

Living Ambitions Limited

Living Ambitions Limited - Doncaster


Inspection report

Ground Floor,
Carr House
Heavens Walk
Doncaster
South Yorkshire
DN4 5HZ
Tel: 01302 325949
Website: www.careuk.com

Date of inspection visit: 19 and 20 August 2014
Date of publication: 17/12/2014

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

Care UK Learning Disabilities Services Doncaster provides support to approximately 150 older people and younger adults with a learning disability in their own homes in the Doncaster area.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

We visited the service on the 19 and 20 August 2014. The inspection was unannounced and the inspection visit was carried out over two days.

The registered manager explained that Care UK had taken over the running of the service from the previous service provider just over a year ago and staff who worked in the service had transferred to Care UK. A number of staff were not satisfied with the new arrangements regarding their pay, terms and conditions and had been taking strike action. This had affected around 12 weeks during the 12 months since Care UK had taken over.

We found that most support staff were aware of people's needs because they had access to people's care plans in their homes and because they usually worked with the same people. However, the strike action meant that people did not always receive care from workers who were familiar with their needs. Therefore, it was important that people's care plans were up to date. However, we found there were gaps in some people's care plans. This required improvement to make sure each person who used the service was protected against the risks of receiving care or treatment that is inappropriate or unsafe.

People who used the service told us they felt safe. They knew who to contact at the service if they had any concerns about their safety or wished to raise a concern. Staff had received training in safeguarding adults and the staff we spoke with knew how to recognise abuse. They also knew what action to take if they suspected a person who used the service was at risk of harm.

People were satisfied with the quality of care they received and told us the care they received met their needs. They were supported to have access to healthcare

professionals, such as GPs, dentists and chiropodists to maintain their health. People were supported to have good nutrition and told us they were supported to prepared their meals in the way they preferred.

People felt their support staff were caring. Support staff told us they were supported by the management team to care for people effectively. We saw confirmation that support staff received the training they needed, although some staffs' supervision had fallen behind, due to pressure on the managers to make sure people received the service during periods of strike action.

Support staff had been recruited using a thorough recruitment process and appropriate checks were carried out before they were allowed to work with people who used the service. This helped to minimise the risk of people being cared for by staff who were unsuitable for the role.

People were involved in their care planning. Care plans had information on how people wanted to be supported and detailed how their care should be delivered. People told us the service provided care and support that met their individual needs. People with particular health needs were cared for by staff who had received training specifically to meet their particular health needs.

People told us their support staff were caring and helped them to be as independent as they could. People were supported to express their views, which were taken into account in developing the service.

We found the service was well managed. This was also the view of support staff who told us they were supported by the management team to carry out their role effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to keep people safe and how to recognise and respond to abuse. Despite regular strike action that had been taken by some staff, managers tried hard to make sure the staff who provided cover were familiar to people, to minimise any disruption and to make sure there was consistency for people who used the service.

The care planning and risk assessment system was being changed and there was some work to do to update people's risk assessments which were kept in the office. However, staff had access to up to date information about risk in people's files at home.

The staff had received training in the principles associated with the Mental Capacity Act 2005 and the staff we spoke with understood the importance of involving people in making decisions.

Good



Is the service effective?

The service was effective. People were satisfied with the quality of care they received. People were supported to maintain a healthy diet and to have access the health care services they needed.

People were cared for by experienced support staff who had been trained in areas relevant to their work.

Good



Is the service caring?

The service was caring. A new care planning system was being introduced to make sure people were the centre of their care planning. People told us the staff were caring. Some people said staff were like family.

Good



Is the service responsive?

The service was overall, responsive to people's needs. However, care plans did not always show the most up-to-date information on people's needs and preferences for their care.

People told us they were happy with the service and the service helped them to remain independent. People knew how to make a complaint.

Requires improvement



Is the service well-led?

The service was well-led. Staff felt the service was well managed. There were systems in place to monitor the quality of care delivered and people who used the service were encouraged and supported to express their views. Where improvements were needed, these were addressed and followed up to ensure continuous improvement took place.

Good



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Detailed findings

Background to this inspection

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

The inspection team consisted of a lead inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the service's offices on 19 and 20 August 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In preparation for the inspection we reviewed the information included in the PIR along with information we held about the service. We contacted Doncaster Healthwatch and they had no concerns to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We obtained information from Doncaster Council who commission services from the provider. They told us they had visited recently and had identified some areas that needed improvement. They shared the action plan that had been put in place for the provider to improve in these areas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We last carried out an inspection in February 2014 because we received information of concern that people who used the service were at risk because there were insufficient numbers of staff working to support people. At that time we found there was enough qualified, skilled and experienced staff to meet people's needs.

