Sevacare (UK) Limited

Sevacare - Derby

Inspection report

Room 105-106, The Old Courthouse
18-20 St Peters Churchyard
Derby
Derbyshire
DE1 1NN

Tel: 01332331400
Website: sevacare.org.uk

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 and 11 of April 2017 and was announced.

Sevacare (Derby) is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 22 people using the service. People's packages of care varied dependent upon their needs.

Sevacare (Derby) 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 at the time of the inspection working in the capacity of area manager. The branch manager of Sevacare (Derby) had submitted an application to the CQC to be registered as the manager, which was being processed.

People's experiences of receiving care and support in a timely and reliable manner were mixed and some of their experiences had a negative impact on their day to day lives. People expressed concerns that the time staff arrived to provide their care and support could not be relied upon, with staff being either early or late. People also expressed concerns that they were not always provided with information as to which staff would be providing their care each week. A contributory factor to the provider not being able to meet people's needs consistent with their expectations was in part due to insufficient staff being employed. There was a programme of staff recruitment ongoing at the time of our inspection visit. With sufficient staff the registered manager and branch manager were confident that people's needs would be met in line with their expectations.

Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately with all aspects of their care. This included support with their medicines; however the branch manager acknowledged medicine errors had been made which they had taken measures to address through the provision of additional training and supervision for staff. Upon their recruitment staff had their application and references validated and were checked as to their suitability to work with the people using the service, which enabled the provider to make an informed decision as to their employment.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from risk. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place, including the use of equipment to reduce the likelihood of harm, and these were recorded within people's records and understood and implemented by staff.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff were

aware of people's rights to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support. Staff liaised with health care professionals where they had concerns about people's health. People received support with the preparation, cooking and eating of meals where needed to ensure their nutritional needs were met.

People and their relatives spoke positively about the attitude and care of staff. People's records, including their care plans, had been developed with the involvement of themselves or their relatives and provided information for staff about the people. Staff understood the needs of people using the service and recognised their role in providing good quality care, whilst enabling and promoting people's independence, privacy and dignity.

People's views about the care and support were reflected within their care plans, which included the number of visits staff made to people's homes on a daily basis. However the time of visits was not clear, with generalised statements such as am or lunchtime visits being documented. This meant it was difficult for the person receiving the service and staff and management to have a clear understanding as to the time of people's calls. This made the monitoring of the quality and reliability of the service difficult, as there were no clear targets or expectations to measure against. Upon commencement of a service people were provided with information about the service, which included key policies and procedures.

People we spoke with and records showed people and their family members had accessed the complaints policy and procedure and had made complaints to the branch manager of the service. We found the complaint policy and procedure had been followed, in that people received a letter of acknowledgement of their complaint and a further letter upon the conclusion of the complaint investigation.

People's views and those of their family members were sought about the service. The registered manager and branch manager were open and transparent in both the completing of the PIR and in the inspection process. They were aware changes were needed to bring about improvement to the service being provided, which included working with commissioners and seeking the views of people using the service to affect actual change. An action plan to bring about improvements had been put into place and was being monitored.

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.

People's needs were not always met in line with their expectations as staff did not consistently arrive to provide care and support at the agreed time.

People who required support were assisted to take their medicine.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

The provider and staff had an understanding of the Mental Capacity Act 2005 and promoted people's rights and choices in all aspects of their care and support.

People were provided with support, where required, to meet their dietary requirements.

People were supported by staff who liaised effectively with health care professionals to promote their health and welfare.

Is the service caring?

Good

The service was caring.

People were supported by caring staff; however they did not always receive information as to which staff would be providing their care.

People or their representatives were involved in the development and reviewing of care plans which recorded their views about their care.

People were supported by staff that were committed to the promotion of their rights and who listened to and respected their wishes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed by commissioners who referred people to the service. People's care was not person centred as the care and support they received was not consistent and therefore not responsive to their needs.

People had raised concerns and complaints about the service, which had been responded to and investigated consistent with the provider's policy and procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager and management team were open and transparent about the service being provided and acknowledged improvements were needed. An action plan was in place to bring about improvement.

Information gathered through seeking people's views about the service and through concerns and complaints was being used to review and improve the quality of the service.

Sevacare - Derby

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 checked 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 on the 10 and 11 April 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by an inspector.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

We contacted commissioners for social care, responsible for funding the people that use the service, and asked them for their views. We contacted health and social care professionals who were involved in some people's care.

We sought the experiences and views of nine people. We visited five people at their homes. We spoke with one person and with three family members, whose relatives used the service, by telephone.

