Rotherham Doncaster and South Humber NHS Foundation Trust

Domiciliary Care Service

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

The Domiciliary Care Service provides care and support to people living with learning disabilities in three 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was providing support packages to 30 people, who lived in one of three supported living settings. Some people lived in shared houses and some people lived in their own flats.

At the last inspection, the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Domiciliary Care Service' on our website at www.cqc.org.uk

This inspection took place on 23 and 25 January 2018 and was announced. We gave the service seven days notice of the inspection site visits because it was possible that some of the people using the service might not have been able to consent to a home visit from an inspector, which meant that we had to provide time for any 'best interests' decisions to be made about this.

At this inspection we found the service Requires improvement. There was further work to do to make sure people were better supported to follow their interests and take part in activities that they liked, that were socially and culturally relevant and appropriate to them. This included having more access to the wider community.

In addition to the record of formal complaints, there was work to do to ensure that the more informal concerns people's relatives raised and the action taken to address them were recorded, and managers made aware. Engagement with and listening to people's relatives was an area for improvement. The absence of visible managers on a day to day basis in one supported living setting had led to a period when there was a lack of cohesion and there was work for the registered manager to do to address the issues arising as a result of this.

There was a registered manager in post. 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. The registered manager had recently returned to work after a six month absence and it was evident that her presence had been missed.

People who used the service were positive in their feedback and most of the relatives we spoke with said that on the whole their loved one's day to day care needs were met. However, some relatives told us the service was going through a retendering process, which meant that a new provider was soon likely to be taking over the running of the service. There were enough staff available to ensure people were safe, although several staff had left and this had necessitated the use of bank and agency workers, who had taken time to get to know people.

We found that care and support was planned and delivered in a way that made sure people were safe. Systems were in place to safeguard people from abuse and the staff we spoke with knew how to recognise and report abuse. Risks associated with people's needs and lifestyles were identified and plans were in place to minimise the risks. Medicines were managed safely and administered as prescribed.

We found that overall; staff were trained and had the skills they required to carry out their role. People received a healthy diet which they had been involved in choosing. People were supported to live healthy lifestyles and had access to relevant healthcare professionals as required. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with kindness and compassion. When we visited people in the supported living settings we saw staff interacting with them in a caring and positive way and it was clear that the people who used the service had developed good relationships with the staff. We saw that staff respected people and ensured their dignity was maintained.

Some people's relatives expressed concern about whether the number of support hours people received were enough to ensure people's needs were met and their interests were maintained. They said their family members did not have the opportunities they should for engaging in meaningful activities and most people had not had a holiday for a long time. We saw that staff were creative in making sure that people had at least some access to the community and were able to be involved in activities of their choice. There were differing opinions about the personal care provided to people, with some relatives expressing concern, while other relatives spoke of people being very well supported in this area.

The service had a complaints procedure and this was available in an easy to read format. The Trust had put a great deal of time and effort into involving people who used the service and engaging them in creating easy read guides for people about what they should expect from the service and many other aspects of their lives.

There were also differing opinions about the management of the service. Some relatives felt the Trust did not listen to them. Other relatives felt the staff and managers were doing their best in a difficult situation. Audits took place to ensure the registered provider's policies and procedures were being adhered to. People who used the service were given opportunities to voice their opinions and views and be involved in how the service was run.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Domiciliary Care Service

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 registered 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 scheduled inspection was announced. We gave the service 7 days notice of the inspection site visits because it was possible that some of the people using the service might not have been able to consent to a home visit from an inspector, which meant that we had to provide time for any 'best interests' decisions to be made about this.

The inspection site visit started on 23 January and ended on 25 January. It included visits to two of the supported living settings, accompanied by the registered manager. We visited the office location on 25 January to see the registered manager and to review care records and policies and procedures.

The inspection team included one adult social care inspector 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. Both experts by experience had expertise in the area of learning disabilities.

Before our inspection, we reviewed all the information we held about the service. We used information the registered provider sent us in the Provider Information Return (PIR). This is information we require registered 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 reviewed notifications that the registered provider had submitted to us, as required by law, to tell us about certain incidents within the service. We also obtained feedback from the local authority which commission the service.

We visited and met seven people who used the service who were living in three of the shared houses and six people who lived in their own flats. We observed staff supporting people around their homes. We spoke in some depth with five people who used the service and observed care and support provided to eight people

who did not communicate verbally. We also spoke with nine people's relatives on the telephone to gain their views of the service.

We spoke with nine members of support teams, including two senior staff and the registered manager. We reviewed documentation relating to people who used the service, the staff and the management of the service both at their homes and at the registered provider's office. This included three people's care and support records, including their daily records, and their assessments and support plans. We saw the systems used to manage and administer people's medication. We looked at the personnel records for three staff members, which included recruitment, training and support records. We saw records of complaints and safeguarding concerns and of meetings with people who used the service and their relatives, as well as staff meeting minutes. We also looked at the registered provider's quality assurance systems to check if they were effective and identified areas for improvement.

Good

Is the service safe?

Our findings

The people we spoke with who used the service told us they were happy and felt safe. For instance, one person said, "I feel very safe and the staff are brilliant." Most relatives we spoke with said they felt people were safe. For instance, one person's relative told us, "Oh, [my family member is safe. I have no complaints. I'm delighted with the care [my family member] gets. They [staff] go over and above for her."

Overall, we found there were enough staff to keep people safe. However, there were three relatives who expressed concern about the numbers of staff leaving since it had become known that the service was being retendered. They also told us several staff had been on sick leave. Around half of people's relatives were satisfied with the safety of the staffing levels and one person's relative said, "There are generally enough staff. They used to have a lot of agency staff, but not so many now."

Two relatives told us of an incident in December 2017 when, due to low staffing levels staff moved people from their house, to the other houses at the supported living setting, in order to maintain their safe supervision. We discussed this with the registered manager who explained that this was due to unplanned staff absence and that it had been the only incident of its kind. They told us the decision for people to be taken to the other houses had been made in order to keep people safe and that it had been effective. During the inspection it was evident that lessons were learned and improvements made when things went wrong. For instance, the registered manager had since reviewed rota planning in the service and introduced routine staff rota checks one week in advance, to ensure that the planned staffing numbers made provision for such circumstances.

One relative commented, "They [people who use the service] are being left with staff that are inexperienced and know very little about them." Another relative felt that their relative should receive care from staff of the same gender, but this was not always the case. We discussed this with the registered manager who told us there were always female members of staff rota'd on duty in this service, and if they needed to go out during the shift, there would always be other female members of staff available on the site, who could be called upon to provide support.

On the day we visited there were staff in sufficient numbers to ensure people were safe and to accompany people out into the community, while enough staff remained in each area to meet people's needs. Feedback from some staff was that this was not always the case. They said periodically, if staff were off work at short notice, for reasons such as illness, they had sometimes struggled to meet everyone's individual needs, in terms of getting out and about, but that people had always remained safe.

We discussed the concerns raised by people's relatives regarding staffing with the registered manager. They confirmed that there had been high numbers of staff vacancies, as around 14 staff had left the service in the preceding 16 months, most of whom wished to remain employed by the Trust, instead of a different contracted provider. There had been a need to use several bank staff and agency workers. The registered manager provided us with evidence that, wherever possible bank and agency staff worked as a regular part of the staff rota, had become familiar with the service and all had a good induction to the area.

The registered manager explained that this was to enable the bank and agency workers to get to know people's needs and preferences and to provide as much consistency as possible. We saw evidence that the competence of agency workers and their compatibility with the staff teams they were working in were taken into consideration when allocating work. It was evident that, despite real challenges in the context of the proposed retendering; the registered provider was doing all that was reasonably possible to maintain safe staffing of the service and some consistency of staff.

Staff were recruited safely. To help people who used the service safe, pre-employment checks were obtained prior to staff commencing employment in the service. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people by disclosing information about any previous convictions an applicant may have. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked records for four staff and found the recruitment process had been followed effectively.

There were policies and procedures for safeguarding people. Staff we spoke with told us they had received training in safeguarding people from abuse and the staff records we reviewed confirmed this. Staff had a good knowledge of their responsibilities in relation to protecting people from abuse and acting on suspected abuse. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Risks to people were assessed and their safety monitored and managed, so they are supported to stay safe and their freedom respected. For instance, Staff told us that after training and support to walk to a local social club; one person now went independently, in the evening, twice a week. We also saw a good use of assistive technology, working to keep person safe, while supporting their independence. All the flats we visited had a call buzzer, which people could use to alert staff that they needed help and support. Depending on the risks relevant to people's individual needs and lifestyles, seat pads, bed alarms, and door alarms were also used to alert staff if people needed support, while allowing them independence in their flats. Where needed, water alerters were also used, on sinks and toilets, which went off if a certain amount of water was spilled, to prevent accidental floods.

The service supported a number of people whose behaviour could be challenging to other people and staff. Where this was the case, care and support plans included guidelines for support workers on how they could support the person to manage this. There was information included in the person's care plan to help support workers understand what a person might be trying to say if they behaved in a certain way. This meant staff could prevent and reduce incidents where people might become frustrated, anxious or challenging.

People were offered appropriate support to ensure their medicines were administered as prescribed. One person said, "They [staff] give me my medicines on time." We saw that medicines were stored securely and accurate records kept of medicines administered. People had individual medication profiles, which were kept with the medication administration records (MARs). These included a photograph of the person and information about how they preferred to take their medicines. For example, one person liked to take their medicines in liquid form. Some people had been prescribed medicines to take on an 'as required' basis (PRN). People had care plans, which included information about how they might express pain and discomfort, to ensure staff would know if people who did not communicate verbally needed pain relief. However, we discussed adding a brief summary of information to each person's medication profile, to help make sure all staff kept this in mind when administering people's medicines.

Good

Is the service effective?

Our findings

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. People told us they chose what they wanted to eat. People were involved in menu planning and the service encouraged people to prepare their own meals with any support that they required. One person told us, "The staff help me do my cooking and shopping."

Those people with more complex needs had their meals cooked by the support staff, who involved people in the preparation. People's plans reflected they received personalised support around shopping for food, cooking and eating and drinking, depending on their specific needs and preferences. Some people required support from other professionals in relation to their dietary needs and we found that appropriate referrals had been made. People also told us staff supported and encouraged them to eat a healthy diet and to lead healthy lifestyles.

People's relatives were generally positive about the quality of the food provided in the service. For instance, One relative said, "[People who use the service] seem to eat well and the food is fairly healthy. They do get treats like takeout night every couple of weeks, and they do go to the pub for food now and again." Another relative told us, "They [staff] have managed to get some weight off [my family member]. They [people who use the service] don't do without. [Staff] offer low-calorie alternatives, so [my family member] still gets things like crisps, but a low-calorie option."

We observed the menus on the wall in the houses and they were varied and healthy. They were winter type food appropriate for this time of year. Staff told us the menus were changed in summer time. They explained that some people needed their food to be chopped up or pureed and they prepared the food to meet each person's individual needs. However, one relative we spoke with said their family member had a pureed diet and told us, "The food is not served in ramekins as we have requested and is in [my family member's] support plan." The person's relative said this meant the food looked less appetising. We discussed the use of ramekins and food shaped molds with the registered manager, who told us that staff took great pride in how they prepared blended food, blending each food item separately. They told us they had addressed the issue of the use of ramekins with the unit manager.

We saw some people having lunch, which smelt very nice. When one person indicated they wanted another portion, this was provided. Staff told us variation was made in the menu to suit different people's tastes. For example, one person liked very spicy food and this was reflected in their menu. Staff said they also encouraged people to try new foods. We observed that people's dignity was respected during lunch. People wore appropriate clothing protection and staff engaged people in conversation. We also observed that staff supported one person to change their top in a timely way, as it had become damp when they had a cup of tea.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People's support records showed that their day to day health needs were being met and people had access to their own GP. Records identified that people had access to other professionals as

necessary. Staff members also confirmed that people had good access to health care services and that staff supported people to make and attend medical appointments when needed. One person told us that "Staff look after me and if I am unwell they call the doctor."
One person's relative said, "[My family member] has had a lot of medical issues over the last 12 months. We couldn't have done half as much as staff have for [my family member]. They have contacted professionals and made sure [my family member's] health has been looked at. I'm not sure [my family member] would be here now, if it hadn't of been for them [staff] recognising that there were issues and getting people to investigate. We couldn't have done it without them. They were so good, things got done straightaway. They were just amazing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. The registered manager told us they notified the local authority in circumstances where people they supported may be deprived of their liberty, for them to consider if an application was required.

We checked whether the service was working within the principles of the MCA and found staff had a clear understanding of the principles of this legislation. Staff told us they obtained people's consent about their care, wherever possible. Staff were able to describe the best way each person could be supported to retain and understand the information they needed when making a decision. One support worker described how people had been supported to make decisions on the décor and furnishing of their homes. Where people had been assessed as not able to make a specific decision records showed that relevant people from a person's circle of support (which include people's family and other involved professionals) were involved in making decisions in the person's best interests.

Staff received good quality training, and support, which helped them to carry out their role effectively and to make sure they had the skills and competence to meet the needs of people who used the service. People we spoke with who used the service told us they thought the staff were well trained. One person's relative commented, "The original staff are absolutely brilliant and top-notch with [my family member] both with medical support and personal care. I could not have asked for any better staff than I have had in support. I'm not happy about the agency cover that is currently happening, but I am hopeful that this will change."
Another relative said, "I think the staff have always been well-trained at this setting and we've always been delighted with the quality of staff."

A small number of relatives were not sure about the quality of training the newer staff and agency staff had undertaken. The registered manager told us that the bank staff were employees of the Trust and undertook the Trust's induction and training. They also said that the Trust had an arrangement with the agency that provided the agency workers so that they were also provided with specific training, which was compatible with the requirements of the Trust and the needs of the people using the service. Some staff said they had training scheduled for that afternoon. One staff member said, "We are always doing training." They added that they really enjoyed this aspect of their work.

Good

Is the service caring?

Our findings

Everybody that we spoke with was positive about the way in which staff provided support, the way that staff spoke with them and the impact the service had on their life. For instance, one person told us, "Staff look after me." While another person said, "The staff are lovely." We asked people who used the service if they felt staff were respectful and listen to them. People confirmed that they did. People's relatives were very positive about the caring nature of the staff. For instance, their comments included, "The original staff that have been there a long time are amazing. They know [people who use the service] so well. They are caring and really love the job."

We had the opportunity to observe staff providing support during the inspection. We saw that staff demonstrated care, kindness and warmth in their interactions with people. It was clear from their conversations and manner that the staff knew each person well and valued them as individuals. When we spoke with staff they described each person and their needs in detailed, positive terms. We saw that staff were respectful of people and provided care and support in a flexible way. We asked people who used the service if staff asked them how they would like their personal care. People told us that they were very happy with the staff and the support they provided. For instance, one person said, "They [staff] ask what I want." Another person told us "The staff are lovely. There are certain people I like. I don't usually trust men, but I like [name of male staff member]. He brings me pie and peas, and I like [name of second staff member].

Several staff told us that they loved their jobs and enjoyed providing support to the people who used the service. They explained how they involved people in making decisions about their day-to-day care and support. Where people didn't use speech, staff used alternative methods of communication to ensure that their needs were being met and to ensure people felt valued and involved in the development and delivery of support.

The records we saw demonstrated that staff and the registered provider paid a lot attention to detail in the production and distribution of information. For example, the guide to services was produced in different formats to meet the needs of a wide range of people. Information was shared at tenant's meetings, through newsletters and on the registered provider's website. There was an easy read sheet explaining how the staff would support people's needs related to their gender and spiritual and cultural needs. One person who used the service was Jewish. The staff told us the person's spiritual and cultural needs were known and their preferences followed. They told us that they sought guidance from the person's family if they were ever unsure of any aspect of the person's needs.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. It was also evident that people's relatives were very involved and most people's care plans were written in conjunction with the person and their close relatives. The care plans were written in an easy read format and the Trust had guidelines, which were also easy read, for people who used the service, explaining what the care plan should contain. A relatives' guide was also available in easy read format.

Each person had a named nurse and a special interest worker. The named nurse was an active point of contact between the person and their family and helped them to have contact via telephone, letters, and to organise visits when the person wanted to. People's relatives told us they were made welcome when they visited their relatives. For instance, one relative said, "I think the staff are really nice. They speak to you when you go in. They are always friendly when I pop in to see [my family member.]

Staff were clear about their roles in relation to privacy and dignity. Staff working in the shared houses were also clear about the practicalities of privacy. When we were invited to look around people's homes, staff took time to ask people if they were happy for us to be there and knocked on doors and waited for an answer before entering. Staff were clear that they were working in somebody else's home and were able to explain why professional boundaries were important in helping people to maintain their privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

People who used the service, or those with authority to act on their behalf, contributed to planning their care and support, and people's strengths, levels of independence and quality of life were taken into account. People's care plans fully reflected their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act. The Equality Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

The care plans we saw were relevant to people's individual and changing needs. They included people's personal histories, individual preferences and interests. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people in line with their care plans.

There was emphasis placed on the importance of meeting people's communication needs and the service made information accessible in different ways. People's person centred plans were in large print, in plain English and supported by pictures and photographs. We observed the relationship between some people and the staff member supporting them, while we chatted with them. The staff member threaded beads with one person, got a tablet computer out for another, provided building bricks for a third person, was attentive to another's hands and talked to each person. They never forgot to include people in the conversation.

Some people who used the service were part of a service user forum, which was very active and covered a wide range a topics. They were involved in developing and producing easy read information for people who used the service. This included easy read quality surveys, 'How to make a complaint', 'Rules of your house', 'Never forget my privacy, dignity and respect', for which they had designed a poster that we saw displayed in people's houses. Other easy read documents they had developed covered how health and care services should deal with behaviour which is difficult, dementia awareness, and information about what happens 'if you are arrested.'

We found that overall, people were encouraged and supported to develop and maintain relationships with people that mattered to them, both within the service and the wider community. However, one person's relative told us that staff had taken their family member to visit them in their family home, but this had not continued. They said there had not been enough staff on shift for this to happen again, which was very disappointing for them. Some people's relatives also said that their family members had not had a holiday for a long time. For instance, one person's relative said, "Although they [managers and staff] did promising [my family member] a holiday in Blackpool, that hasn't happened yet." They said this was related to a lack of resources.

Overall, we found that there was further work to do to make sure people were better supported to follow their interests and take part in activities that they liked, that were socially and culturally relevant and appropriate to them. This included having more access to the wider community, and where appropriate, to

have access to education and work opportunities. Although, it is difficult to say if this was as a result of under resourcing by the commissioning body, or a matter of the service needing to develop further.

Half of the relatives we spoke with were happy with the activities their family members engaged in. For instance, one person's relative said, "Yes, [my family member] goes out to the cinema, to Meadow Hall, they go out to the pub for lunch. [My family member] goes to day services. Overall, I'm pleased with support [my family member] gets to go out."

However, some people's relatives were concerned about the number of care hours allocated to their family members, as they felt people did not get out and about enough. For instance, one person's relative said their family member was left alone in their room for long periods. Another relative told us they thought the outings their family member had were usually limited to visiting local supermarkets and shopping centres.

We discussed this with the registered manager, who knew people well and was aware of their needs and preferences. They acknowledged that it was not always easy with existing resources, to ensure people got out and about and had varied opportunities to develop their interests, or find employment. The registered manager added, staff were creative in the way they supported people, so they could do more of the things they enjoyed. This was confirmed by the staff who told us that where people's funded hours of care might traditionally have been used for support for shopping and cooking meals, they were now encouraging people to use online shopping and different ways of preparing meals. This freed up time for other activities, such as trips out, to maximise the benefit of the one to one support hours.

The registered manager told us that they were aware that some relatives would prefer their family members to have a staff with them at all times, as that was how the service was traditionally provided before people moved into their own flats. However, it had become apparent that the majority of people did not need constant supervision. The registered manager told us that several people liked and appreciated the time on their own, which came with living in their own flats. They also explained that there was good use of technology to support people to receive timely care and support. This included including telephone systems, call systems.

One person we met had been out for a pub lunch. Another person who used the service came over to their flat to visit in the afternoon. A member of staff made tea for them both and told us they enjoyed each other's company. The staff told us that some people who lived in the flats had developed a routine of having regular lunch dates with their particular friends, who also used the service. This served to help them maintain relationships and to avoid social isolation. In some cases this also freed up one to one staff support hours for them to be utilised for people to engage in other activities.

Most relatives' comments about the personal care provided to their family members were positive. This included, "I pop in at different times due to my work commitment, and [my family member] is always lovely and clean." and "Always turned out like a new pin, [my family member's] always looks and smells lovely." Three relatives were unhappy about the personal care provided to their family members on some occasions. This included people sometimes looking unkempt, people's toenails needing to be cut and clothing damaged during laundering.

We discussed the shortfalls that people's relatives told us about with the registered manager who undertook to address each relative's concerns on an individual basis. No complaints had been recorded regarding these issues and if they had been raised with care staff, senior staff had not been made aware. The registered manager explained that staff tended to deal with issues as they arose, rather than viewing them as complaints. They believed this was because the relatives have known a lot of the staff a long time and feel

they can raise things informally for the staff to resolve. In addition to the record of formal complaints, the registered manager undertook to introduce a local document for staff to record issues and concerns, so the registered manager could view them when they visited each setting and ensure they were resolved. They added that they would address this at the next staff meeting and discuss it at the next relatives' meeting in February.

The records we saw showed that people's concerns and complaints were listened to, taken seriously, investigated in an open and honest way, and responded to appropriately. We asked if people knew how to make a complaint and if they felt empowered to do so, without fear of discrimination, harassment or disadvantage. Everyone we spoke with said they were encouraged to raise concerns or make complaints and were comfortable to do so. People had been given an easy read leaflet explaining how to complain. People's relatives also felt confident to complain. For instance, one person's relative said, "I raise issues as they happen. I speak to someone [staff] and they sort things out. I don't let it get to a complaint stage to manage it. To be fair if I've highlighted something that I'm not happy with, it usually gets sorted." Another relative told us, "Yes, I've raised stuff with [staff]. Just small things and I was listening to and things got picked up on and changed."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had recently returned to work after a period of absence. It was evident that there had been some lack of cohesion during the period that they had been away. However, they had returned to work at the time of our inspection and had started to address the issues that had arisen in the day to day running of the service during their absence. We found them to be proactive and responsive. A representative of the local authority told us they found the registered manager to be very engaging and that they worked hard to make sure the service was up to compliance with the local authority contract.

At one supported living setting the registered manager was supported by a unit manager, who we were told was a strong leader. Relatives' comments were positive. For instance, One person's relative commented, "[The unit manager] has been an amazing manager, I genuinely don't think we would have [family member] now if it hadn't of been for all her hard work." Another relative told us, "The unit manager] is really good. She's fabulous. Any problems you can talk to her, she's easy to understand and makes things clear. She's brilliant and does a really good job."

However, there had been changes at the other setting, at unit manager level and elements of the role had been covered by different managers within the Trust. A lack of visibility of those responsible for the day to day management at the flats had resulted in some people's relatives feeling that there was no 'go to' person if they had any issues or concerns. Feedback from people's relatives regarding this part of the service was less positive. For instance, one person's relative commented, "Having no manager for a long while has impacted on the day to day care of my family member."

The service was going through a retendering process, managed by the local authority via their commissioning team. During the inspection we received concerns from people's relatives in relation to the local authority's plans for the service to be taken over by a different provider. Relatives told us they had been disappointed that the process had gone on for a long time (around sixteen months) and that this had had a detrimental effect on the service, in that large numbers of staff had left as a result. We saw that the Trusts management team the local authority had done some work to listen to and involve people's relatives and to keep them informed of progress with the retendering process, but this had not provided regular updates to all, or allayed a lot of relatives' fears.

There were mixed views from people's relatives about the overall management of the service. For instance, some relatives felt the staff and managers were doing their best in a difficult situation. Their comments included, "I think it's OK, I'm happy with [my family member's] key worker and the manager. I feel staff are 100% approachable. I hope they keep the experienced qualified staff in place, as they are really good with my [my family member]", "Yes, I think it is well led. From what I can see, staff are thin on the ground, but

given all the issues I feel they're doing their best" and "Well, I think it's well led, I'm really happy with support I get from the home I think under the circumstances, they are doing okay."

Other relatives said they felt the Trust was, "Not listening to the voice of the parents." At the last inspection we identified engagement with some people's relatives as an area for improvement, and at this inspection we found there was still further work to do on this. Although, it is worth acknowledging that the commissioners of the service and the proposed new provider would bear the primary responsibility to keep people and their relatives and representatives involved and informed regarding the retendering process and any resulting changes.

The management team completed a range of regular quality audits. These were to make sure that good practice was being achieved in care delivery, health and safety and staff management, and to ensure policies and procedures were followed. These included areas such as care records, environment, staffing, complaints and feedback and accidents and incidents. Any issues identified were included in an action plan and addressed. The registered manager visited each supported living setting regularly to check progress with the action plans. The area manager also undertook unannounced monthly visits and also completed checks on people's satisfaction with the service, staffing levels, and progress with action plans.

We observed that the staff had supported people to keep their homes nice and had worked well, and in a very person centred way, with the landlords to ensure people's environment suited their tastes and needs. In one instance, patio doors had been fitted for one person, as they did not like to go out of the front door to their flat.

The service ensured information was accessible to people and available in easy to read formats such as The Care Act and Mental Capacity Act 2005. This showed the service was committed to providing people with all the information they needed. People were asked to give feedback about the service and were asked to fill in accessible surveys periodically, asking for their views and opinions. People's satisfaction with the service was always discussed at service user meetings. Their families and other stakeholders were also asked to fill in satisfaction surveys. We found there were clear messages from the Trust about their values and principles. These were about being reliable, caring and safe, empowering and supportive of staff, open, transparent and valued, and progressive.

A number of staff and managers' meetings took place regularly to make sure quality of the service was maintained, that communication was effective throughout the teams, and to enable the sharing of good practice and of any lessons learnt. Staff told us they were able to contribute ideas and suggestions to develop the service. The Trust also used a number of newsletter and bulletins to keep people who used the service and staff up to date. Staff also had access to information on the Trust's intranet site.