

Supported Lives Services Ltd

Supported Lives

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Supported Lives provides a domiciliary care service, providing support to people in their own homes. In addition, it provides service to people living in three supported living settings. In these instances people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. These services are provided to people with learning disabilities in the Bradford and Calderdale area. The provider of the service is called Potens.

Not everyone using Supported Lives receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do provide regulated activity we also take into account any wider social care provided.

We undertook the inspection between 12 and 25 July 2018.

The inspection was announced. We gave a small amount of notice of our visit to the providers' office because we wanted to make arrangements to telephone people who used the service to ask them for their views. At the last inspection in October 2018 we found widespread failings and rated the service as Inadequate. We identified seven breaches of regulation in relation to Safe Care and Treatment, Safeguarding, Dignity and Respect, Person-centred care, Staffing, Receiving and Acting on Complaints and Good Governance. At this inspection we found the service was no longer in breach of any regulations.

We found the service was now more organised. Documentation relating to people's care and support had been updated and there was now a clear management structure which was more effective in checking, monitoring and improving the service. The new manager had a good oversight of the service and of the people who used it.

People and relatives' feedback was mixed about the quality of the service, although overall people said things had improved since the last inspection. There had been a number of management changes over the past year and people and relatives said they would need consistency in both support staff and management before they were fully assured that the service had changed for the better.

People and relatives said people were safe using the service. Concerns raised were taken seriously and fully investigated. Risks to people's health and safety had been assessed with clear plans of care put in place for staff to follow. The manager had a good oversight of the risks people were exposed to and how to control them.

Medicines were managed safely overall. Clear medicine records were kept which were audited and checked on a regular basis.

Overall there were enough staff to ensure people received regular care and support. Additional staff were

going through the recruitment process to increase the size of each person's support team to further increase reliability and availability of staff.

Some relatives told us there were still too many different staff supporting their relatives. Whilst each person had a relatively small group of support staff, there had been a number of staff changes over recent months resulting in this inconsistency.

Staff told us they now felt well supported and settled in their role. Staff received a range of training tailored to the needs of the people they were supporting.

People were offered choices and consented to their care and support arrangements. Where people lacked capacity, the service worked within the legal framework of the Mental Capacity Act (MCA).

People and relatives said staff were kind and treated them well. Staff we spoke with had a good understanding of the people they supported. People's independence and self-confidence was promoted by the service. People's views and opinions were valued.

People's needs were assessed and clear and detailed plans of care put in place. The service worked with healthcare professionals to meet people's healthcare needs. People and relatives were involved in reviews of their care and support.

People's complaints were listened to and acted on by the service. We saw the manager had improved engagement, meeting with people and relatives to discuss issues with the care they had been receiving.

The new manager had improved staff morale. Staff said they now felt supported and able to approach the management team. People and relatives reported better engagement, although some relatives still said communication could be improved.

The new manager had good oversight of the service. New systems had been put in place to ensure areas such as staff training, supervision and care reviews were closely monitored to ensure they did not become outdated. A range of audits and checks were undertaken. The service had ensured significant improvement to the overall quality of the service since the last inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not yet consistently safe. We would need assurance that the improvements were sustained before we were assured the service was safe.

Overall there were now enough staff to ensure a consistent and reliable service. Staff were recruited safely.

There was good oversight of the risks each person was exposed to. Clear and detailed risk assessments were in place. People were protected from abuse and improper treatment.

Requires Improvement ●

Is the service effective?

The service was not yet consistently effective. We would need assurance that the improvements were sustained before we were assured the service was effective.

Staff received a range of training and said they felt supported and valued by the management team.

Some relatives said there was a high turnover of staff and there needed to be more consistency in the people who supported their relatives.

People's healthcare needs were assessed and the service worked with health professionals to help ensure people's needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives said staff were kind and treated them well. Staff we spoke with knew people well and their individual likes, dislikes and preferences which helped ensure person centred support was provided.

People's views were listened to and respected by the management team.

The service helped promote people's independence and

Good ●

improve their confidence.

Is the service responsive?

