People in Action

People in Action Domicilliary Care - South Warwickshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15 September 2016 and was announced.

People in Action Domiciliary Care – South Warwickshire, provides care to younger adults with a learning disability or with mental health difficulties, in their own homes. Some people live with family members, whilst others live in homes they share with other people supported by the provider. At the time of our inspection, the provider was supporting 23 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Whilst we spoke with the registered manager, and established they had oversight of the service, a 'service manager' was in post and oversaw the day to day running of the service.

People told us they felt safe and comfortable with the staff who supported them. Most relatives were also confident people were safe. Staff received training in how to safeguard people from abuse, and were supported by the provider who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Risks to people's safety were mostly identified, minimised and focussed towards individual needs so people could be supported in the least restrictive way possible and build their independence. However, some risk assessments were not up to date and had not been completed where risk had been identified.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed.

There were enough staff to keep people safe, but recruitment was underway to ensure there was a full staff team able to meet people's individual needs. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived independently. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before providing them with support. People were mostly able to make their own decisions and staff respected their right to do so. Staff and the service manager had a reasonable understanding of the Mental Capacity Act 2005, and the provider had ensured applications to deprive people of their liberty under the Deprivation of Liberty Safeguards, had been made as required.

People had access to health professionals when needed, and care records showed support provided was in line with what had been recommended.

People told us staff were kind and caring and treated them with dignity. Most relatives agreed, although

some staff and relatives had concerns about the way some staff spoke with people. We found the provider took this seriously and was taking steps to deal with this. People were supported to make choices about their day to day lives. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences.

Relatives told us, and records confirmed, that people were not always supported in a responsive way, or according to their preferences and needs. Frequent staff changes along with reduced staffing levels, led to people's support being changed from what was planned, in order to free staff up to cover gaps elsewhere in the service. People and most relatives felt able to raise any concerns with the service manager. They felt these would be listened to and responded to effectively and in a timely way.

Staff told us the service manager was approachable and responsive, but that they did not always feel well supported by senior staff who they felt were less available and responsive following recent organisational changes. There were systems in place to monitor the quality of the support provided, but these had not always identified the issues we found, and actions plans were not sufficiently robust to enable the service to continually improve.

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's needs had mostly been assessed and risks to their safety were identified and managed effectively. Staff were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to keep people safe, and recruitment was underway to increase staffing levels to meet people's individual needs more effectively.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were mostly able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people lacked capacity to do this, they were supported as required. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed, to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People told us they were supported with kindness, dignity and respect. Most relatives and staff agreed, but where they did not, and had raised this, the provider was taking action to ensure a caring service was provided for everyone. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care and support was planned with theirs and their relatives' involvement, and this was regularly reviewed to ensure

it met people's needs. However, people's individual needs and preferences were not always responded to due to reduced staffing levels. This also meant people were not always able to participate in activities and interests that were important to them. People knew how to raise complaints and were assisted to do so.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives felt able to approach the management team and were listened to when they did. Staff did not always feel supported in their roles, and told us managers and senior staff were not always available for advice and guidance following recent organisational changes within the provider. There were quality monitoring systems in place to identify any areas that needed improvement. However, these systems had not always identified issues we picked up during our inspection. Action plans in response to quality checking and feedback had either not always been developed or, where they had; they were not robust enough to help the service improve.

People in Action Domicilliary Care - South Warwickshire

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 was the first inspection for this location.

The inspection visit to the office took place on 15 September and was announced. We told the provider in advance we were visiting, so they had time to arrange for us to speak with people who used the service. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

A provider information return (PIR) was not requested before the inspection. We gave the registered manager the opportunity during the visit to tell us what the home did well and what areas could be developed.

During our inspection visit, we spoke with the registered manager, the operations manager, the service manager, three assistant managers and five care staff. We also spoke with four people who used the service,

