Absolute Care Services Ltd

Absolute Care Services (Sutton)

Inspection report

6 The Parade
Stafford Road
Wallington
Surrey
SM6 8ND

Tel: 02038155444
Website: www.absolutecareservice.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 and 21 January 2016 and was announced. This is the first inspection of this service since it was registered with the Care Quality Commission (CQC) in October 2015.

Absolute Care Services (Sutton) is a large domiciliary care agency which provides personal care and support to people in their own homes. People either pay for their own care or are funded by their local authority. The service also has contracts to provide personal care to approximately 80 people living in extra care housing schemes within the London Borough of Sutton. These schemes are operated by independent housing providers.

At the time of our inspection there were approximately 180 people in total using the service. People who use the agency include older people and younger adults with disabilities. Their range of needs include those associated with dementia, mental health, sensory impairment, palliative care and learning and/or physical disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People had mixed views about the management of the service. People with poor perceptions of the service said there was a lack of communication about changes and no consistency and continuity in staffing levels. Other people were satisfied and spoke positively about the care and support they received.

The service had received a number of complaints from people over the last twelve months. The majority of these arose following significant changes at the service during this time. Senior staff had taken action to deal with people's concerns appropriately. This included addressing issues around staffing and improving the timeliness of scheduled visits. Some people confirmed things had improved. However others felt they had not. It was too early to judge at the time of this inspection whether these improvements had improved outcomes for all of the people using the service.

The provider was committed to ensuring people experienced good quality care. A new staffing structure improved accountability and responsibility at all levels. Specific issues and concerns could be readily dealt with by an appropriate, responsible member of staff. All staff were aware of their responsibilities for ensuring people received good quality care. They were encouraged to report poor practices by reporting these immediately to senior staff, or anonymously through the provider's whistleblowing procedure.

Senior staff monitored the quality of the service. Through their checks, people were asked for their views on how the service could be improved. When issues were identified through these checks appropriate action was taken to make improvements. The provider used learning to continuously improve the service.

Feedback from people's complaints had been used to address shortfalls and gaps in the care and support people experienced. The provider worked closely with the local authority contracts team to address any concerns or issues about the service and to identify improvements that were needed. Following a recent CQC inspection of one of their other services, the provider had improved management monitoring arrangements to enable staff to react quicker when shortfalls or concerns were identified.

People and their relatives told us they felt safe with the care and support provided by the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse and not harmed by discriminatory behaviour or practices. Risks to people's health, safety and wellbeing had been assessed by senior staff. Staff were given guidance and instructions on how to minimise any identified risks to keep people safe from harm or injury. Staffing levels were continuously monitored by senior staff to ensure people's needs could be met at all times.

The provider ensured people were supported by staff that were suitable and fit to work for the service. The provider had robust recruitment procedures and carried out employment and criminal records checks on all staff. Staff received relevant training to meet people's needs. Senior staff monitored training to ensure staff's skills and knowledge were kept up to date.

Not all staff had received recent supervision so that they were appropriately supported in their roles to care for people. Senior staff had taken action to remedy this. Meetings had been scheduled to take place in the coming weeks to bring these up to date. Staff said they were well supported by senior staff and felt able to discuss any issues or concerns they had. They were asked for their views and suggestions about how the service could be improved.

People told us their views were taken into account when staff assessed their care and support needs. Each person had a support plan which was reflective of their specific needs and preferences for how they wished to be cared for and supported. People said staff had a good understanding of their needs and how these should be met. Senior staff reviewed people's needs regularly to ensure staff had up to date information about people's current care and support needs.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. They received their medicines as prescribed. Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People told us staff looked after them in a way which was kind, caring and respectful. People's right to privacy and dignity was respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence. People were supported, where the service was responsible for this, to take part in activities at home or out in the community.

If people were unhappy with any aspect of the service they knew how to make a complaint if needed. The provider ensured all information was easily accessible to people and was able to provide this in different formats to meet people's specific communication needs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the act. Records showed people's capacity to make decisions about aspects of their care was considered when

planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

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 had mixed views about staffing levels. Senior staff had taken action to improve continuity, consistency and the timeliness of visits. Staffing levels were continuously monitored to ensure these met people's needs.

