

## Mencap in Kirklees

# Mencap in Kirklees (DCA)

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection of Mencap in Kirklees took place on 8 February 2018. We previously inspected the service on 20 September 2016; we rated the service Requires Improvement. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Mencap in Kirklees is a domiciliary care agency. It provides personal care to adults with learning disabilities living in their own homes. On the day of our inspection 22 people were receiving support from Mencap in Kirklees. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

People told us they felt safe, staff were aware of their responsibilities in the event they were concerned a person was at risk of harm. Care files contained individual risk assessments to reduce risks to people's safety and welfare.

Staff recruitment was safe. Plans were in place to implement an electronic call monitoring system to alert office based staff in the event a person's call had been missed. Not all staff were happy with the management of duty rotas.

People's medicines were only administered by staff with the knowledge and skills to do so. All medicine administration records were routinely audited on return to the office to enable any concerns to be addressed promptly. Where people were prescribed medicines to be taken 'as required' (PRN) there were no directions for staff as to how to ensure their administration was safe and consistent. The registered manager assured us action would be taken to address this shortfall.

New staff received induction and there was a system in place to ensure staff received regular training. Staff had completed the theory aspect of the Care Certificate but the field based assessment of their competency had not always been completed. Staff had not received regular management supervision and there was no system to ensure all staff had received a regular field based performance assessment.

People received support with meals and drinks. Care plans recorded the support people needed with this aspect of their lives.

Staff were aware of how to access additional healthcare support for people and we saw evidence of this

within people's care files.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence people had given their consent to the care and support they were receiving.

Staff were caring and kind. People's right to privacy was respected and staff treated people with dignity. People were encouraged to retain their independence and complete tasks with staff support. People and their relatives were involved in their care plan and this was evident in the care plans we reviewed. Staff enabled people to make their own choices and decisions, implementing other methods of communication where people's verbal skills were limited.

Staff supported people to engage in activities which interested them.

Care plans were person-centred and contained relevant information to enable staff to deliver people's care. Where people may present behaviour which may challenge others, we saw care plans recorded how the behaviour was displayed and the actions staff should take to defuse the behaviour.

People did not raise any complaints with us and information about how to raise a complaint about the service was easily accessible for people who used the service.

There was a system of governance in place. The group manager completed an audit of the service and an action plan was implemented to address any identified shortfalls. The organisation had recently achieved external accreditation regarding their management systems. Feedback was gained from people who used the service and staff on a regular basis. This information was included in an annual performance report which was shared with people, their relatives and staff.

## 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.

Staff were aware of their responsibilities in keeping people safe.

Staff recruitment was safe.

Systems were in place to ensure the management of medicines was safe.

### Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Staff received induction and training but not all staff had received regular supervision or an observational assessment of their performance.

People were supported with meals and drinks.

Staff understood their responsibilities under the Mental Capacity Act 2005.□

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and kind.

Staff respected people's privacy and dignity.

People were encouraged to retain their independence.

### Is the service responsive?

Good ●

The service was responsive.

Staff supported people to access the activities they enjoyed.

Peoples care files were provided sufficient detail to enable staff to provide person centred care.

Information about how to complain was provided to people in a format they could understand.

### **Is the service well-led?**

The service was well led.

The service had a registered manager in post.

There was a system of governance in place which included plans to address identified shortfalls.

There was a system in place to gain feedback from people who used the service and staff.

**Good** ●

# Mencap in Kirklees (DCA)

## 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 on 8 February 2018 and was announced. We gave the service 24 hours' notice of the inspection to ensure the registered manager would be available to meet with us. The inspection team consisted of one adult social care 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. The expert by experience on this occasion had experience in providing care and support for a person living with a learning disability.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During our visit to the office we spent time looking at three people's care plans, we also looked at five records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the chief executive, registered manager, a team leader and one support worker. Following the inspection we spoke with three support workers on the telephone. We also spoke on the telephone with six people who used the service and two relatives of people who used the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "I would go anywhere with them." Relatives also told us their family member was safe whilst in the care of Mencap in Kirklees' staff. They told us, "On the whole the service is safe. It is as good as it can be", "[Name of relative] would be able to tell me if they weren't happy. When [relative is making a cup of tea in the kitchen the carer is in the kitchen making sure they are safe."