We spoke with the registered manager (who was also the area manager), the branch manager, and the care co-ordinator in the office. We spoke by telephone with three members of the care staff team.

During the inspection visit we looked at the care records of six people who used the service. These included care plans, risk assessments and daily records. We also looked at recruitment and training records for six members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We spoke with people to ask if there were sufficient staff to meet their needs. Many people told us there were not enough staff. People's comments showed that there was inconsistency in the times staff arrived at their homes, which meant people's needs were not met in line with their expectations. People's needs, which included their preference for the time their care was to be provided was a part of their assessment which was undertaken by commissioners. Many people told us staff arrived at their homes at a time later than they wanted or expected. People told us this made it difficult to make plans as they didn't know when staff would be arriving. For example, for some this meant they did not receive support with personal care or support or to have their breakfast until late in the morning.
People told us, "The time of arrival is fluctuating, I never know what time they're arriving, 9.30 or 10.30, there's no co-ordination and we can't make plans." "Staff should be arriving at 9.15 to 9.45 but often its 11am." A person's family member told us, "I had two expectations that the staff would be consistent and on time, so that my mum could develop relationships." They went on to say that the morning call should be at 10.30, however sometimes staff did not arrive until after lunch. We spoke with the branch manager about people's comments. We raised people's comments with the branch manager and they assured us they would look specifically into the issues we had brought to their attention.

The branch manager informed us that a significant factor in people not receiving support at their preferred time was due to the number of staff employed. The registered manager and branch manager told us the recruitment of staff was a priority, and acknowledged that insufficient staff had had an impact on the service they were able to provide. A number of staff had recently been recruited and were being inducted and trained before providing people's care. The PIR detailed that a significant number of staff had resigned their employment, which had impacted on the service they had been able to provide.

We found people's care plans did not always make clear what time staff should be arriving at a person's home, as they stated am, lunchtime, tea time or evening call. There was no system in place for managerial staff to instantly be able to monitor when staff arrived at people's homes. The registered manager and branch manager spoke of their plans to install a computer software programme that would assist them in monitoring the time staff arrived at and departed from a person's home. They said the software package would alert managerial staff if staff hadn't arrived at a person's home, which meant they would be able to take action quickly.

Assessments of people's needs were undertaken by commissioners and provided information as to the care and support people required. The branch manager informed us that where possible they undertook their own assessments to determine people's needs and the staff required to provide care and support safely. The branch manager told us they had declined some referrals from commissioners as the service did not have sufficient staff employed to meet people's needs safely.

A family member we spoke with told us how the unreliability of staff in arriving on time impacted on them. They told us that staff were supposed to support their relative with personal care in the mornings and ensure their prescribed medicine was taken with food. However due to staff being late they told us that they

and other family members were going to their relative's home in the morning to ensure they had their breakfast so that they had their medicine on time. We brought this to the attention of the branch manager, who informed us they would take action by looking into the issue we had raised and make changes if required.

The branch manager informed us, consistent with information provided in the PIR, that there had been some medicine errors, where medicine administered by staff had not be signed as being administered on the medicine administration record (MAR). The branch manager had taken action and provided additional training to staff, which had included observing staff practice in the administration of medicine to assure themselves of staff competence.

People's care plans detailed the medicines they were taking and the level of support, if any, they required. People we spoke with confirmed that staff supported them with their medicine. One person said, "My medicine is locked away, and the key is where I can't reach it. I'm happy with this as I'm sometimes not sure whether I've taken my medicine or not. So it means I don't get mixed up as the 'girls' [staff] take care of it for me."

The registered manager and branch manager told us staff assisted, prompted and administered medicine to people who required support. The provider had a clear policy and procedure for medicine management. People or their representative had signed an agreement, which clearly detailed the role of staff and their responsibility to manage medicine safely. This included information that staff would only administer medicine that was prescribed by a health care professional and had been dispensed by a pharmacist into a monitored dosage system.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

Staff were trained in safeguarding adults who use care services as part of their induction so they knew how to protect people from avoidable harm. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. A member of staff talked to us about the training they had received in identifying potential abuse. They said they had learnt how changes in a person's behaviour may indicate that they were experiencing abuse. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

Assessments were undertaken to identify any risks to people who used the service and to the staff supporting them. These were recorded in people's care plans, and focused on external and internal factors of people's homes. For example, to promote staff welfare external risk assessments identified where staff could park their car and whether there were any other areas of concern in accessing people's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

We asked staff how they promoted people's safety within their home. One member of staff told us how they checked electrical appliances such as toasters and microwaves were turned off. Staff also told us how they used equipment to support people safely, such as hoists and stand aids. Information was held within people's records as to the location of gas, electrical and water installations, which could be accessed in an

emergency. There was also information as to whether the person's home had smoke alarms. In some instances people had a pendant or similar system, which they could activate in an emergency to summon help from an independent call centre. As part of staff responsibility in promoting people's safety, care plans instructed staff to ensure these were accessible to people before they left their homes.