and four relatives over the telephone.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. People also told us they felt confident to raise any concerns they had, or to tell staff if they did not feel safe. One person told us, "It is a lovely atmosphere where I live. They [staff] keep me safe." Most relatives we spoke with thought people were safe. One commented, "If I didn't think [relative's name] was safe, I would be worried, but I think they are safe." Staff also felt people were safe. One staff member told us, "Making sure people are safe is top of my list. It's my responsibility."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for signs that might be cause for concern. One staff member said, "If there are discrepancies in people's finances for example, or if people seem nervous with particular staff members, or there were changes in their behaviour, I would be concerned." There were policies and procedures for staff to follow if they were concerned that abuse had happened. Staff told us they would follow these and report any abuse they saw or suspected. One staff member commented, "I would record it [concern] and report it to my manager straight away." Staff we spoke with said they would raise concerns by using the provider's 'whistleblowing' procedures if they felt concerns were not being dealt with and people remained at risk. One staff member told us, "I am here for the clients I support and I love the job, but I won't compromise so I'd whistle blow." The provider managed safeguarding according to multi-agency policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were focussed on encouraging people to take responsibility for managing risk themselves, and detailed how staff might support them to do this. Information was available for staff, which included the actions people had agreed to minimise their identified risks, and what actions staff should take if people did not manage their own risks effectively. However, these were not always clear. For example, one person's risk assessment advised staff the person must not be left on their own. However, elsewhere in the person's care plan, staff were advised the person liked to spend time alone listening to music. We discussed this with one of the assistant managers, who agreed this was unclear, and assured us this would be updated.

During our inspection visit to the provider's office, we noted some risk assessments were not available to us. For example, one person had been assessed by Speech and Language therapists (SALT) as being at risk of

choking. There was no risk assessment in the care plan we reviewed to indicate what measures staff should take to reduce the risk of this happening. We spoke with the service manager about this, who assured us the risk assessment would be available to staff in the person's home. However, they acknowledged that a copy should also be held at the provider's office. This would allow senior staff to advise other staff or other professionals if they were away from the home, for example if the person was admitted to hospital. They assured us records would be updated as a matter of urgency. Shortly after our inspection, the service manager sent us a copy of the person's risk assessment, along with the SALT recommendations, confirming it was held at the person's home.

The provider also assessed risks in people's homes to ensure people were supported in environments which were as safe as possible for them, and for the care staff who supported them.

Relatives told us there were enough staff to keep people safe. Staff agreed, telling us there were enough staff on duty to keep people safe, but not always enough to respond to people's individual needs. One staff member commented, "I think they struggle [Management] because of sickness and staff leaving." The service manager acknowledged they needed more staff, but assured us a recruitment campaign was under way to address this. They also told us they used agency staff where necessary to ensure people were safe, and that they had cancelled some care packages because they no longer had sufficient staff to support people.

People told us they got their medicines on time and as prescribed. They also said staff helped them to take medicines if they felt they needed them. One person commented, "If I get any pain or anything, they give me paracetamol." Where people were prescribed medicines on an 'as required' basis, there was information available to staff so they could decide when these medicines were needed if people were unable to tell them.

Care staff had received training to enable them to administer medicines safely. They told us their practice was also checked by management to ensure they remained competent to do so. One staff member said, "We are observed every year but if you make an error in between observations you're stopped from doing medicines until you redo the training."

People's medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which demonstrated people were supported to take their medicines safely and as prescribed.

Records showed medicines were checked by senior members of staff on a regular basis to ensure people had been given the right medicines at the right times.

Good

Is the service effective?

Our findings

All staff told us they had an induction to the organisation when they started working with people supported by the service. They told us they worked alongside experienced staff who knew people well before they worked on their own with people. They told us they were given time to read people's care records and to talk to people about how they wanted to be supported. The induction also included being assessed for the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. One staff member said, "Even if you have experience of care work you have to complete a full induction, including all the training and being introduced to the people you are going to work with."

Staff told us they had essential training which helped them keep people safe and well. One staff member said, "We are supported to do training. It's very good. I can honestly say I have never left a training session without learning something new." Staff also told us they had specific training to help them support people with their individual needs. One staff member said, "I completed autism training which was really helpful because some of the customers I support have autism. It gives you a better understanding." Talking about the autism training provided, another staff member said, "It helped me understand people's triggers. It is all about understanding the individual because everyone is different."

The provider offered staff the opportunity to undertake a diploma in social care so they could develop their skills and could support people more effectively. One staff member said, "I was encouraged to do my NVQ 2 by the manager. I wasn't sure. It is only through their encouragement that I did it."

A training record was held by the registered manager of what training each member of staff had undertaken and when. We reviewed this and found the majority of training was up to date. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed.

Staff told us they attended one to one supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values and to understand how they could become more effective. However, some staff told us they had noticed supervisions had become less frequent following changes to the management of the organisation, and that this made them feel less well supported. The service manager acknowledged this, and they had a plan in place which meant supervisions would be completed by December 2016, so staff had the opportunity to meet with managers to share their views.