One of the staff we spoke with was able to describe different types of abuse people may be victim to and what they would do if they were concerned a person was at risk of harm or abuse. The registered manager was also clear in their role and the actions they would take in the event a safeguarding concern was raised with them. We saw from the registered managers training matrix all staff had completed safeguarding training.

Prior to the inspection we reviewed information pertaining to safeguarding concerns regarding three people who used the service, during the inspection we reviewed documentation and discussed the incidents with the registered manager. We saw evidence each incident had been reported to the local authority safeguarding team and the registered provider's management team had investigated each concern, taking action where required. This demonstrated where concerns were raised, appropriate action was taken.

We asked two of the staff we spoke with what action they would take in the event they were unable to gain access to a person's home or if the person was not at home when they called. They told us they would try to telephone the service user or their family; they would put a calling card through the person's letterbox to advise them a member of staff had called. They also said they would notify the office so that a member of office staff could take further action to identify the location and safety of the service user. One of the staff said, "The last resort would be we would notify the police." This demonstrated staff knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

Each of the care files we reviewed contained a number of risk assessments, for example, slips, scalding, gas safety, mobility and specific equipment such as use of a bath chair. Each risk assessment was rated according to the level of risk for the individual and had been reviewed within the previous twelve months. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

No one we spoke with raised any concerns regarding late or missed calls. One relative told us staff were punctual, "When my [family member] is being dropped off from day care, the staff are there waiting for [person] to come back." A person who used the service said, "If they are going to be late they will ring me."

Prior to the inspection we received information regarding a person having a missed call. We spoke with the registered manager about this, they told us the support worker at the next call had identified the morning call had been missed; they said this support worker had taken appropriate action and notified the office. The registered manager said at the time of the inspection the electronic system to notify the office of late or

missed calls was not yet operational but they told us this was due to be implemented in the coming weeks. This would then enable office based staff to be alerted if people's calls did not take place within the allocated timeframe, enabling appropriate action to be taken.

The registered manager told us there was an on-going programme of recruitment for staff, they said the recruitment process was in-depth to reduce the risk of employing staff who may not have the appropriate attitudes and behaviours to support people with a learning disability. We reviewed five staff files, three of whom had been employed since the last inspection. Each file contained an application form, two references and evidence they had attended an interview. A disclosure and barring (DBS) check had also been completed for each staff member. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. This evidenced appropriate checks were undertaken before staff began work.

One of the relatives we spoke with said their family member was prescribed medication twice a day, they said they were happy with this aspect of support, "When I've visited, I've seen the tablets being put out at meal time. [Person] would know when their tablets were needed."

At the last inspection the interim manager said staff competency was not currently assessed in relation to managing and administering medicines. At this inspection we found this concern was being addressed by the registered manager. They told us they had reviewed the training staff received and a system had been designed and implemented to assess staffs competency to administer people's medicines. One of the staff we spoke with said, "We have medicines training, it is quite stringent. It is really good. We get an (observed) assessment by [name of registered manager] both in the office and in the community." We saw evidence of training and competency assessments in each staff file we reviewed. This meant people received their medicines from staff who had the appropriate knowledge and skills.

We reviewed medicines administration record (MAR's) for three people. MARs were supplied by the pharmacy who dispensed the person's medicines. This provided details regarding the medicines a person was prescribed and reduced the risk staff had to transcribe instructions onto MAR charts. This reduced the risk of transcribing and administration errors. Each MAR was audited when it was returned to the office to enable any concerns or shortfalls to be addressed.

We saw one person was prescribed a medicine to be taken 'when required' but staff had administered it on a daily basis, although we noted this had been identified by a staff member when they audited the MAR. However, where people were prescribed medicines to be taken 'as required' (PRN) we did not see any instruction in any of the care files we reviewed to direct staff as to when people should take these medicines or how many they should administer. NICE guidelines suggest 'social care providers should record any additional information to help manage 'time-sensitive' and 'when required' medicines in the provider's care plan'. We brought this to the attention of the registered manager at the time of the inspection. Following the inspection the registered manager emailed us to say protocols would be in place for all 'as required' medicines by 1 March 2018.

One of the relatives we spoke with told us staff took steps to reduce the spread of infection, saying staff wore protective clothing, such as gloves and aprons when completing personal care tasks. One of the staff members we spoke with said aprons and gloves were kept at the office and all staff were able to collect what they needed when they visited the office. This showed the service had taken steps to ensure the people and staff were protected from the risk of infection.