Internal risk assessments looked at the person's home, and whether staff could provide people's care safely. For example, if people had difficulty with mobilising around their home and required equipment, then risk assessments looked at whether there was sufficient space for those using the service and staff to use the equipment safely. Staff received training on the promotion of people's safety, which included how to support people when they were moving around their homes and the use of specialist equipment such as a hoist or stand aid. People's safety was therefore maintained and their comments supported this.

We asked people if they felt safe when receiving care and why. One person told us, "For me, having the 'girls' [staff] gives me reassurance that should I slip when having a bath, someone is here to help me."

Good

Is the service effective?

Our findings

People were supported and cared for by staff that had the training and knowledge they needed in the provision of care. Staff were enrolled to undertake the Care Certificate. This is a set of standards for staff that upon completion should provide them with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff were supported to continue their training and development by working towards and gaining vocational qualifications in care. Staff training in some topics was of a standard which met the criteria of external organisations, which included the Chartered Institute of Environmental Health (CIEH), United Kingdom Home Carers Association (UKHCA) and The Royal Society for the Prevention of Accidents (RoSPA).

We looked at the records of staff and found that they were supervised and had their work appraised, which included having their competency assessed to undertake people's care and support. This confirmed the information within the PIR. A person using the service told us that staff underwent 'spot checks' and staff we spoke with confirmed this. We looked at 'spot checks' reports which showed they covered a range of areas, such as the effectiveness of staff's ability to communicate and provide the care and support as detailed within the person's care plan. This assisted the provider in determining whether the service being provided was of a good quality.

We were told by staff that communication was effective, with support and advice always being available to them by contacting staff based within the office. When the office was closed staff were supported by the out of office service. Staff provided examples of when they had required support and how the support they received was timely and had a positive impact on people's care and welfare. For example, a member of staff told us they had arrived at a person's home to find they had been prescribed medicine which did not contain clear instructions for its administration. The member of staff contacted staff at the office who liaised with the person's GP. Information was then shared so that the staff could provide the appropriate support in assisting the person with their medicine.

Staff told us information was shared with them via e-mail and telephone texts, which included their weekly rota detailing whose care and support they were providing. Staff told us any updates and changes to people's care packages were also communicated this way, as were changes to the staff rota.

A majority of people told us that whilst they received care from staff they were familiar with, they often did not receive information in advance as to which staff would be providing their care. The branch manager recognised that this information had not been available to everyone and told us there had been changes in the staff employed to work in the office to bring about improvement. They said plans were in place to ensure that everyone would be receiving this information on a regular basis.

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 and applications must be made to the Court of Protection. We found there were no such orders in place.

The registered manager and branch manager were aware of the MCA and informed us that the people they currently supported were able to make decisions about their care or had family members who represented them. People's records reflected the decisions they had made about their care and support. For example, where they had declined aspects of personal care or had chosen not to have a meal. Staff were aware that some people declined personal care and support due to their health, which included those living with dementia, who in some instances told staff they had already eaten or had a shower. Staff told us how they encouraged people in these circumstances to accept support and how as people became more familiar and confident with them, they accepted this more easily.

Assessments were undertaken to assess the level of support people required, if any, with eating and drinking, which included food preparation. Care plans provided guidance for staff on their role in providing the appropriate support. For example, a care plan stated that a person's food needed to be cut up and that they required full assistance with eating, whilst others contained information about people's preferences about what they wished to eat. Where requested by health care professionals, staff kept a record of people's food and fluid intake for those who were at risk of not having sufficient to eat or drink to maintain their health. This was an example of how staff worked and liaised with health care professionals.

A family member told us how the branch manager of the service had liaised with them, as well as health and social care professionals, to bring about improvements to their relative's quality of life, which included the provision of essential equipment. People's records provided guidance for staff on how they were to support people whose skin was fragile. Records showed staff applied prescribed creams and liaised with health care professionals on the monitoring of people's skin, which included where people's skin had become red or they had developed an ulcer or sore. People's records contained contact details as to health and social care professionals involved in their care to facilitate communication.

Good

Is the service caring?