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.

Staff had a basic understanding, and applied the principles of, the MCA, and had received training to support them. Talking about one person who did not have capacity to make decisions about their care, one staff member said, "Because [name] does not have mental capacity, we work with social workers and psychologists." Speaking generally about how they supported people to make decisions, another staff member commented, "It is their life and their decision, but if it was something unrealistic [and the person did not have capacity] we would have to deal with it and work with others." Staff understood the importance of asking for people's consent. One staff member said, "I always ask the customer if I can help them or if they are ready. We learnt about the importance of getting their consent in training."

People's care plans contained information for staff on which decisions people could make for themselves, and which they needed support with. Care plans also included records of decisions having been made in people's 'best interests', where they did not have capacity to make these decisions themselves. Staff understood the importance of asking for people's consent. One staff member said, "I always ask the customer if I can help them or if they are ready. We learnt about the importance of getting their consent in training." However we found care plans were not always clear on whether or not people had the capacity to consent to their care. For example, two of the care plans we looked at stated people had consented to staff managing their medicines for them. Later in the care plans, it had been noted people did not have capacity to understand and sign their plans which contradicted the earlier information. We spoke with the service manager about this, who assured us this would be updated to ensure it was clear.

The service manager understood their responsibility to alert the local authority if a person needed to be deprived of their liberty for their safety, and had made a number of applications. Where this was the case, people's care plans included information to help staff support people in the least restrictive ways possible. The service manager told us they were working with the local authority as people's care was reviewed, to help them identify where restrictions were in place and whether or not applications needed to be made.

Relatives told us people were supported to access support and advice from health professionals on a routine basis, as well as when sudden or unexpected changes in their health occurred. One relative told us, "They [staff] are very good at dealing with any medical appointments or issues." Records showed health professionals were contacted when people needed them and that recommendations made by health professionals had been incorporated into people's care plans.

Staff knew how important it was for them to support people to access medical professionals to keep them well. One staff member said, "I regularly arrange and go with people to the doctors or other appointments. Some customers don't have anyone else to go with them. Other customers like to go with staff instead of family members. It makes them feel more independent."

People told us they chose what they wanted to eat. One person told us they were supported by staff to cook for themselves. They said, "They [staff] help me do my cooking."

The provider supported people who had specific dietary requirements, such as dysphagia. Dysphagia is a condition which can make it difficult for people to swallow. The provider had supported them to be assessed by the Speech and Language Therapists (SALT), who had made recommendations about the consistency of food and fluids to make it easier for the person to swallow. Staff followed menu plans to ensure the person ate food that was appropriate for them. Whilst recommendations from the SALT team, along with appropriate risk assessment, had not been available to us on the day of our office visit, we were sent them shortly afterwards, and were assured by the service manager they were available to staff in the

person's home.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "I like all the staff and get on well with them." They added, "They are very nice, kind people at [name of service]. I get along fine." Talking about how they felt comfortable with staff, another person told us, "I have a chat with them [staff] and things like that."

Most of the relatives we spoke with felt staff were kind and caring. Comments included, "They [staff] are very friendly and polite.", "I think they treat people well", and "Yes, no problems there. They are all honest. That is a big plus." However, other relatives told us they had some concerns that some staff spoke to people "like children". Staff also had mixed views. Information received via surveys in advance of our inspection visit, included some concerns raised by staff that a minority of other staff did not always speak to people as respectfully as they should. Where concerns had been raised about the attitudes of some staff, the provider ensured they followed their policies and procedures to address these.

Staff we spoke with told us they were encouraged to support people in a compassionate and caring way. One staff member said, "Caring is about providing a setting for customers I work with that I would expect for myself or my family members. Being a friend and helping." Staff spoke with us about the things they did to try and build up a rapport with the people they supported, and to ensure people felt in control and able to make choices about their lives. One staff member said, "Choice is really important. Even though some if the people I work with can't speak they can still indicate their choice. I show people the different types of food they can eat. Or we look in the fridge together."