Risks to people of injury or harm had been assessed and plans were in place on how to minimise any identified risks. Staff knew what action to take to protect people from the risk of abuse or harm from discriminatory behaviour or working practices.

The provider carried out appropriate checks to ensure staff were suitable and fit to work for the service. Staff ensured people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were trained to ensure they had the knowledge and skills to care for people. Not all staff had received recent supervision but meetings had been scheduled to remedy this. Staff felt well supported by senior staff.

The service was working within the principles of the MCA. Staff were aware of their responsibilities in relation to the act. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

Staff supported people to stay healthy and well. They monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly and sought appropriate support from other healthcare professionals.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful. We observed staff were friendly, helpful and able to anticipate people's needs quickly.

Staff ensured people's right to privacy and dignity was maintained, particularly when receiving personal care. They

supported people to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The provider had arrangements in place to ensure people could access information and communicate with the service in a way that suited their specific needs.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs. People's support plans reflected their individual choices and preferences. These were reviewed regularly by staff.

Where the service was responsible for this, staff supported people to engage in activities to promote their overall wellbeing and reduce the risks to them from social isolation.

People knew how to make a complaint about the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

Some aspects of the service had not been managed well. People said this was due to poor communication about changes and staffing levels. Other people were satisfied with the care and support they received.

Senior staff had taken action to deal with people's concerns appropriately. However it was too early to judge whether these improvements had improved outcomes for all of the people using the service.

The provider was committed to ensuring people experienced good quality care and staff were aware of their responsibilities for ensuring this. They were encouraged to report poor practices to senior staff.

Senior staff monitored the quality of the service. People were asked for their views on how the service could be improved. The provider used learning to continuously improve the service.

Absolute Care Services (Sutton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 21 January 2016 and was announced. We gave the provider 24 hours' notice of the inspection because senior staff are sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of two inspectors.

Before the inspection we reviewed information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC. We contacted the local authority contracts team for their views about the service. We also reviewed feedback we received about the service from people and other stakeholders.

On the first day of the inspection we went to the provider's head office and spoke to the senior staff team which consisted of the operations manager, the registered manager, and the newly appointed manager for the service received by people in the community (excluding people living in extra care housing schemes). We also spoke to three care support workers. We reviewed the care records of eight people who used the service, the records of six members of staff and other records relating to the management of the service.

On the second day of the inspection we visited two of the extra care housing schemes, managed by independent housing providers. We talked to 10 people and reviewed three care records. We talked to the newly appointed manager responsible for managing this aspect of the service. We also spoke to the managers of the extra care schemes, employed by the housing providers.

After the inspection we undertook telephone calls to people who used the service and spoke to 13 people and three relatives. We asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People's feedback about staffing levels was variable. Some people, particularly those who used the domiciliary care service in the community, said there had been occasions when staff had been late for their scheduled visit. People told us this was more of an issue at weekends. Some people also said they did not always have the same carer every day so they did not feel there was consistency in the support they received. Other people who required two carers to provide them with support said staff did not always turn up at the same time so they had to wait to receive the support they needed.

People, who lived in extra care housing schemes and received support from the service, had positive feedback about staffing levels. They told us staff responded promptly to requests for help or assistance. One person said, "They don't bother you unnecessarily. If you need them, they're here. I've got my buzzer here if I need to call them." Another person told us staff "pop in all the time". Managers of the extra care housing schemes said staffing levels were maintained at a consistent level. One said, "The staff work together as a team, seem to be able to cover shifts and don't have any gaps." We observed at two of the extra care housing schemes staff were visible and accessible to people and reacted promptly to requests for help and support.

We discussed the varying feedback about staffing levels with senior staff. They were open and transparent about the reasons for this. They told us the service had experienced significant changes over the last twelve months. This included an office move, a new management team and structure and changes to staff's allocation of work. The service had also taken on a new contract to provide support at an extra care housing scheme, which had been challenging. This was because the housing provider's intention to move people into the scheme gradually did not go as planned and all of the people moved in sooner than was expected. As a result the provider had to find extra staff quickly to ensure all of the people received the care and support they needed, once they moved in to the scheme.