The service was not yet consistently responsive. We would need assurance that the improvements were sustained before we were assured the service was responsive.

People's care needs were assessed and clear and up-to-date plans of care put in place for staff to follow. Overall people and relatives said appropriate care was provided.

People had regular reviews and contact with the management team to ensure they were involved in the development of their support package.

People's complaints were now listened to, recorded and fully investigated.

Requires Improvement ●

Is the service well-led?

The service was not yet consistently well led. We would need assurance that the improvements were sustained before we were assured the service was well led.

Staff told us morale was better and they felt more supported working for the service. The new manager had engaged with people, relatives and staff to improve the service. Some relatives felt communication still needed improving.

A range of audits and checks were undertaken and there was much better oversight of the service.

People's views and feedback had been sought and used to make further improvements to the service.

Requires Improvement ●

Supported Lives

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 was announced. We gave the service a few days' notice of the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 12 and 25 July 2018. On 18 July 2018 we visited the provider's office to review care records and policies and procedures. Between 12 July and 20 July 2018 we made phone calls to people who used the service and staff. On the 25 July 2018, we visited two people who used the service in their shared home.

The inspection team consisted of two inspectors 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 had experience of services that care for people with learning disabilities.

Before the inspection we reviewed information available to us about this service. We reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service. They told us that they thought the service had improved and did not raise any significant concerns with us.

During the inspection we spoke with two people who used the service and 10 relatives. We spoke with nine care workers, a care co-ordinator, the manager, a senior support manager and the chief operating officer. We also spoke with a social care professional who works with the service. We reviewed six people's care records and other records relating to the management of the service such as training records, rotas and audits.

Is the service safe?

Our findings

At the last inspection we rated the service Inadequate in the safe domain. At this inspection we found improvements had been made. However, these improvements would need to be sustained for us to be assured the service was consistently safe.

At the last inspection in October 2017 we found people were not protected from abuse or improper treatment because concerns were not effectively investigated putting people at risk. This was a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspections we found improvements had been made and we concluded people were now safe from abuse. People and relatives said that they felt safe in the company of staff. One relative said, "We think [person] is safe, nothing has ever happened." Another relative said, "We feel [person] is safe, he loves his carer they get on really well." A third relative said, "I think he is safe with the carers."

Staff said they were also confident people were safe from abuse. They knew how to identify and report safeguarding concerns. Staff told us that the management team were more responsive to issues and problems they raised, so they were confident any allegations of abuse would now be appropriately acted on. We looked at the management of recent safeguarding incidents. We saw appropriate referrals to the local authority had taken place, and investigations undertaken. Where issues with staff conduct had been reported, these had been fully investigated and disciplinary procedures followed where appropriate to help protect people from harm. Relatives said that where they had complained about care workers appropriate action had been taken, for example the staff were no longer permitted to work with the people.

The service helped some people manage their finances. We saw clear records were kept of financial transactions, recent improvements made in this area included clearer documentation and new policies and procedures. We did note however that some support plans needed more detail about the financial support people were provided with. We also found some people would benefit from support in developing spending plans to plan how they spent their money.

At the last inspection we found risk assessments did not always provide accurate and up to date information about people's needs and there was a general poor management of risk. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw detailed risk assessments were now in place that guided staff on what action they might need to take to identify, manage and minimise risks to promote people's safety and independence. These were up-to-date and subject to regular review. The risk assessments we looked at included the risk of falling, pressure sores, manual handling, mobility and medication. They showed how the person might be harmed and how the risk was managed. Staff and management had a good understanding of the people that were supported. This gave us assurance there was now good oversight of risk. However, we saw in one person's care records there were contradictions about the consistency of food to provided them with. We raised this with the manager who took immediate action to investigate and establish the correct plan of care for this person.

Incidents and accidents were recorded and subject to regular analysis. It was clear actions had been taken

following incidents to help prevent a re-occurrence. For example, following allegations of financial irregularities, new policies, procedures and documentation had been put in place to help protect people from harm.