People told us staff supported them to live independent lives. One person told us, "They [staff] just prompt me and then I can do the things I like to do for myself." Another person said, "They [staff] help with the things you are stuck on. I can do washing and things but other things I can't." Staff we spoke with told us they knew how important it was to promote people's independence, and that the provider encouraged them to do so. One staff member said, "Promoting independence is a really important part of what we do." The staff member gave an example of one person who they said was withdrawn and demotivated. They commented, "By giving lots of positive prompts, adding the fun factor to tasks we did, offering choices and reassurance [person] now wants to do more things themselves and will ask 'what are we doing today'."

People told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. One person commented, "I read my care plan. I always keep to it. The staff do too." Relatives also told us they were involved in formulating and reviewing people's care plans. One relative commented, "Yes, they [staff] always ask me. [Name] finished college recently so we talked about what [name] could be doing instead. We were all involved."

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Staff told us they used this information to build relationships and bond with people over shared interests. Care records showed the provider also worked

with people's advocates if they were involved in making decisions about the person's care. For example, records showed that, where advocates had been instructed to help people manage their finances, the provider worked with them [advocates] where decisions were made about what people spent their money on.

People told us they were supported to maintain family relationships which were important to them, and relatives told us the provider supported them to have regular contact with people, if this was what people wanted.

People told us their privacy and dignity was respected. Talking about what they did if they wanted to spend some time on their own away from staff, one person living in a shared service said, "I go to my room. They [staff] knock on the door and ask if it is okay to come in."

Requires Improvement

Is the service responsive?

Our findings

Relatives told us that whilst they had confidence in the ability of most regular staff to adjust their approaches according to people's individual needs, they were concerned that staff were not always as responsive as they would like. The relatives we spoke with were concerned about staff changes and how this impacted on people. Comments included, "Yes, staff generally know what they are doing. But there have been horrendous changes in staff."; "On the whole, the staff are very pleasant and very good. But when you get the ones who come from other areas of [provider name], they haven't a clue what they are doing."; "It's the constant change of staffing that worries me. There's not a consistent staff team."; and "[Relative's name] has a care plan. We should all be involved in helping [name] and none of the staff take any notice."

Relatives were particularly concerned about the use of agency staff. Comments included, "They [agency staff] come in and whilst they know from the MAR sheet what medicines people take, everyone is different. One A4 sheet with the basic info would really help. It has been a problem", and "There has been a lot of agency use and inconsistency. [Relative's name] doesn't like change. They get confused if there are lots of different people, their character changes. When regular staff come back it is hard to handle."

Relatives also felt people did not always have their needs met because staff were moved around to cover gaps in the service. One relative said, "There is no continuity, they take staff from [name of service] to cover deficits in other areas." Some staff also told us this was happening and that it was having a negative impact on them. One staff member commented, "Quite a lot of staff feel tired and overwhelmed. Staff are trying to pick up hours to help the service." However, other staff we spoke with felt the situation had improved, with one telling us, "At the moment I am going to the regular customers. This is much better because you get to know people. But it can change at any time if someone goes off sick or staff don't turn up. This used to happen all the time but it is getting a bit better now."

People we spoke with told us they were supported to go out. One person commented, "I go out a lot, down the town, round and about." Another person said, "I go in a taxi to see [family member]."
However, staff told us a number of people did not always get their planned calls because there were not enough staff, which meant that whilst there was support available to keep people safe, there were often not enough staff to enable people to maintain hobbies or interests that were important to them. Daily care records confirmed this. For example, one person's daily records showed they had not received their planned support visits on four occasions during the month of August, which resulted in the person not having a choice about how they would like to spend their day. One staff member told us this meant the person had not been able to attend church, which was important to them. Extracts of recording made by staff on daily records for this person included: "[Name] watched TV because [name] didn't have cover."; "[Name] watched TV in the morning. We didn't have cover – second staff member."; "We didn't have second staff member so couldn't go out."; and, "At 10.00 am when there was nobody here to support [name] I supported [name] with her morning routine."

We shared our concerns with the service manager. They told us they were not aware of these missed visits. They added, "[Person] was safe because there was a support worker there." The person shares their home

with another person who also receives daily support from the provider.

Care plans mostly had clear and comprehensive information about how staff could support people to communicate how they were feeling, along with practical steps staff could try to calm the situation. Care plans also had information for staff on how people preferred their needs to be met, as well as what people were working towards and how staff could support them to achieve their aims. Plans identified a set of outcomes that people had agreed with the people supporting them. The provider supported a number of people who could behave in ways that posed risk to themselves or others. Their care plans included 'behaviour management plans' which gave staff information on how people communicated and what this might mean, as well as how 'triggers' of such behaviour could be responded to by staff to calm the situation. Staff followed these recommendations with people they supported regularly, and told us they read care plans for people they were supporting for the first time.