We asked the registered manager and a team leader, when things went wrong how lessons learned were shared with staff. They told us information would be communicated with staff in a variety of ways depending on whether it was relevant to all staff or staff involved in the support of a particular service user, this included staff meetings, supervisions and discussion with individual support workers. We saw accidents and incidents were recorded, reviewed and a record of actions taken was retained. This included a referral for additional support for the individual and discussions with relevant staff. This showed action was taken where deficiencies were identified.

## Is the service effective?

### Our findings

We checked to ensure peoples care and support was provided in line with current legislation and evidence based guidance. The PIR submitted prior to the inspection recorded 'The manager has accessed external seminars run by CQC, Kirklees Safeguarding training, receives information from the Department of Health, the Health and Safety Executive and external training providers, in order to keep abreast of new research, guidance and developments. These are disseminated through the workplace via our staff newsletter, supervision sessions and staff training'. We reviewed a random selection of policies and found they made reference to relevant legislation and guidance.

People and relatives felt staff had the necessary knowledge and skills. A person who used the service said, "I prefer the older ones who know what they're doing." Relatives told us, "They keep up with regular training. They look out for hazards, they're on the ball," and "Some carers are superb and some I wish did things slightly differently. But it's not a big deal."

New staff received induction. The registered manager told us new staff completed a two week induction which included completing all relevant training and provided opportunity for staff to meet the people they would be supporting. We reviewed the files of three staff who had been employed at the service for less than twelve months; although we saw evidence of the training they had received there was no formal record of induction. The registered manager told us a new document had been designed and was ready for implementation when the service next employed a new staff member. We saw a template of the document which covered a range of topics including the organisation structure, staff conduct and terms of employment. This showed the registered manager had taken steps to improve the induction process for new employees. Following the inspection we spoke with one staff member whose personnel file we had reviewed; who confirmed they had received induction when they commenced employment at the service.

The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. We saw the classroom section was completed during staff's induction period but we did not see evidence staff had received field based assessments of competency. We asked the registered manager about this, they told us it had not been possible to complete this for existing employees but they assured us this was now in place. They showed us evidence of field based competency assessments for a recently employed member of staff. We saw evidence of field based observations of staff's performance for existing staff on the audit reports dated May and November 2017, completed by the group manager. However, there was no system in place to provide oversight of which staff had completed this and when. This meant we could not evidence this had been completed for all existing staff. Where staff work unsupervised, it is important performance checks are completed to ensure staff are working to the standard expected of them by the registered provider.

Staff told us they completed training in a range of subjects including moving and handling, health and safety, food hygiene and mental capacity. We saw evidence of recent training in each of the personnel files we reviewed and from the registered managers training matrix. The chief executive told us both the

registered manager and the care co-ordinator were currently completing a management course which was provided by the local authority. Regular training helps to ensure staff have the skills and knowledge to meet peoples support needs.

The registered manager told us staff should receive an annual appraisal and alternate monthly supervision. The time frame for staff supervision was also detailed in the registered providers Quality Assurance Report dated July 2017; 'We will make sure all staff receive regular supervision at least every two months in line with our policy'. Each of the staff we spoke who had been employed over twelve months confirmed they had received an annual performance appraisal and we saw evidence of either an annual appraisal or an appraisal completed at the end of newer staffs probationary period in each of the recruitment files we reviewed. Staff also told us they received supervision, although not all staff could recall when the most recent one had been completed. We found supervision records in staffs files did not evidence they had received supervision within the timeframe specified by the registered manager. For example the most recent supervision in one file was dated 25 January 2017 although the supervision matrix recorded their most recent supervision as 23 May 2017. Another member of staff who had commenced employment in February 2017, there was no record of supervision in their file, or on the supervision matrix. The registered manager was aware staffs supervision was behind schedule and we saw this had also been identified on the group managers' audit reports. Following the inspection the registered manager emailed us with an updated action plan of how this shortfall was to be addressed. We recommend the service considers current good practice guidance in regard to supervision and field based observational assessments in relation to the specialist needs of people living with a learning disability. This is important as it provides an opportunity to review staffs practice or behaviours, and focus on future professional development.