Our findings

People using the service spoke positively of the attitude and approach of staff in the delivery of personal care and support. People's comments included, "I'm perfectly happy with everybody, they're [staff] all very nice." "All the staff are very caring, all staff are very careful when they wash me, always ask if I want help and encourage me do it myself." "The girls [staff] are very courteous and do their job; we have a laugh with them." "The staff have a good approach, friendly and with a positive attitude."

People had differing views as to whether they were supported by a consistent group of staff. People's comments included, "I'm supported by six different people who I am getting to know and them me." "It's starting to improve with my receiving help from some staff who I am familiar with." "I have the same two or three ladies who help me." "I don't always know who is coming; I don't always get the rota." "I have a rota; however it's not always accurate." The branch manager told us that new staff were being introduced to people by shadowing (working alongside) experienced staff as part of their induction with a view to developing good working relationships with those using the service.

People and their family members told us they were involved in the development and reviewing of care, which meant they were able to influence the care and support received. People told us, "I have been consulted about my package of care; it's been reduced as I don't need as much support now." "I've, to a large extent, been involved in my care plan and have influenced it greatly." "I have the opportunity to influence my care on a day to day basis, by letting staff know what I want to wear and what I want to have for my breakfast."

People's comments confirmed that staff promoted their dignity. One person told us, "They are all nice people. They did ask me what gender of carer I preferred and I said women." "They [staff] let me make my own decisions. They make sure that things are done the way I want and they always ask if there is anything else I need before they leave." And, "The staff are very pleasant, always make sure that I am happy with all parts of my care, they've very attentive and give me the privacy I need."

The provider had in place a 'service agreement', which provided information as to how data held about people was stored and used. This assured people that personal information was held in accordance with the data protection act. People's records we looked at contained a 'service agreement', which had been signed by the person or their representative, which included information on data protection.

Requires Improvement

Is the service responsive?

Our findings

People had an assessment of their needs carried out by a commissioner who was responsible for organising the commissioning of their package of care and support. The branch manager informed us that commissioners informed them of people's packages of care, which included the date and time they were to start providing a service. The branch manager told us where possible they undertook their own assessment of people's needs, should there be sufficient time before the package of care was required to commence. The branch manager told us they had declined some referrals as they were unable to meet people's needs, for example, where the numbers of staff employed were not sufficient.

Assessments were used to develop care plans, which were person centred, 'Person centred' is a way of working which focuses the actions of staff on the outcomes and well-being of the person receiving the service. Care plans detailed how staff made sure people were appropriately cared for and we looked at how this was documented. For example, care plans instructed staff to ensure drinks and snacks were left close by so a person could reach them, whilst some referred to people's preferences. For example, one person's care plan stated, 'ensure my socks are put on and the duvet is over me.' However discussions with people showed the service was not responsive and therefore people did not consistently receive a person centred approach to care as people continued to receive support and care at a time not suited to them.

People's care plans in a majority of instances did not detail the time people should receive their care and support. People provided differing views as to whether staff arrived on time or at a consistent time each day. People we spoke with told us they were frustrated and some people became upset when we asked them about this. The branch manager assured us there had been recent changes to the makeup of the staff team based within the office as part of their commitment to bring about improvements to the co-ordination of people's care.

We spoke with the care co-ordinator, who told us they had recently brought into place a new system for scheduling people's care and support. They told us as additional staff were recruited the scheduling of people's care would better reflect their expectations and wishes. The care co-ordinator told us people were provided with a copy of who was to provide their care on a weekly basis; this was sent either by e-mail or hand delivered by staff. However, people we spoke with told us they did not always receive this information. We shared this with the branch manager who told us of their commitment to bring about improvement.

The PIR identified planned improvements over the next 12 months intended to improve the service's ability to respond to people's needs. These included the expansion of the hours the office was open and the development of a staff forum to gain ideas about the development of the service and its ability to provide responsive care.

People when they commenced a service were provided with an introductory pack containing information as to the services provided. When we visited people in their homes, we saw people had information about the service. The introductory pack included a copy of the provider's statement of purpose and service user guide. This contained information about key policies and procedures, which included the complaints policy

and procedure.

The PIR detailed the service had received 25 compliments, since its registration in August 2016, which reflected people's satisfaction with the care they receive. The PIR stated the service had within the same time period received 12 complaints. These reflected concerns regarding late calls. The PIR stated the action taken was the recruitment of more staff and improved planning of staff rotas to provide a more responsive service.