Overall people and relatives said support was consistently provided. One person said, "They never miss or cancel now and [person] has a regular support worker apart from holidays". From speaking with people, staff and reviewing records we concluded the reliability of the service had improved with less missed calls. A small number of people reported calls had been cancelled. For example, we saw a family had cancelled a call because there were not any staff available that knew their relative. However overall the number of cancelled and missed calls had reduced. Any missed or cancelled calls were now robustly documented with the reasons why recorded. This demonstrated the service reviewed these and learnt from any shortfalls.

At the last inspection we found there were not enough staff deployed to ensure people's needs were met which had resulted in visits being cancelled, some at short notice. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was becoming more reliable. We concluded there were now enough staff deployed with each person having a number of staff who supported them. Some relatives told us they still felt there were not enough staff and were concerned about the number of changes to the staff team which meant their relatives had to work with new people. One relative said, "I don't know if there are enough staff but there is a rapid turnover." The management team confirmed there had been a number of staff leaving although they were optimistic that the team was becoming more settled. Staff and management told us there were now sufficient staff employed for operational purposes although the agency continued to recruit to ensure each person had a suitably sized team around them to ensure cover could easily be sourced for holidays and sickness. They confirmed fifteen people were currently going through the recruitment and selection process to address this.

At the last inspection there was a lack of management support staff to ensure the service functioned appropriately. Improvements had been made and further management support staff had been appointed. The manager told us the service had appointed a deputy manager in April 2018. In addition, two team leaders were already in post, a third was due to commence employment. The manager told us the new senior staff structure had led to staff becoming more motivated and had created a clear career pathway. We found there were now sufficient staff to ensure concerns and complaints were dealt with, phones were answered, care plans updated and spot checks and audit work completed.

Staff were recruited safely. We looked at the employment files of two recently employed staff and saw they contained an application form including a full employment history, interview questions and answers, health declaration, at least two relevant references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

At the last inspection we found medicines were not being managed safely as records were not reviewed and brought back to the office in a timely way. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and medication administration records [MAR] were now checked in people's homes on a weekly basis by senior staff and returned to the office on a monthly basis for further checking and auditing. We saw all staff responsible for administering medicines had to complete a competency assessment at least annually and to ensure people received their medicines as prescribed.

Relatives said appropriate support was provided with medicines. One relative said, "The staff give [person] her meds and always fill the chart out." Another person said, "[person] has his medication in a Dosset box and he gets them regular and on time."

People had medicine care plans in place which specified the support they needed and the medicines they took. We looked at a sample of medicine administration records (MAR). Most were well completed and demonstrated people had received their medicines as prescribed. However, we found the medicines for one person had not been signed for or coded on two occasions on the MAR and this had not been identified through the audit process. This was discussed with the manager who confirmed they would address this matter. We also found a moisturising cream for one person had not been entered onto a medicine administration chart.

Protocols were in place for medicines prescribed on an 'as and when required' (PRN) basis. These provided guidance to staff on the circumstances under which the PRN medicines could be administered. For example, we saw one person was prescribed a medicine to treat anxiety which was only to be administered PRN. The protocol in place made it clear to staff the medicine should only be administered as a last resort.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Staff received training in infection control to ensure they knew of the correct processes to follow.

Is the service effective?

Our findings

At the last inspection we rated this domain as Inadequate. At this inspection we found improvements had been made. However, these improvements would need to be sustained and staff turnover stabilised for us to be assured the service was consistently effective.

Feedback about the effectiveness of the service was mixed but had improved since the last inspection. One person said, "I think the care is effective, it works for [person] most of the time. Another person said, "The carers that come are good and know what they are doing." However, a number of people said there had been too many staff changes which unsettled their relatives. One relative said, "There seems to be big staff changes, but usually [person] gets on with the carers, if not I tell the office, they try sort it." Another relative said, "The turnover of staff at Supported Lives is rapid and this is not good for the client" A third person said, "I don't think the service is effective because the staff change so much." Whilst we saw each person was assigned a small staff team, there had been a number of recent staff changes which may account for relative's feedback in this area. The management team were now stable and staff told us they felt more settled and valued working at Supported Lives. The management team told us they hoped this may lead to a more stable staff team with lower turnover in the future.