People received support with meals and drinks. A relative told us, "The staff ask [person] what they want for their meals. They take [person] out shopping to buy the food." They also said, "They steer [person] towards healthier choices such as yoghurt and fruit rather than cake." The second relative we spoke with told us about the specific dietary needs of their relative, "I'll give the staff instructions. I've done a print out of what my [relative] can and can't have. The staff do the menus; my [relative] is included to their own level."

Peoples care files recorded their abilities, needs, likes, dislikes and abilities. For example, we saw in one person's eating and drinking care plan 'I need soft diet, staff to cut up food. I have a modified knife, fork and spoon'. This information ensured staff were aware of people's individual needs when providing their care and support.

A relative told us, "They always keep me well informed about appointments and discuss things with me. They recently took [person] to the doctor's for eye screening."

We asked a support worker what action they would take if a person was unwell. They told us they would talk to the person to gain more information; they said they would contact the person's GP if needed and report their actions to the office. The registered manager also told us they service worked closely with the local learning disability support team. They said this enabled the service to access appropriate support in the event a person's needs changed. This was echoed when we spoke with support staff.

We saw evidence in people's care files where other health care professionals had been involved in people's care and support, this included GP's, district nurses and occupational therapists. This showed staff were actively involving other health care professionals in people's care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

It was clear from our conversation with staff, they understood people's right to make their own decisions and choices. One staff member said, "It is how you talk to them and explain to them, so they can understand and take it in. We can ask them to speak it back to you to check they have understood." Another staff member said, "If people lack capacity we tell the office and the learning disability team are involved capacity tests are done. If they have capacity, they are entitled to do what they want to do, it is their right." We saw from the training matrix all but four of the 31 staff listed were up to date with this aspect of their training.

In each of the care files we reviewed we saw people had signed a variety of consent forms, including; receiving support with personal care and support with managing their finances. For each decision there was evidence the service had assessed the person had capacity to make that decision. The registered manager was aware of the action they would need to take should a decision be required which a person lacked the capacity to make. This ensured where people lacked the ability to make an informed decision, their rights would be protected.

## Is the service caring?

### Our findings

Feedback regarding the staff was all positive. One person said they were happy with the support they received and had been using the service for 39 years. Another person told us they were happy with everything, the staff were kind and caring, "It's the way they speak to you." Other comments included; "They send the ones (staff) I get on with" and "They're there when I need them. If I need help and can't do something they help me do it." A relative told us, "I can't praise the staff enough. I could not have got my [relative] anywhere better. [Person] is in the right place. I know my [relative] is happy and well looked after." The second relative we spoke with said, "My [relative] has really good and caring staff. [Relative] is clean and well turned out and happy. The interaction between the three residents works very well. It is a nice relationship between them and it is encouraged by staff."

Staff spoke with us about their role and the people they supported with a caring, professional approach. One staff member said, "Everything is centred around the person, it is down to them." Another staff member said, "It's about enabling people to be integrated, to be able to live as I do, as much as they can. To have fulfilling lives."

The team leader told us the service tried to ensure female staff were assigned to females who used the service although we also noted each care file we reviewed recorded if the person had a preference for the gender of the staff member who was providing their support. This demonstrated the service respected people's individual preferences.

People and their relatives told us staff treated people with dignity and respect. A relative told us; "My [relative] has the option of locking their bedroom door. When they are in the shower the carer listens out for them." A person said, "I have a doorbell outside my flat. They press the bell and say who it is." Staff were able to give examples of how they maintained people's privacy and dignity, for example, closing doors and curtains. One of the staff told us, "We remind people too about what they need to do as well to keep their privacy." Staff were also aware of the need to maintain confidentiality and not to disclose personal information unnecessarily or without consent.

Each of the care plans we reviewed contained an agreement between Mencap in Kirklees and the individual, signed by person. One of the points on the agreement was 'we will treat your home and possessions with respect'. This demonstrated dignity and respect were an important aspect of the staffs support with people.

The registered manager told us all staff completed equality and diversity training and all people were treated equally. They also said they hoped to have all staff registered as Dignity Champions. Dignity champions are staff designated to ensuring all staff are committed to taking action, however small, to ensure people are treated with compassion, dignity and respect.

People also told us staff encouraged them to maintain their skills and independence. One relative said, "[Person] is encouraged to put their shoes on themselves. The carer fastens the laces." The second relative we spoke told us, "They try to involve my [relative] in the cooking. [Relative] sets the table." Staff also told us

their role was to support people in their daily lives and not to do all the tasks for them. One of the staff said, "Mencaps ethos is to encourage independence. Most people want to retain their independence." They went on to describe how they encouraged a person to maintain their independence while they supported them in a discreet manner. This showed staff encouraged people using the service to be independent, wherever possible.

