We saw from the minutes of house meetings that actions were taken when areas for improvement had been identified.

We saw that a questionnaire had been sent out to people who used the service and their relatives. This had been sent in August 2016 and the responses to this were still being received. The registered manager told us that a development plan would be written when the results had been received and analysed. They told us that they would record what was working, what was not working and how they would let people know the results of the survey. The registered manager said that a survey had not been completed in 2015. They told us that a national forum was being developed and this would include representatives from this area. This forum was for people who used the service to enable them to have a more formal mechanism to report feedback to senior managers and give their opinions on the service.

Staff received regular feedback and guidance on their work. This was from a manager during individual supervision meetings to understand the provider's expectations of them. Staff described these meetings positively. One staff member said, "I have supervision frequently." We saw that staff meetings took place regularly and covered topics such as feedback on staff, the needs of people who used the service and medicines. The provider had carried out a staff satisfaction survey in August 2016. This asked for feedback following an anonymous complaint about staff. The registered manager told us that only 25% of questionnaires were returned and the staff did not raise any concerns. This meant there were opportunities for staff to reflect on their practice and on the service as a whole to improve outcomes for people who used the service.

To ensure people knew what to expect from the service they were given information about the standards they had a right to expect and the provider's mission statement. We saw that the providers' values were a passion for care, a passion for business, positive energy, freedom to succeed and saying thank you.

Regular audits were undertaken by the management team and other departments within the organisation to check that people received good quality care. Monthly audits covered accidents and incidents, medicines, health and safety and complaints. We saw that key records such as people's support plans, risk assessments, environmental checks of people's homes and health and safety checks were undertaken on a regular basis. The provider also monitored staff's professional development, support and training. An internal quality team supported the registered manager in driving improvement. We saw that an audit of the whole service had been undertaken in September 2016. Following this an action plan was in the process of being agreed to identify areas for improvement that had been identified. The registered manager recorded progress against actions.

The registered manager told us that every quarter, managers visited different services to review the progress against the action plans that were in place for each individual service. This included all services and the office base. Following this the area manager then carried out an audit to check on the quality of the service. This meant that the provider was monitoring the quality of the service that had been delivered and was working to improve the quality of the service.