At the last inspection we found staff training records were either poorly organised or incomplete therefore the agency was unable to demonstrate that staff received the training required to carry out their roles effectively. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made. Staff reported that training had improved and they completed lots of recent training courses. Staff training consisted of a mixture of face to face training and computer based learning. The manager confirmed that since taking up post they had ensured all staff received specific training to meet the needs of the person or people they supported for example Autism and Epilepsy. A training matrix was now maintained which allowed management staff to track staff training and ensure it was refreshed before it expired. The matrix showed staff training were up-to-date in a range of subjects.

The manager told us all new employees now completed induction training and new staff with no previous experience in the caring profession completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Following induction, new staff always shadowed a more experienced staff member until they felt confident and competent to work alone.

Staff said they now felt supported by the service. One person said, "Communication is better, staff have support, any problems are dealt with promptly." Staff now received regular supervisions, appraisals and spot checks on their practice to help improve the effectiveness of care and support.

People and relatives said staff supported them appropriately at mealtimes. One person said, "Food is prepared to [person's] liking, we discuss what [person] might want to eat and I have good communication the carers." Care plans provided instructions to staff on the support to provide with food and drink, based

on people's choices and preferences. In addition, we saw food diaries were in place for some people if there were concerns people were not eating enough.

We visited one of the houses where staff supported people. We saw a menu was created based on people's choices and preferences and people were encouraged and prompted to eat and drink enough.

We checked whether the service was working within the principles of the MCA. 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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found while the manager and senior management team we spoke with had a good understanding of the MCA they were not aware if some of the people they supported had a Lasting Power of Attorney [LPA] in place. This was discussed with the manager who confirmed they would address this matter. The provider told us a new robust assessment process would ensure that in future, the information gathered about people in this area would be more comprehensive.

People's capacity to make decisions was assessed as part of the care planning process. We saw people were involved to the maximum extent possible in decisions relating to their care and support. Where best interest decisions needed to be made, families and professionals were contacted. No DoLS applications had been needed to be made by the service but the management team was continually reviewing this and said they would make application to the court of protection if required.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The service worked with a range of health professionals including learning disability nurses. We saw health action plans in files where the service took responsibility for managing the person's health needs. Health action plans help support people with learning disabilities to stay healthy and achieve good health outcomes. Hospital passports were in place for people who lived in supported living to help aid the transfer of key information on people's needs between services should they be admitted to hospital.

Is the service caring?

Our findings

People and relatives said staff were kind and caring and treated them with respect. Comments included: "They are respectful to [person] and they do tell him what they are doing when caring for him and using his hoist, they are kind people, they take on board what we are telling them." "I think the staff are suitable now, I just hope we can keep them." "The support and care is good, care always been good, they come on time and regularly, the carers vary not always the same ones, if a new carer is coming they usually shadow first." "They are respectful with [person] and kind."

Staff we spoke with knew people very well and demonstrated they were aware of people's personalities, preferences, likes and dislikes. This helped staff provide appropriate person-centred support for people. Each person was supported by a relatively small staff team, although there had been a number of changes to each team over the last few months associated with a number of staff leaving and new staff being recruited. Efforts were made to match people with staff based on shared interests and culture. Many of the relatives said they would like to see more consistency of staff, but that things were now starting to settle down.

Staff demonstrated a dedication to providing people with high quality care and support. Our conversations with staff led us to conclude they were motivated to engage people in a range of activities and meet their individual needs.

At the last inspection we found people and relatives were not informed if there were to be changes to the staff team or support arrangements and relatives complained that care was often delivered by strangers which caused upset to their relatives. People and relatives felt they were not treated with respect by the service and were not informed of changes. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Most people and relatives said that new staff shadowed existing staff first. We saw arrangements were in place to ensure up to three shadow shifts took place to help ensure people were not cared for by strangers. We saw work had been done to improve the information given to people and relatives about their carers. Rotas were now sent out the week before so people knew who would be supporting them the following week. Relatives said that overall communication was improved although one person said, "They don't inform us if they are going to be late, but they do if they are not turning up."