We asked staff how they enabled people to make choices and decisions if they had limited verbal skills. One of the staff told us about a person who used Makaton, this is a language programme designed to provide a means of communication to people who cannot communicate efficiently by speaking. Another staff member told us how they enabled a person to make choices for example, about the clothes they wore each day. A comment from a person in a quality assurance visit dated June 2017 recorded 'I get a choice on all sorts, like what food I eat'. This demonstrated staff respected people's right to make their own decisions. Where people had an advocate to support them with decision making, this was recorded in their care plan. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

## Is the service responsive?

### Our findings

People were supported to access the activities they wanted to participate in. One person told us, "One support worker is very good to me. I am going on holiday with her in September to another Mencap organisation." Relatives told us, "The staff take my [relative] to a club twice a week. They take [person], stay with them and bring [person] back. They take [person] on trips out in the car or on the train. They may go to Dewsbury or Leeds" and "My [relative] went on their first holiday last year. They had a week in Wales. It went very well and [relative] really enjoyed it. Additionally, [relative] has a 1:1 who takes them out two to three nights a week. [Relative] goes out for walks, to the pub, for a meal, swimming at the sports centre and to the Gateway Club."

The registered manager told us when they accepted a care package for a new person a member of staff went to meet the person to discuss their needs and to see how they wanted to be supported. They said the care file was developed from there and a copy of the care file was put in the person's home and a copy retained in the office. The registered manager told us the service had not taken on any new people for a number of months.

Care files were person centred and provided adequate detail to enable staff to provide appropriate care and support to people. One of the care files we reviewed contained a document 'this is me'. This provided a synopsis of their history, preferences, likes and dislikes. Care files also provided a summary of the care and support staff were to provide at each allocated care call.

Care files also contained a care summary 'my support at a glance'. The registered providers PIR recorded; 'We have developed a support at a glance document so staff can access the information about peoples support quickly. This is proving particularly useful when staff are covering at short notice or there is an unexpected situation. This was highlighted as a concern in the feedback we received from staff in the annual quality survey'. This demonstrated the registered manager had taken action in response to staff raising a concern.

We noted two people could display behaviour which may challenge others. We saw their care files provided information on how this behaviour was expressed and the best way for staff to address it to reduce the risk of a further escalation. This is important as it reduces the risk of people's behaviours escalating which may result in harm and distress for both the person and staff.

People and their relatives felt involved in their care plans. A relative said, "I am going to a review at the house next week. I feel listened to." The second relative we spoke with said they last attended a review 18 months ago. Each of the care files we reviewed we saw the person had signed the relevant sections within it. This showed that people had been consulted about the care and support provided for them. The registered manager told us care files were reviewed annually unless an earlier review was prompted by a change in a person's needs; however, they added that some reviews were behind schedule. Although each of the care files we looked at had been reviewed within the previous twelve months. Regular reviews help in ensuring care records are up to date and reflective of people's current needs.

The registered manager was unaware of the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. However, we saw that a range of information was available to people who used the service in an easy read format, this included information about the service provided by Mencap in Kirklees and how to complain. We also found each care file we reviewed included information about the persons' communication needs where relevant.

None of the people we spoke with raised any complaints or concerns regarding the care and support they or their relatives had received.

The registered providers PIR recorded 'There have not been any themes, trends or patterns in the complaints that we have received. We provide information about each complaint on our monthly management service report to the CEO which is also reported to the Board of Trustees'. The registered manager told us they had not received any formal complaints, although sometimes concerns were raised verbally, but they said these were "Minor niggles." We saw complaints and compliments were recorded each month and an overall log recorded the date of the complaint, name of the complainant, a brief description of the concerns raised and the actions taken. We saw all the complaints logged during 2017 were minor in nature and action had been taken to address them.

Each of the care files we reviewed contained information about how to raise a complaint about the service provided by Mencap in Kirklees. This information included the photograph, name and contact details for senior managers within the organisation and also contacts information for external organisations, such as the local authority, CQC and the police. The information provided was in easy read format which ensured it was accessible to people who used the service.