People told us they were aware of how to make a complaint, with some people stating they had raised concerns and complaints about the service. People told us about these. People's concerns and complaints had in the main been with regards to the timeliness of staff arriving at their homes along with specific aspects about people's quality of care.

We looked at the complaints and concerns received and we saw that the branch manager had followed the complaint policy and procedure. A letter of acknowledgement had been sent out to complainants acknowledging they were unhappy with the service and detailing a summary as to the issues raised. The letter informed people that their concerns would be investigated and the outcome of the investigation shared with them. Complaints records, where the investigation had been concluded, contained a copy of the letter sent to the complainant. This detailed the outcome of the investigation, along with any action taken. Action undertaken included providing additional training for staff for specific aspects of care to improve people's experiences. Complaints had been received about the timeliness of staff arrival to provide care. We found the branch manager had acknowledged people's concerns and made reference to the recruitment of additional staff to improve the consistency and reliability of the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and branch manager were open and transparent in both the completing of the PIR and their involvement in providing information during and following the inspection visit. They were aware that changes were needed to bring about improvement to the service being provided.

The area and branch manager spoke of their commitment to improve the quality and consistency of the service being provided; a key aspect of their planned actions to improve the service had been implemented, which was the recruitment of additional staff. The employment of additional staff was to enable people receiving a service to be confident that their care and support would meet their expectations and needs.

The registered manager was at the time of the inspection working in the capacity of area manager. The branch manager of Sevacare (Derby) had submitted an application to the CQC to be registered as the manager, which was being processed. The PIR provided information as to the experience and qualifications of the branch manager, which included their working towards a Level 5 Diploma in Leadership and Management.

Discussion with the registered manager and branch manager and information provided in the PIR reflected how the management of the service oversaw the quality of the service being provided through weekly reports. The reports captured information, such as the number of hours of care and support provided and the number of care packages that had ceased and commenced. Information regarding staff was also documented, which included the number of supervisions carried out and progress on the recruitment of staff. The area and branch manager reviewed all information gathered. This provided them with a clear overview as to the operation of the service which enabled them to focus resources where they were needed to bring about change. This had included recent changes to staff based within the office and the introduction of new systems to co-ordinate people's care packages. The branch manager informed us that these recent changes would be reviewed to establish their effectiveness in bringing about improvements.

As part of our inspection we contacted health and social care professionals and local authority commissioners responsible for the funding and organisation of people's care packages. We did not receive feedback from health and social care professionals; however commissioners for social care did share with us their concerns about the service, which included medicine errors and late and missed calls to people's homes. We spoke with the registered manager and branch manager about the quality of the care being provided. They were aware of the concerns expressed by the commissioners and told us they had attended a number of meetings and provided information as required, which had included an action plan to address the areas of concern and to bring about improvement.

The branch manager shared the action plan with us. This detailed the improvements required, and the person responsible for overseeing them. The action plan had identified, four key areas for improvement which included the recruitment and retention of staff, improved sharing of information with commissioners and the monitoring of visit times to people's homes. The recruitment of staff had been actioned, with recently recruited staff having commenced their induction. The monitoring of visits was to be actioned in a

number of ways, which included the introduction of spot checks being carried on out on staff by the branch manager and care co-ordinator so they could monitor staff arrival and departure times from people's homes. The area and branch manager spoke to us about the recruitment of staff as a key factor to the sustainability of the service in the provision of good quality care.

People and their family members told us that staff based within the office did contact them by telephone to seek their views about the service. We saw records of people's comments, which were positive about the attitude and approach of staff. One person told us, "I'm frequently consulted as to my views of the care." And, "I was contacted about completing a survey, as to what's happening with the care."

The registered manager and branch manager told us people using the service had recently been sent questionnaires seeking their views about the service. They told us questionnaires were sent from and returned to the provider's head office. On return they would be analysed and a report produced. This would be forwarded to the branch manager who would use it to develop and improve the quality of the service by responding to the issues people had raised.

The branch manager spoke of their plans to further engage with people using the service, by providing opportunities for them to socialise together, and by offering people the opportunity to be involved in the recruitment of staff. This was consistent with information for planned improvements over the next 12 months as detailed within the PIR, and confirmed by a person who we spoke with who used the service. Following our inspection visit the branch manager sent us copies of newsletters, sent to people using the service and staff. The one sent to people using the service offered them the opportunity to be involved in the recruitment of staff. This was an example of management seeking to involve people in the running of the service.

Staff were supported by the branch manager through supervision, appraisal and on-going assessment of their work, with communication via e-mail and text being used to provide staff with up to date information. Staff spoke positively of the support they received from staff based within the office, which included the branch manager.