Most people and relatives said that staff respected their privacy and dignity. Staff demonstrated a good awareness of how to ensure people were treated with dignity and respect. However, one relative raised concerns with us that staff went into their bedroom without permission. We saw this had been taken seriously by the management team and was currently being investigated.

The service helped promote people's independence. Care and support plans focused on empowering people to do things for themselves and participate in activities to improve their confidence and life skills. We saw examples where people's confidence had improved through the provision of activities and support. We saw further work was being undertaken to set and review goals with people to ensure development was

measured and reviewed in a structured way.

The manager demonstrated they were keen to improve engagement and communication with people and had been out to see everyone who used the service, to introduce themselves and conduct care reviews. People and relatives said they now felt more listened to although this view was not shared by everyone. Records showed that everyone had now received a care review with people's comments clearly recorded and care plans updated to account for their views. One relative said, "The carers do listen to what I am saying and we have a care plan in place which was reviewed about 6 months ago, we get a copy and sign it." We concluded systems were now in place to ensure people's views and feedback were recorded and acted on.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found no evidence people were discriminated against. The service asked about people's diverse needs when they began to use the service and planned care and support around any specific needs. We saw reasonable adjustments had been made for staff and people who used the service. For example, re-arranging support and working hours during religious festivals and supporting people to follow diets in line with their beliefs.

Is the service responsive?

Our findings

At the last inspection we rated this domain as Inadequate. At this inspection we found improvements had been made. However, these improvements would need to be sustained for us to be assured the service was consistently responsive.

Most people and relatives said staff provided appropriate care that met their individual needs. One relative said, "I think the service has changed for the better, I have no or few complaints now." Another relative said, "We have been lucky I think we have regular carers every week, and the care is appropriate to person's needs." However, some relatives were still unhappy with the service and said that continuity of staff and reliability was not yet good enough.

Records showed that staff usually arrived on time to care and support people and stayed with them for the right amount of time. A relative said, "We agreed the times we wanted and they are usually on time." Another relative told us that when staff had been late on two consecutive occasions, whilst this had upset their routines routine, they rang the office and the carer no longer came. This showed the service was responsive to any issues in this area.

At the last inspection we found care records were not up-to-date and did not reflect people's current needs or views. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. The manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. People's care needs were assessed and detailed and up-to-date plans of care were in place. They demonstrated people's needs had been assessed in a range of areas with clear instructions provided on how staff should provide care. We were told a copy of the support plan was kept both in the home of the person who used the service and the agency's main office so staff could refer to them in both these locations.

Daily records of care were maintained which provided evidence staff were supporting people in line with their care plans. We saw the daily records completed by staff were returned to the office on a monthly basis for audit purposes.

The manager told us support plans would now be reviewed at least annually or sooner if there was a significant change in the care and support they required. We saw evidence each person had received a recent review, with their views and those of their relative recorded. The new manager also regularly visited people informally to discuss their care and support experience.

The service provided people with social activities and opportunities. We visited one of the homes where people were supported. People told us they had plenty to do and we saw activities took place each day. Some of this was spontaneous depending on people's preferences on a given day. For example on the day we visited, the weather was nice so staff had taken people out for a nice walk in the local countryside. A relative said, "[Person] loves going out and his carer takes him every week wherever he wants to go, he loves

trains so she takes him on a train ride, they have been all over." We saw there was a focus on getting people to think about their interests and try new activities such as sports.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify 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. People's communication needs were assessed and information provided to people in a suitable format such as easy read. We saw the organisation had established an Autism Practice Group which helped to shape future policies and procedures. As part of their remit the group had looked at how people could access information and had considered the use of such things as the picture exchange communication system [PECS], communication boards, mood boards and Lightwriters. In addition, the organisation had introduced a communication passport which was specific to the communication needs of the individual person. The manager told us the deputy manager had recently joined the Autism Practice Group as the representative from the Bradford area.