The service was not currently supporting anyone who required end of life care however, the registered manager was aware of how to access support from other healthcare professionals if required. One of the care plans we reviewed recorded the person had a funeral plan in place. Having this information ensures staff are aware of their preferences and plans in the event their health or well-being deteriorates.



## Is the service well-led?

### Our findings

We asked staff if they thought the service was well led. One of the staff we spoke with said, "I felt supported, [registered manager] genuinely cared and constantly checked I am ok." Another staff member said, "The management team are good, but it has been up and down due to changes. Communication is good and they listen." Only one of the staff we spoke with felt dissatisfied with the organisation. They told us they felt unsupported and felt the organisation put money before people. However, each of the staff we spoke with were clear about their role and responsibilities.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered manager had commenced working at the service in September 2016. They told us there had been a number of changes at the service in the previous months including updating policies and improving medicines management. They told us they were aware there was still more to do, including further development of the staff team and care planning documentation. During our discussion with the registered manager we found them to be knowledgeable, compassionate and professional. All the information they provided to us for review at inspection was organised, well presented and easy to understand.

At our previous inspection in July 2016 the interim manager told us a new system was to be introduced to plan staff rotas'. The registered providers PIR submitted in August 2017, recorded 'We have spent 8 months inputting information onto People Planner our new rostering software...The resource's and information required to implement the system was more than initially anticipated but we have set a target date for September 2017 for implementation'. At the time of our inspection this system had still not been fully implemented.

We reviewed the registered providers Managers Quality Audit Reports (MQAR) dated May and November 2017. The registered manager told us these were to be completed every three months and an action plan generated to ensure highlighted actions were addressed. We reviewed the November 2017 report; we noted an entry which recorded 'Group manager QMMR was due in September/October. It is now November'. We saw the report had identified areas where further improvement was needed, including the shortfalls we had identified regarding staffs supervision.

We reviewed a 'spot checks' file, this contained evidence of audits on peoples finances and daily care notes. We saw records dated May, June and July 2017 but there was no evidence any further checks had been completed since then. The registered manager told us these had fallen behind due to other work priorities; this had also been identified on the group manager's audit.

The office based staff were made up of the registered manager, a care co-ordinator and two team leaders. The registered manager told us they were currently recruiting for a further two team leaders, they said this would enable an improved distribution of work thus ensuring management tasks, such as supervisions and audits were completed on a regular basis. This demonstrated where shortfalls had been identified, plans

were in place to rectify the deficit.

The registered providers PIR recorded 'We are working towards ISO 9001 and hope to be accredited by October 2017'. ISO 9001 are a nationally recognised set of quality management standards. Information displayed on a notice board in the office noted four key objectives including 'achieve 85% mandatory training compliance' and 'successful accreditation ISO9001 – February 2018'. Following the inspection the registered manager told us the organisation had been notified they had achieved accreditation. This standard is designed to help organisations ensure that they meet the needs of customers and other stakeholders while meeting statutory and regulatory requirements related to their service.

There was a system in place to seek the views and opinions of staff and people who used the service. Both relatives we spoke with told us they had received a questionnaire, one relative said, "I'm happy with the way things are." The registered providers Quality Assurance Report dated July 2017 detailed the number of surveys distributed and returned and summarised people, relatives and staffs' feedback. The registered manager told us the organisation had realised that not everyone was able to complete the surveys although they were provided in an easy read format. Therefore a group of people who used the service received training to be Engagement Champions; they held a series of quality assurance meetings and forums with their peers. We saw evidence of the visits and the feedback from the meetings. There was also evidence the identified actions had been addressed. This demonstrated people were asked for their views about their care and support and they were acted on.

All the staff told us regular meetings were held. Staff told us the meetings were held in an evening at six pm, feedback from staff was mixed as to whether this made it easier or harder for staff to attend. Staff also told us a copy of meeting minutes were left for staff to collect from the office so they were aware of the discussions held. We saw minutes from staff meeting which evidenced they had been held at regular intervals throughout 2017. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We reviewed the registered providers Quality Assurance Report dated July 2017. This provided a range of information regarding the performance of the organisation over the previous twelve months. This included the number of complaints, accidents and incidents, staff turnover and action taken in the previous twelve months to improve the quality of the service, including; investment in People Planner, changes to the induction process and medicines competency checks. The registered manager told us a copy of this report was distributed to everyone who used the service including staff and relatives. This showed the organisation was transparent in sharing its performance data.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner.