Way Ahead Community Services Ltd

Way Ahead Care - Taunton

Inspection report

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18 June 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 13, 14 and 18 June 2018.

This is the first inspection after the provider reregistered with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, and younger disabled adults. At the time of the inspection 338 people were receiving care in their own homes.
205 of the people receiving personal care were living in extra care housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Way Ahead Care – Taunton provided care and support from a housing manager and staff to people living in five specialist 'extra care' housing. An additional 'extra care' house only had care supplied by the provider.

Not everyone using Way Ahead Care - Taunton receives 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 we also take into account any wider social care provided.

There was a registered manager in post at the time of the inspection. 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. They were supported by a deputy manager.

Most people with specific health conditions had guidance for staff to follow to ensure their needs were met consistently. Staff had received additional training from other health professionals to support these people. People's medicine was usually administered safely and in line with their needs. Improvements were required to ensure current national guidance was being followed for 'as required' medicines and topical creams. Accidents and incidents had lessons learnt identified and action taken.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. On one occasion we found the risk assessment had not been updated with a person's changing needs. People were protected from potential abuse because staff were able to recognise signs and knew how to report it. Most people thought there were enough staff. Some people felt staff did run late.

The provider and manager wanted to provide high quality care for people. There were occasions people were unaware who the management were or they did not receive a response. There was a positive approach

to improving the service. Staff felt supported and the management had brought about positive improvements. The management had systems to monitor the quality of the service and made improvements in accordance with people's changing needs. Some of these were more informal so had not identified minor concerns found during the inspection. They had completed statutory notifications in line with legislation to inform external agencies of significant events.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. When people lacked capacity actions to ensure the statutory principles of the Mental Capacity Act 2005 had not always been recorded. People and their relatives were positive about the food and meals were prepared to meet people's needs and wishes.

Staff had the skills and knowledge required to effectively support people. People and their relatives told us their healthcare needs were met and staff supported them to see other health and social care professionals. Staff were proactive in identifying when people's health started to decline.

People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their religious needs were valued. When people had specific needs or differences they had been considered by staff. People, or their representatives, were involved in decisions about the care and support they received.

Care and support was personalised to each person which ensured they were able to make choices about their care. People and their relatives knew how to complain. There was a complaints system and complaints had been managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by enough staff to meet their care needs.

People could expect to receive their medicines as they had been prescribed. Some improvements were required for people's medicine management to ensure it was in line with national guidance.

Accidents and incidents had lessons learnt.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed and who to report concerns to.

Is the service effective?

Good

The service was effective.

People had their rights respected because the principles of the Mental Capacity Act 2005 were followed; improvements were needed around the records. People were asked for consent prior to staff supporting them.

People benefitted from good medical and community healthcare support and staff were proactive in seeking advice.

People were supported by staff who had the skills and knowledge to meet their needs.

Is the service caring?

Good

The service was caring.

People's needs were met by staff who were kind and caring. Staff respected people's individuality and spoke to them with respect.

People's privacy and dignity were respected and supported by the staff.

People were able to make choices and these were respected by staff.

People's religious needs were respected by staff.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff because care plans contained important information which was personalised to their needs.

People benefitted because when their needs changed most had updated care plans to reflect this.

People and their relatives knew how to complain and thought action would be taken to resolve concerns.

People were supported to have a dignified death.

Is the service well-led?

Good

The service was well led.

People were supported by a service where the provider and registered manager had quality assurance which identified most concerns and took action to rectify them.

People benefitted from a service where the provider and manager supported staff and there was a staffing structure to provide lines of accountability.

People and others were able to make changes about the service as they were consulted about their views on how it could be improved. Actions had already started to be taken.

People were able to receive high quality care because the provider and registered manager were constantly striving to make improvements.

Way Ahead Care - Taunton

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 was announced and took place on 13, 14 and 18 June 2018.

We gave the service 48 hours' notice of the inspection visit because it is office based and the manager is often out supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 June 2018 and ended on 18 June 2018. It included talking with staff, looking at records, speaking with the management and visiting people in their homes including one of the extra care housing buildings. We visited the office location on 13 and 14 June 2018 to see the manager and office staff; and to review care records and policies and procedures. On 14 June 2018 two inspectors visited people in their own homes. Further telephone calls were made to people and their relatives on 18 June 2018.

The inspection was carried out by three adult social care inspectors and two experts 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.

Prior to this inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service before the inspection visit.

We spoke with 14 people, two relatives and one health professional during the visits to people's home. We spoke with 16 people and six relatives on the telephone. We spoke with the managing director, the registered manager, the deputy manager 12 staff including care staff and ancillary staff.

We looked at six people's care records and observed care and support when in people's homes. We spent time at a coffee morning in one of the extra care housing schemes. We looked at four staff files, staff rotas, quality assurance audits, staff training records, the complaints and compliments, staff meeting minutes, newsletters, medication files, statement of purpose, provider internal communication documents and a selection of the provider's policies.

Following the inspection the registered manager sent us an update of improvements they were making since the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care and support in their own homes. One person told us they felt safe when we asked how safe they were. Other people said, "I feel safe with them all" and, "I feel quite safe." One relative told us, "The girls make him feel at ease, they're always good, they reassure me, and they say its fine". The managing director said, "At this moment in time I believe we are a safe and very reliable service".

People were kept safe from potential abuse. Staff recognised how to identify signs of abuse and knew how to raise concern. One member of staff said, "I'd contact the office, record what had happened (not in detail because the client can read the report) and tell the management". All staff agreed the management would take action. One recent concern had been fully investigated and involved other professionals. The management had respected the person's wishes about the concern and acted accordingly. If staff were worried action had not been taken then they knew the external bodies they could speak to. One member of staff gave an example of doing this when working for a previous provider.

Most people and relatives felt they were supported by enough staff to meet their health and care needs. One person told us they always had two members of staff to match their needs. They would not begin the support until both were present. One person was concerned at how hard staff worked. They said, "They could do with a couple more carers. They are stretched to the limit". This had no impact to them and they were unable to state there was any to other people. It was because they saw how hard staff worked. The registered manager told us, "The staff are our best asset". They valued staff by asking them to say when they could work and then fitting shifts around them. All staff said there was consistency in the visits and so people knew them. They felt that there was not much turn-over of staff. When it was care runs rather than extra care housing or support for people with learning difficulties then staff were less likely to stay.

Many of the staff in the office and community had worked for the provider for a long time. This helped to ensure consistency of care and support for people. One person said, "I have three excellent ones [meaning staff]. I know which one is coming. I ring up on a Friday to see which one I've got coming the following week". The managing director explained they had a, "Long standing coordinator group". They told us this meant people, "Know who it is they are talking to. They get individualised approaches".

There were mixed opinions people and relatives had about staff being on time according to the rota One person said, "They [meaning the staff] ring me if they are running late and they leave on time". They told us it did not happen very often. Others said, "There is a very small team looking after (relative). They are very good" and, "I don't mind what time they come. Every week I get a list of who's supposed to be coming and roughly the times. It doesn't worry me a bit". In contrast others told us, "One of the main problems is not turning up on time" and, "Sometimes they are a bit late". No impact was found for people during the inspection. Staff explained the traffic could impact whether they were on time. They always rang ahead if they were running late. The registered manager told us some people's calls may be slightly shorter because the staff have completed all the tasks they are meant to do. This is an agreement with the funding authority.

There was a system in place when staff did not get a response when knocking on the door at the beginning of a care call. One member of staff said, "If we can't gain access we ring the office".
The systems demonstrated that actions were taken by the staff and office to ensure people were safe. Each extra care housing building had a master key that could be used to access a flat in an emergency. On one occasion staff following the protocol liaised with other professionals and located the person to ensure they were safe.

The PIR told us and we saw people were supported by staff who had been through a recruitment procedure. This included checks on staff suitability to work with vulnerable people and references from previous employers. When a staff member was expected to work with children additional checks were completed to ensure they were safe. All checks were completed prior to a new member of staff working with a person. There were three independent checks completed to ensure the recruitment process had been followed prior to a staff member starting their induction. One staff file had a gap in their employment which had not been explored. The registered manager followed this up once we made them aware. They demonstrated other staff files where this had not happened.

People were kept safe because most risks had been assessed and appropriate action taken to mitigate them. Each care plan had risks relating to mobility, pressure care, nutrition and staff working alone with them. At all times the risk assessments were trying to promote independence. Before a package of care started an environmental assessment had been completed so staff and people could stay safe. Visits were planned around any known risks to people or others.

One person had recently had a fall. They received appropriate treatment. However, their risk assessment for risks of injury had not been updated to reflect there was now a risk of falls. This meant new staff may not be made aware of the person's current need to mitigate a risk of falls. The registered manager made sure this person's risk assessment and care plan was reviewed during the inspection.

Most medicine was managed safely when people were supported with administration. One person said, "They do help me take medicines" and told us they can choose where they are administered. Another person told us the staff put all their medicines in a pot and leave them. One relative said, "Medication is given, alright" and continued to explain it was safe and to the satisfaction of the person. Each person had medicine administration records. These recorded most medicines people were administered and the prescribed doses. There were body maps to indicate where topical creams should be applied to ensure consistency.

However, current national guidance was not always being followed. Topical creams were not dated when opened so there was a potential risk they would not be effective. Care plans lacked guidance for 'as required' medicines so there was a potential risk of administering them inconsistently. No impact to people was found. The managing director showed us they were currently reviewing the medicine administration records in care plans and guidance provided to staff.

Some people they supported had high levels of anxiety which could lead to behaviours which challenge others. Staff knew these people very well and a consistent staff team was providing their support. When one person was due to go on holiday they could become anxious. Staff knew the signs and how to support them at this time. It was documented in their care plan with clear guidance.

People were kept safe because the provider, manager and staff understood their responsibilities in relation to people's health and safety. People said, "Yes, they tidy up after themselves" and, "They wear gloves and aprons and wash their hands". This meant staff were helping to prevent the spread of infection in people's

homes.

The provider and management worked hard to reflect on practices and looked at lessons learnt when accidents or incidents occurred. There had been a series of incidents involving the management and administration of medicines. In response, some staff were retrained and others were observed by senior members of staff. This was to reduce the likelihood of it happening again. When most people had falls then action had been taken. This included liaising with other health and social care professionals to reduce the likelihood of reoccurrence.

Good

Is the service effective?

Our findings

People told us and we saw in care plans they were asked to consent to decisions relating to their care. One person had consented to their medicine administration being supported by staff. Another person said, "They give me choices and ask my permission before giving care". All the staff had a good understanding of consent, capacity and time and decision specific decision making. They told us they would discuss subjects in different ways to help people understand.

Some people using the service lacked capacity to make some or all important decisions because of illness such as dementia. 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.

We checked whether the service was working within the principles of the MCA and found most people who lacked capacity had their needs considered in line with current legislation. Staff knew how to identify when someone lacked capacity. Improvements could be made with the records when people have been assessed as lacking capacity and best interest decisions made. This was because the records did not clearly reflect some of the actions and decisions which had been taken in line with current legislation. The registered manager told us they would review how they record capacity assessments and best interest decisions following the inspection.

People were thoroughly assessed prior to care being delivered. This made sure their care and health needs were identified and their wishes could be followed. Two supervisors were allocated to complete people's first call. They would establish what people's needs and wishes were during this visit. They also finalised any risk assessments and guidance that other staff would need to follow. The management were proactive in ensuring people less able to express their views were heard during changes. They sourced independent advocates to represent some people when changes were being proposed to extra care housing schemes. Advocates are people who help to express views of those less able to communicate their wishes.

People were supported by staff who had received accredited training at a high standard to meet their needs. One person said, "They are doing quite a lot of training now". Staff told us, "It is very good standard of training" and, "Very thorough. I really enjoyed the training. The dementia training was very interesting". If people required specialist health support staff had been trained by a relevant medical professional. Staff were clear they should only complete the task on the person they had been trained for and knew it was not general training. The registered manager told us, "My role as the registered manager is to ensure staff have training, knowledge and skills. It is to ensure staff are supported and trained".

One compliment reflected the standard of support people felt they received. It read, "I just wanted to let you know how well [name of staff] dealt with mum in law when she slid down onto the floor this morning. [Name of staff] made her comfortable, did not panic, was very calm and professional and came and alerted me".

New staff received a thorough induction and training prior to starting work. If staff were new to care they would complete shadow shifts and undertake the Care Certificate. This is a set of standards to ensure all people working in health and social care have the basic skills and knowledge. They had opportunities to shadow experienced staff. Once a member of staff had been working for a period of time there were observations by the management. This ensured the standard of care people received remained high.

People were supported to access health and social care professionals when it was appropriate to meet their needs. One person told us the staff helped them see the doctor straight away. Another person had been assessed as a high risk for transfers. The relevant health professional had been contacted to ensure the right equipment and practices were in place. Staff knew people well so recognised when their health was declining. One person had an ambulance called because staff were worried. One relative said, "During the visits they [meaning the staff] tell me if there's a problem" and then the relative contacts the doctor.

People were supported by staff who knew how to meet their dietary requirements when they were supported with meal preparation. Staff made sure they asked people what they wanted and then respected their choices. One person described how staff give them options for their breakfast and always ask if they want a drink. Another person said, "I try to do it myself. If I want any help I ask. It's no problem" about their meal preparation. Within the extra care housing some people were independently preparing their meals whilst others ate together.

Good

Is the service caring?

Our findings

The PIR told us and we saw people were supported by staff who were kind and caring. One person said, "They [meaning the staff] are very nice to me". Other people told us, "The three we get on with are very caring. One is like one of the family. We joke and banter"; "They [meaning the staff] are respectful when they speak to me. Just like friends" and, "They [meaning the staff] are very good."

Staff really cared for the people they supported. This in turn influenced how people supported each other in the extra care housing. One member of staff told us working in the extra care housing scheme was, "Like a family. It is homely. It is their home". During the inspection one person struggled to transfer between two places. Not only did the member of staff step in demonstrating patience and support. All the people in the room joined in providing support. People were very positive about the support they received from the staff. One person said, "I am quite happy with it as it is" about the support they received. Other people said, "Staff help me and they are good", "Staff are very good" and, "Staff are absolutely perfect".

The registered manager led by example. They told us, "I am passionate for the people around me. I look forward to coming to work. I value the individuals". During the visits it was clear people knew them and appreciated them visiting. One person chose to disclose some personal information. The registered manager explained afterwards it could be down to the level of trust they had developed with the person.

Compliments reflected the positive feedback we received. One compliment read, "[Name of relative] also wanted to say a big thank you to Way Ahead Care - Taunton and everyone who [name of person]". Others said, "We would like to thank you all again for your care and support of Mum. We all benefitted from your help and will remain extremely grateful that she was able to stay at home for as long as she did" and, "My brother and I (and most importantly my father) have consistently been impressed by the service, attitude and attention to detail that your staff have provided during their care. It was clear that my father enjoyed the attention that he received".

There were occasions staff went above and beyond to ensure people received care and support. One member of staff told us about additional support for a family who were going to lose their home. This included the person with learning difficulties they supported. As English was not the first language of the family the member of staff supported them through communication with other health and social care professionals. This led to the family keeping their home. On another occasion a young person with learning disabilities was in hospital. One member of staff had come in on their weekend off to support the person at their request.

During adverse weather such as snow staff worked together to ensure people received the care they required. One compliment reflected how appreciated this was by a person. It read, "I am writing to express my thanks to you and your staff for the wonderful service I received over the snow weekend". Prior to the weekend of bad weather the management had started to put a plan in place and requested staff to volunteer attending the most vulnerable people.

People were supported to make choices and staff respected them. Two people lived together because it was their choice. Staff facilitated them living as independently as possible. Other people said, "They come in and ask what you want. They do what I want" and, "They do ask. Sometimes they say 'do you want a shower or a wash?' I am given a choice". Relatives agreed that choices were offered to their family members. When people were supported with intimate care they were given a choice about the gender of staff who supported them.

People were supported by staff who understood how to respect their privacy and dignity. One person said, "Of course, they treat me with dignity and respect. I have a good chat with them. I'm usually waiting for them". Other people told us, "They speak respectfully, treat me with dignity. They treat me very well" and, "Yes, I'm treated with privacy dignity and respect". Staff knew how to support people with intimate care. During the visits one member of staff knelt down to the person that was sitting and discretely spoke with them whilst others were in the same room. They respected when people wanted to maintain as much independence as possible. One person told us they, "Stay as independent as possible".

Staff respected people's religious and cultural needs. One person told us about staff taking them to church because they like the singing. Another person said, "I used to go to church, but it became too exhausting to carry on. I'm very grateful for what I have". Others told us they were asked if they had any religious or cultural preferences. Again, staff respected when they did not.

Good

Is the service responsive?

Our findings

People's care plans were personalised to reflect their needs and wishes. One person told us they read through their care plan and agree to the information in it. There was guidance for staff about the support people wanted during their visits. When people had preferences these were noted. One person's care plan said, "I will answer the door" whilst others had instructions about how staff should enter their home. Some of the statements used within care plans were a little generic or lacked description. For example, "Make sure I follow a healthy balanced diet". There was no explanation about what this meant for staff.

The management had introduced a new care plan which was designed to be more personalised to reflect people's needs and wishes. They were working hard to ensure it would provide enough guidance for staff to be able to provide consistent care in line with a person's wishes. One member of staff said, "Care plans are fairly good, especially now we have a 'routine of calls' which is very useful. We also ask the person". Staff were aware of how important the care plans were. Two members of staff explained the care plan gave important details especially when people had memory difficulties.

Staff were updated with changes to people's needs through a system ran by the main office. Updates to people's care was sent to the relevant team or distributed to the location staff worked. There were also weekly update sheets with less urgent information to be passed to staff about people. However, one person's daily routines did not match the activities they currently participated in. The staff working with them were aware of their current routine. This meant new staff may not be aware of the person's current preferences. The registered manager informed us this person had a stable staff team working with them. They organised for an updated daily plan to be placed in the care plan.

People's care was regularly reviewed and changes were made when required. One member of staff said, "Care plans are updated quite quickly". Where possible people and their relatives were involved in the reviews. One person had been admitted to hospital and on their discharge their care plan was reviewed by staff. Occasionally, there had been updates to care plans with no dates recorded. By not dating updates there was a risk staff would use the wrong set of information as guidance. No impact was found for people during the inspection. The registered manager updated their system of monitoring care plans during the inspection to reduce the likelihood of this happening.

People were supported to have a dignified death. There was a specific team of staff who received additional training to complete end of life care for people. All staff regularly reviewed a person's care during this period and staff levels were amended in line with a person's needs. The registered manager told us they were applying the principles of the Gold Standard Framework to the end of life care. This is a standard to ensure people had dignified deaths which considered their needs and wishes. There is no option for care at home services to achieve this standard. The registered manager and another member of staff explained they were willing to work with the organisation to change this. Two staff had completed the training to be able to cascade the principles.

The deputy manager explained as part of the end of life service there was a working relationship with the

local hospice. This was in relation to providing best practice in end of life care. They explained the hospice staff regularly attended meetings where staff can discuss areas of concern or particular care challenges. The hospice staff provided advice and support. In addition to the regular formal meetings the local hospice also offered a telephone advice and support service. The deputy manager told us this had been really helpful.

People and their relatives knew how to complain and felt they were listened to. One person said, "I would phone Way Ahead office if I had a concern". Another person told us, "I have never had any complaints". There were systems in place to manage complaints. The registered manager told us, "I personally respond to complaints". Those we saw were investigated and managed in line with their own procedures. When necessary, they worked with other professionals to conclude the concerns.

We spoke with the registered manager about how they were meeting the Accessible Information Standard. This is a standard to ensure information is provided in a way that people with recognised differences can still access it. The registered manager told us they have reproduced rotas in large print. They have used picture timetables and planners for people with learning disabilities. People's relatives were sent information so they could read it out and explain it to a person. On some occasions, staff spent time talking with a person and helping them understand the information. They went on to provide us with some specific examples of how this had benefitted people.

Each extra care housing scheme was proactive at organising activities for people who wanted to participate. One scheme manager identified some people wanted quieter events and so was trying to set up regular quiet afternoons. Other schemes had pie and match nights when England played football.

Good

Is the service well-led?

Our findings

People and their relatives mainly spoke positively about the management. One person said, "She's lovely, very kind. Since I lost my husband they have been very kind and they enquire if there is anything I need". Another person was positive about the management of the extra care housing scheme. They said, "[Name of scheme manager] is absolutely wonderful. More than a carer. Nothing she can't do for you". Other people told us, "I know the manager of Way Ahead. I know her as [name of registered manager]. She listens to my point of view" and, "She [meaning the registered manager] always phones back if I leave a message". There were occasions when they did not know who the manager was or could not get a response.

Staff felt supported by the management. One member of staff said, "I find that if I need to say something serious, or private I can go straight to [management]. If general I go to the coordinator." Another member of staff said, "We are a team and we love working together". The registered manager said, "We have an open door policy". The managing director told us, "I try to be as open and available as possible". They had relocated all staff to the same location to increase the communication and working relationships. There was an on call system between management out of hours to provide additional support to staff in emergencies.

Staff surveys were carried out to help the management identify areas for improvement. There were regular staff meetings. Minutes were always taken and sent out to all staff. This helped to improve communication. They were also looking into themed supervisions for staff so they could be mini training sessions.

The registered manager felt supported by the managing director. They said, "[Name of managing director] is a fantastic manager" and continued to explain they felt more supported since the change of directors. The deputy manager echoed these feelings including how supportive the registered manager was. The managing director told us, "I see my role as a support for my managers". They continued I meet with them regularly so they can discuss any concerns or issues. The managing director said, "We bounce ideas around for solutions".

People were supported by staff who had clear lines of accountability and supervision. Recently, two new supervisors had been recruited to support the registered manager and deputy manager. Part of their role was to ensure the competency of staff supporting people with medicine administration and their care. They completed 'spot checks' and then provided feedback. These helped the management identify when staff required additional training or support. The management demonstrated they put the well-being of the staff as one of their priorities. They had an occupational counsellor who could be accessed by any staff for independent support. One member of staff had expressed their gratitude for this additional service.

Staff were listened to and actions taken on their suggestions. One theme which occurred from annual appraisals was staff wanting more specific training relating to the needs of people. As a result, the provider had organised the "dementia bus tour" for staff. They had received lots of positive feedback from the staff who attended it. Their plan was to roll it out so more staff could access it. As well as this they may invite people's relatives and other health and social care professionals. Their aim was to improve the quality of staff understanding for people with dementia.

The provider had systems to monitor the quality of care people were receiving and valued people's feedback. Every month they would send questionnaires to a sample of people and their relatives using the services. If any response to a question fell below a certain number they would follow it up. When a person provided a range of middle answers they would speak with them and find out what changes they needed to make. They would also celebrate the very positive questionnaires to find out why the care and service was valued so highly. This allowed them to learn and improve services for all people. The managing director told us as a result of the questionnaires they had reviewed timing of people's visits and how last minute changes to rotas were communicated to people.

The registered manager told us, "Soft quality assurance happens all the time". Meaning that whenever senior staff were visiting people or observing staff they were assuring themselves people were receiving high quality care. Their current auditing system had not identified minor concerns we found such as medicines, mental capacity issues and individual issues within people's care plans. During the inspection the registered manager shared a new auditing process they were going to trial following the inspection. This would help them pick up the more individual issues within the large service.

The managing director sought an external audit from a care specialist. This provided a constructive challenge to their own internal auditing. An action plan had been drawn up to make further improvements. This identified some areas such as performance management of staff and better debriefing for staff supporting people at the end of their life. We found actions were being undertaken by the management to review areas highlighted. They were working on changing the culture of staff supervisions to make them supportive places to share discussions about practice rather than just a negative experience.

The provider outsourced a company to keep their policies up to date and then the registered manager created local procedures to accompany them. Some of the policies were a little out of date. The managing director and registered manager explained this was because they were changing providers. They would review all their local procedures once the new policies were in place. The managing director ensured they were keeping up to date with current practices by liaising with other providers. This was an opportunity to share best practice. They were members of organisations specialising in care at home services.

The managing director was positive about recent changes which had occurred at provider level. They said it was easier for decisions for the business to be made quicker. It also meant they were working closely with the managers of each service. A direct result of this had been the change in recording systems for the care plans. These views were resonated by other members of the management.

The management had developed strong positive links with the local authority. They had "trusted assessor" status with the local authority. This meant if people's needs changed suddenly they could respond by adjusting their package immediately. The registered manager told us the local authority trusted their judgement whilst other health and social care professionals were being arranged for an assessment.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. They regularly liaised with the local authority including the safeguarding team. By notifying external bodies responsible for monitoring provider's people's safety could be monitored.