People told us they felt able to speak with staff if they wanted to complain. One person said, "If I had any concerns I would go to [service manager]. I see [service manager] at the offices." People also told us where they raised issues with staff, they were helped to resolve them. One person commented, "When you've got problems they sort it out for you." Staff knew how to support people if they wanted to complain, we were told, "Information about how to make a complaint is given to each person when the service starts." Staff told us they would refer any concerns people raised to the service manager.

Relatives had mixed views on how well the provider dealt with concerns and complaints. One relative commented, "The response if we do raise issues is usually okay." Whilst the majority of relatives felt able to complain, and were confident their concerns would be responded to, some told us this had not always been their experience. One relative said, "It doesn't matter what level you go to, nothing happens." When we were planning our inspection, we received some comments indicating that people had been unhappy with the response they had received to complaints. We looked at complaints records kept by the provider, and also spoke with the service manager. They were able to explain how they had dealt with the complaints they had received, and had taken appropriate action. They acknowledged it was possible that some of the variable responses might have been received under previous management arrangements which had now changed.

Staff knew how to support people if they wanted to complain, we were told, "Information about how to make a complaint is given to each person when the service starts." Staff told us they would refer any concerns people raised to the service manager.

Requires Improvement

Is the service well-led?

Our findings

Relatives were generally positive about the service manager, and felt they were approachable and effective in their role. One relative commented, "I have met the new [service manager] once and they seemed pleasant. They have been good when I spoke to them about something. They put things in place." Staff were also positive about the service manager. Comments included, "[Service manager] is very supportive. They are very clear, very straightforward with you. [Service manager] appreciates what you do for them.", and "[Service manager] has not been here long but I feel confident to pick up the phone and seek advice if I need to."

However, staff did not always feel well supported by senior staff within People in Action who oversaw groups of 'services' where people had shared support. They told us this sometimes made them feel demoralised and isolated. Comments included, "To be honest I don't know who my direct manager is. I've not had one for a while…I can't say I feel valued all the time. It's very up and down. It depends who your manager is. Quite often it feels like you are out there on your own.", "Some staff feel they can never get hold of their manager.", and, "We don't see them [managers] a great deal. Staff are not clear when managers are coming in." Some staff told us they had noticed managers were less available and less responsive following recent changes in the structure of the provider. Several of the staff we spoke with told us they felt managers themselves were not well supported and had so much work to do they were not able to keep up.

We discussed management cover in light of the new structure with the operational manager, the registered manager, and also the service manager. They acknowledged there had been many changes and that there might have been an impact on managers and some staff. However, they assured us they were looking at recruiting to address management cover and felt this would help.

Staff had mixed views on whether or not they had regular opportunities to share their views at staff meetings, and to discuss the changing needs of people supported and to share any concerns they might have. However, records of team meetings showed these had happened in some services, and that issues raised had led to changes and improvements in the ways people were supported. For example, one set of meeting minutes showed staff had suggested purchasing a 'smoothie maker' to encourage one person to increase their fluid intake which had been identified as a need. One senior staff member said, "The "Smoothie machine" was purchased and is working very well. [Person's] intake has increased."

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included pictures and symbols to help people understand what they were being asked. The service manager told us staff would talk this through with people to help them complete the questionnaires. However, no action plan or analysis had been produced following this, so it was not clear how the provider used the information gathered to improve the service. The service manager told us where negative responses had been received; these had investigated and action taken to address people's concerns. Relatives told us they had also completed questionnaires and that they had the opportunity to attend annual meetings where they were given information about what was happening within the provider organisation.

The service manager and senior staff completed regular checks of the service to assure themselves that the service was of good quality. However, these had not always identified some of the issues we found. The service manager showed us an action plan they were working on to improve the service. However, the plan was not sufficiently detailed to demonstrate progress, as it did not indicate who was responsible for each action, what steps were needed to complete the action, and which of those steps had been completed and when.

Provider visits were also undertaken, and records showed these were mapped against the key areas of quality used by the Care Quality Commission when we inspect services. However, where issues had been identified, it was not always clear what action had been taken as a result. For example, one audit record stated no team meetings had been booked for a service. We could not find any evidence of how and when this had been actioned, or by whom.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.