Senior staff acknowledged these changes had an impact on the whole service. As a result people experienced problems with late calls and different carers as the service tried to meet demand. They discussed with us the actions they had taken to address the issues that people experienced. This included recruiting new staff to fill vacancies, reviewing staff's allocation of work to reduce the time spent travelling between visits and improving communication between people and office based staff so that people were better informed about what was happening. We looked at how senior staff managed and monitored scheduled visits on a daily basis. Staff used an electronic call monitoring system to plan and schedule people's visits. The system enabled senior staff to monitor, in real time, staff were turning up at visits on time. If staff were running late senior staff were able to respond promptly by contacting the staff member to establish the reasons why they were running late. They then contacted people who were expecting a visit to keep them informed. We saw this happened once on the day of our inspection and staff responded quickly to ensure the person was notified and kept informed of the delay.

People told us they felt safe being supported by staff. One person said, "They've made it clear that I mustn't be afraid to tell them if I'm not happy." Another person told us, "I feel very safe. I wouldn't tolerate anyone

who treated me badly." One person living in an extra care housing scheme said, "I feel safe, because I know they're there if I need them." The provider had taken appropriate steps to ensure staff had the information and knowledge needed to protect people from the risk of abuse. All staff had received training in safeguarding adults at risk. Staff received an employee handbook which gave detailed guidance about how to recognise whether a person may be at risk of abuse and the action staff must take to protect them. Line managers, through one to one meetings (supervisions) discussed any concerns staff had about people they supported. Staff were able to explain their responsibilities for safeguarding the people they cared for. They knew how and when to report their concerns and to whom. Where there had been concerns, senior staff had worked proactively with the local authority and healthcare professionals involved in people's care to put plans in place, where this was needed, to protect people from the risk of harm and abuse.

People told us they did not experience discrimination when receiving care and support from the service. Staff had received equality and diversity training and knew how to identify and protect people from discrimination. Staff had been made aware of their responsibilities for working inclusively with people they cared for and others, such as their colleagues. The provider had a process in place to deal appropriately with any allegations or complaints about discriminatory behaviour.

Staff had access to guidance and information on how to protect people from identified risks of injury or harm. Records showed senior staff had assessed the risks to people of injury or harm in their homes which took account of their specific healthcare needs. Using this information, senior staff had developed guidance for all staff on how to ensure these risks were minimised when supporting people. For example, where people had problems with their mobility that made it difficult for them to move around, or in and out of chairs or bed, staff were provided with training and guidance on how to support people to do this safely.

The provider checked that staff were suitable and fit to support people using the service. Records showed employment checks had been carried out on staff before they started work regarding their suitability and fitness. These included obtaining evidence of their identity, right to work in the UK, relevant training and experience, character and work references from former employers and criminal records checks. All staff also completed a health questionnaire which the provider used to assess their fitness to work.

Where the service was responsible for this, people were supported by staff to take their prescribed medicines. One person told us, "I always take my medicines on time." People's support plans and records contained detail information about their medical history and their prescribed medicines. Each person had their own medicines administration record (MAR) in their home, which staff completed each time they supported people to take their medicines. Staff also recorded, in more detail, in people's daily notes, which medicines they had supported people with during their visit. Training records showed staff had received training in safe handling and administration of medicines. Their competency was assessed by a senior staff member through regular spot checks which enabled senior staff to identify and rectify any concerns or issues about staff's practice. Staff also had access, through their employee handbook, to the provider's 'medication policy and guidance' which set out how staff must follow safe working practices in relation to medicines.

Good

Is the service effective?

Our findings

The majority of people said staff who supported them had the skills and experience to do so. One person said, "They care for you and they're ever so good at it." Another person told us, "The staff are very good. Just terrific!" And another person said about staff, "They're wonderful…they seem to know what they're doing." Managers from the extra care housing schemes told us staff demonstrated the skills that were needed to support people appropriately. One said, "We get lots of compliments about staff." Some people said newer staff were relatively inexperienced. Senior staff told us these staff were regularly supervised and monitored to support them to build confidence and experience in their work.