At the last inspection we found complaints were not managed effectively. This was a breach of regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw improvements had been made. People told us that overall their experience of Supported Lives had improved and they had less to complain about, although some people were still not happy with the service. We saw the manager had been out and met with people to discuss any concerns and problems. There were now several mechanisms to raise concerns, including informal visits by the manager, regular care reviews and office staff were more accessible and responsive. Where complaints had been received they had been documented, responded to and the person apologised to where failings had been found.

Is the service well-led?

Our findings

At the last inspection we rated the Well Led Domain Inadequate. We found feedback about the service from people and staff was very poor and there was a lack of robust systems of governance in place. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made although these improvements needed to continue and be sustained before we could be assured the service was well led.

A health professional said of the service "massively improved, manager and senior staff have made contact and are more visible, lots of things have improved significantly." They described the new manager as "really really proactive."

There was no registered manager in post at the time of inspection. The manager told us it was their intention to manage the service and apply for CQC registration. Whilst we found some notifications had not been submitted historically under the previous management, our discussion with the new manager gave us assurance that all required statutory notifications would be submitted in the future. We saw a number of notifications had been submitted correctly recently.

Overall people and relatives said the service had improved although some people felt that communication still needed improving and they did not yet feel assured that the new management arrangements would result in a sustained high-quality service. One relative said, "I think it has changed for the better, seems a bit more organised now." A second relative said, "The service has got better this year, it was diabolical and in a bad way." A third relative said, "The staff do listen, but if I have to leave a message at the office they never get it." A fourth relative said, "Communication with the office is not good at all, they don't tell us about any changes and they don't have enough staff." There was therefore still work that needed to be done with some people to further improve their views on the service. The new manager explained how they had been out to meet people and engage with them to try and sort out any problems they had. They appreciated that it would take time to regain people's trust particularly where the service had let them down previously. We found the manager engaging and committed to further improving people's experiences.

The manager told us the service was in the process of leasing new bright and spacious office premises. They hoped this would show people who used the service and potential new employees that the organisation intended to stay and invest in the Bradford area. It would also provide space where people and relatives could visit to engage with office and management staff.

We saw staff were kept informed of any changes to policies and procedures and general information about the service through staff meetings. The manager told us it had initially been difficult to engage with some staff members as in the past they had not felt valued and had received very little support from the previous management team. However, they had held a series of staff meetings and extended the office opening hours to address this matter. The manager told us they wanted to create an open and inclusive culture within the service.

Previously staff told us morale was poor, they did not feel listened to by management and the service was poorly organised. We found an improvement in staff sentiment. One staff member said, "It seems to have settled down now." Another staff member said, "communication is a lot better, they listen to us." Staff said they felt more involved now. A third staff member said the new manager was "friendly, willing to help and motivated". Staff felt more welcome to visit the office and engage with management staff. We saw visits to the office had significantly increased showing increased engagement with the management team.

At the last inspection we were concerned that office and management staff did not have a clear picture of the people they were supporting, and the risks that they posed. At this inspection we found the management team had much better oversight and a clear understanding of the people they were supporting. For example, the new manager was able to answer queries we had about people's care confidently and talk through the outcomes of recent incidents. This gave us assurance there was now good oversight of the service.

Quality assurance and governance processes had improved. A range of audits now took place and were used to drive improvement of the service. This included medicines, finances, daily records of care and spot checks on staff practice. Issues found were discussed during staff meetings and added to the service improvement plan. We found management staff were motivated to continue improving the service. Trackers of staff supervision, appraisal, care reviews were now kept so the service could monitor when these things were due. This helped the management effectively monitor how the service was operating.

People's feedback was sought and used to make improvements to the service. Surveys of staff, relatives and people who used the service had been done twice so far in 2018 to gain their views. These had been analysed to ensure a focus on areas where people felt improvements were needed. regular informal contact with people and staff by the management team was also now possibly due to an increase in management support staff.

We saw the agency had also started to send out a monthly newsletter to people who used the service and their relatives which provided them with information about the service including staff news.