Records showed staff received relevant training to enable them to support people. New staff were required to complete a structured induction programme through which their learning and competency was regularly monitored. New staff could only work unsupervised once a senior manager had reviewed their progress and agreed they met all the required competencies to support people safely. Staff attended training in topics and subjects which were relevant to their roles. This included training in medicines administration, infection control, moving and handling, fire safety, health and safety and food hygiene and preparation. The majority of training was delivered by an accredited in-house trainer. The provider also sourced specialist external training to meet more specific needs that people may have. For example some staff had attended best practice training in dementia care, delivered by the University of Stirling and accredited by the Royal College of Nursing (RCN) and City & Guilds. Further staff were scheduled to attend this course in the coming months. Senior managers monitored training to ensure staff were up to date with their training needs and attending refresher training to update their skills and knowledge.

Not all staff had received regular supervision so that they were appropriately supported in their roles to care for people. The provider had a formal structure in place for ensuring all staff received regular supervision with their line manager to review and assess their work practice. However the manager told us these had not been done as often as they should have been in the last six months. This was mainly due to changes to the management of the service during this period. This was supported by our checks of records. Some staff had attended a supervision meeting recently. But we also found some cases where staff had not had supervision meeting in over six months. We noted the manager had already taken action to remedy this. Meetings had been scheduled to take place in the coming weeks to bring these up to date. In addition to supervision meetings, senior staff also undertook unannounced spot checks on staff to review their practice. Their findings were fedback to staff to help them improve their work performance. Staff told us they felt well supported by senior managers. They said they had regular supervision and found senior staff supportive when they had any issues or concerns about people they cared for.

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. Any application to do so for people living in their own homes

must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. There was evidence of involvement and discussions with people about the care and support they wanted and the decisions people made were documented. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests. This was confirmed by a manager from one of the extra care housing schemes who told us best interests meetings took place when concerns were raised. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the act. Staff also received training in delivering person centred care to help them to support people to make choices and decisions about what they wanted in terms of their care needs.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to meet their needs. One person said, "They cook you lunch and dinner. You do get a choice. I don't eat anything I don't want. Sometimes if I want something different they'll nip to the shops for you to get it." Before people started using the service senior staff collected information from them and/or their relatives about their dietary needs and how they wished to be supported with these. Where people were deemed at risk due to their poor appetite, staff were instructed in people's support plans to prompt them to eat and drink enough. We observed during our visits to the extra care housing schemes staff checked that people had not only eaten their meals but had eaten enough. Staff documented in people's daily records the meals they prepared and how they supported people to eat during their visit. They also recorded how much people ate or drank. This provided important information about whether people were eating and drinking sufficient amounts for everyone involved in providing them with care and support.

Staff supported people to stay healthy and well. They took appropriate action if they had concerns about people's health and wellbeing. One person told us they had been taken ill just after Christmas. Staff responded immediately by seeking urgent medical assistance for them. Since they returned from hospital they said staff regularly checked on them to ensure they were recovering well. A staff member told us when they observed the mental health of one person they supported was deteriorating, they had reported their concerns about this to senior staff. They in turn ensured the individual was referred to and received the appropriate support they needed.

Other people involved in people's day to day care and support said staff kept them informed about people's general health and wellbeing. The managers of the extra care housing schemes said there were daily meetings with staff at which any concerns about people's health and well-being were shared. Staff documented, in people's daily records, their observations and notes about people's general health and well-being. We saw where there had been specific concerns about an individual's welfare, staff notified senior staff promptly so that they could seek the appropriate support for the individual. Staff also documented their concerns and the actions taken in a 'communication book' so that this information was shared with all staff supporting people so that all were aware.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "They're definitely kind and caring." Another person told us, "They'll do anything. They're so helpful and kind." A relative said, "The staff are very helpful and friendly. They are kind to my [family member]." Managers from the extra care housing schemes told us staff were kind and caring. Staff spoke enthusiastically about people they supported. One staff member said, "I really enjoy my job and quite passionate about it. I know what people need from me and I give them choices when I help them. Like when they're getting dressed, I help them decide what they want to wear." Another staff member told us, "It's important not to push people and not to force them to do things they don't want to do. You have to listen to what people have to say and give them what they want."

We observed interactions between people and staff during our visits to two extra care housing schemes. We saw staff were friendly, helpful and able to anticipate quickly what people needed. When they spoke with people they were respectful. For example when people were seated staff made sure they sat down when speaking with them so they could maintain appropriate eye contact at all times. We saw many instances where staff spent time chatting to people about how they were, where they were going or what they wanted to do. On one occasion one person became anxious and disorientated and a member of staff was quick to reassure them. They encouraged the individual to sit and chat with two other people and then brought tea and biscuits for all so that people could socialise together. This had a positive and calming effect on the individual and we observed them laughing and chatting with others and the staff member.

The provider had committed to ensuring people experienced dignity in care. They had adopted the '10 Point Dignity Challenge' developed by the Dignity in Care campaign led by the National Dignity Council. The challenge tasks providers with ensuring services demonstrate values and objectives that respected people's dignity. This included treating people with respect, enabling people to retain choice, control and independence, listening to people and supporting them to express their needs and respecting people's right to privacy. The employee handbook supplied to all staff set out their responsibility for complying with the challenge.

The provider had arrangements in place to ensure people could access information and communicate with the service in a way that suited their specific needs. Information was available in Braille, in different languages and in large print where people requested this. Records showed people and their relatives were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

People told us staff treated them with dignity and respected their privacy. One person said, "They're very respectful. They never say a word out of order and they talk to you like a normal person. They don't treat you like an invalid." Another person told us, "They ask me what I want and never leave me exposed." A relative said, "Very good carers come. They keep [family member] partly covered and close the door when doing personal care." We observed during our visits staff knocked on people's doors and waited for permission to enter their home. Some people had consented to staff entering their home with a key that was kept securely

in a key safe. Staff took appropriate precautions when retrieving and returning keys to key safes so that codes were protected. We observed staff took care when discussing information about people that they could not be overheard. Staff demonstrated good awareness of how to protect people's privacy and dignity particularly when supporting them with personal care.

People were encouraged to be as independent as they could be when they received care and support from staff. One person said, "I could get very lazy and let them do everything but they're quite good at making sure I do some things for myself." People's records contained information for staff on their level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could. A staff member said, "I get motivated when I see people getting better and more independent." They told us about one person they supported, who when they first started to use the service refused to do anything for themselves. But through encouragement and support they were now able to make their own breakfast in the morning, able to have a wash independently and had taken more interest in participating in social activities out in the community.

Good

Is the service responsive?

Our findings

People told us their views were taken account of when staff planned their care and support. One person told us staff had involved them in planning their care so that "they got what they needed". Records showed, prior to using the service, people's needs had been assessed by staff. As part of this assessment staff discussed with people their life histories, likes and dislikes and their preferences for who they received support from and when. The information obtained by staff was then used to develop an individualised support plan for them.

People's support plans reflected their views and preferences for how care should be provided. For example information about people's daily routines was used to plan care and support in a way to ensure these were not unnecessarily disrupted. People told us their care and support needs were reviewed with them regularly. Records showed these were reviewed every six months or sooner if there had been a change in their circumstances. Where any changes were identified to people's needs, their records were updated so that staff had access to up to date information about how to support them.

Staff demonstrated a good understanding and awareness of the specific needs of people using the service. One person said, "[Staff member] has got used to me. She knows what I want and how I like it." Staff provided us with examples of how they ensured people's needs were met. One staff member told us how they were able to support one person to use their 'Freeview' television to access channels that showed programmes that suited their particular interests such as documentaries about historical events and the royal family.

People were encouraged by staff to take part in activities to reduce the risks to them of social isolation. At one of the extra care housing schemes we visited there was an on-site day centre where people could take part in a range of activities and social events. Although this was run independently, staff supported people to participate by ensuring people could attend when they wanted to. At another scheme, when staff were free to do this, they undertook activities with people utilising puzzles, games and reminiscence (memory) boxes. One staff member told us how they supported one person, who previously did not leave their home to take part in activities in the local community. They said the person had since made new friends in the community and now looked forward to taking part in outings and events.

People told us they knew how to make a complaint if they were unhappy with the service. People had been provided appropriate information about what to do if they wished to make a complaint about the service. The service had a complaints procedure which set out how people's complaints would be dealt with and by whom. This was accessible to people in their service user guide, provided to them when they first started to use the service. The procedure was available in Braille, a variety of different languages or in large print if people requested this. People who needed help or support to make a complaint were advised staff would assist them to seek independent help. Records showed where people had made a complaint these were investigated by a senior member of staff and a detailed response was provided which included the action the service would take to address people's concerns.

Requires Improvement

Is the service well-led?

Our findings

People had mixed views about the management of the service. Some people with poor perceptions of the service said the issues they experienced were mainly around a lack of communication about changes and no consistency and continuity in staffing levels. People felt this was due to poor management of the service. Other people spoke more positively. One person said, "It's perfect. Can't knock it. We are very happy." Another person told us, "I look forward to them coming. I'm lucky…I feel very well looked after." And another person said, "The care has always been to a good standard." Managers from the extra care housing schemes also spoke positively about managers working for Absolute Care. One said, "We have a really good relationship with [the service]. I've noticed a real difference in the last couple of weeks. The new manager is on the ball and communication is much better." Another told us, "There is a good partnership and between us risks [to people] are covered."

It was clear from our discussions with senior staff the service had received a number of complaints from people over the last twelve months. The majority of these arose due to the significant changes that had taken place at the service during this time. Senior staff were well aware of people's concerns and acknowledged that changes had not been communicated well. We saw senior staff had taken positive steps to address people's concerns. These included addressing issues around staffing levels and ensuring scheduled visits were closely monitored to ensure staff were turning up at the agreed time. Senior staff had also met with people when concerns were raised to discuss and agree action plans for how their individual concerns would be addressed. The manager for the service received by people in the community, took responsibility for ensuring agreed actions were met. We saw some examples where, by working with people to address their specific concerns and issues, people's satisfaction with the care and support provided, had improved. Some people confirmed things had improved. However others felt they had not. In light of this it was too early to judge at the time of this inspection whether the improvements introduced by senior staff had improved outcomes for all of the people using the service.

A new staffing structure was now in place at the service which improved accountability and responsibility at all levels. New managers had been appointed to manage specific aspects of the service. One manager was responsible for managing the service provided to people in the community. Another manager had been appointed to manage services provided at extra care housing schemes. This meant specific issues and concerns arising in either area could be more readily dealt with by an appropriate, responsible member of staff. Both managers told us they felt well supported by the provider and were clear about what needed to be done to improve the service. Staff knew what their responsibilities were and how they should ensure people received good quality care. Staff were encouraged to raise any concerns they had about poor practices they observed by reporting these immediately to senior staff, or anonymously through the provider's whistleblowing procedure.

The provider had committed to providing good quality care to people using the service. The provider set out how these would be achieved in people's service user guide as well as in employee handbooks. This included ensuring people were aware of their rights and what they could expect from the service, a code of practice for staff to ensure people's rights were upheld and adoption of the '10 Point Dignity Challenge'.

Staff's understanding and achievement of these aims were monitored and reviewed through staff supervision, unannounced spot checks and team meetings. Staff were given opportunities at these meetings to discuss their suggestions and ideas for how the service could be improved.

Senior staff undertook spot checks, telephone calls and home visits to monitor the quality of service people experienced. As part of these checks senior staff monitored people's records to ensure these were accurate and up to date, spoke with people and their families about the care and support received and whether this had met their needs and observed staff's competency when providing care and support. People were also asked for their views on how the service could be improved. These checks were well documented and where any improvements were identified appropriate action was taken by senior staff to make the changes that were needed.

The provider used learning to identify how the service could continuously improve. Feedback received from people's complaints had been used to address shortfalls and gaps in the care and support people experienced. The provider also worked closely with the local authority contracts team to address any concerns or issues about the service and to identify improvements that were needed. Where actions to make improvements had been agreed, senior staff had been proactive in ensuring these were met. The provider also used CQC inspections to drive improvement. Following a recent inspection of one of their other services, the provider had improved management monitoring arrangements. This was to ensure quality indicators for specific aspects of the service were regularly monitored and reviewed by senior staff. Senior staff said this new process would enable them to react quicker and responsively when shortfalls or concerns were identified.