During the inspection of 19 and 20 August 2014, we spoke with 19 people who used the service and four of their relatives about what it was like to receive care and support from the service. We looked at documentation relating to people who used the service, staff and the management of the service. We reviewed six people's care files and three people's day to day care records. We spoke with six support staff to find out what it was like to work for the service. We also looked at their recruitment, supervision and training records. We spoke with the registered manager, the quality assurance manager, the regional manager and three team managers.

Is the service safe?

Our findings

We received feedback from Doncaster Council, from a recent visit they had undertaken to monitor the contract they had with the provider. They told us they had found some people's risk assessments had not been updated in the last 12 months. They told us an action plan had been put in place for the provider to improve in these areas. Additionally, a week before our inspection visit a member of staff, who was providing cover, also told us some people's care plans and risk assessments were not up to date and did not effectively enable them to protect people from harm. The staff member said they had informed their manager there had been occasions when they could not find up to date information, particularly in relation to risk.

The registered manager explained a new system of person centred planning was being introduced and this included updating everyone's risk assessments in the new format. They told us they had been made aware of the staff member's concerns and action had been taken to make sure the information in people's homes was up to date and good progress had been made with updating people's plans since the Council's contract monitoring visit.

We checked six people's risk assessments from the records kept in their homes and found that areas of risk relevant to their needs and lifestyles had been updated. The staff members we spoke with at the time of our visit told us they were familiar with people's risk assessments because they had access to the updated copies in people's homes and most said they had some involvement with the updates. However, we found three people's details had not been updated in their written records that were kept in the office. This included information about some areas of risk. The registered manager and the members of the management team we spoke with said it was a priority for all records that were kept at the office to be updated to match those kept in people's homes.

All 15 people we spoke with told us they felt safe. People told us they knew who to contact at the service if they had any concerns about their safety. One person said "I am looked after. If I am frightened, I talk to staff. I don't open the door until I have opened the window and checked who is there, especially at night." Another person told us, "We have weekly discussions about keeping safe. We know not to open the door before finding out who it is and asking staff if it is okay to open the door. We have a little spy hole

we can look through to see who is outside. We must check that everything is switched off and unplugged before going to bed. Staff must knock on the door and wait for us to let them in."

One person said, "I am not bullied, I have a book about it with stories in pictures that I can look at and who I can tell if I am unhappy." Although they told us they felt safe, one person told us they felt bullied by the other people they shared their house with. They added that the staff sorted it out. We looked into this as part of the inspection. Discussion with staff and managers and the records we saw showed the support staff were aware of the person's concerns, and had responded and supported the person appropriately. Another person told us a member of staff had shouted at them when they were away on holiday. They had not told anyone about this before and we passed the allegation to the registered manager to be dealt with within the safeguarding vulnerable adults procedure.

Comments from people's relatives included, "My son is always checks things out. He is very health and safety conscious", "My sister would tell me if something happened to worry her", "He would talk or communicate to his carers if he was worried" and "I would know if (the person) wasn't happy."

When we asked people who they would talk to if they had any worries or were not treated well one person told us, "I would tell a member of staff." Another person said, "I would talk to staff on duty but not really sure who else." Another person was very clear, saying, "If staff or anyone shouted at me I would walk away and tell the next carer."

The support staff we spoke with had the knowledge to protect people who used the service from abuse. The service had safeguarding vulnerable adults and whistleblowing policies in place which were designed to make staff aware of their obligation and how to protect people who used the service from abuse. The support staff we spoke with were familiar with the content of these policies. They told us they had received training in safeguarding vulnerable adults and the records we saw confirmed this. They were able to tell us the different types or signs of abuse and the procedure they were required to follow if they had any concerns about the safety of people using the service.

The staff had received training in the principles associated with the Mental Capacity Act 2005. The records we saw of

Is the service safe?

staff training confirmed this and the staff we spoke with understood the importance of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We looked at how the service managed staffing and recruitment and found that people were cared for by staff who had been recruited using a thorough and appropriate recruitment process. Staff told us that job applicants were required to complete an application form detailing their work experience, qualifications and previous training. They were also required to attend an interview where their competency to work as a care worker was assessed. We saw confirmation of this in the six staff files we looked at.

We saw evidence that appropriate checks were carried out before support staff were allowed to work with people who used the service. This helped to minimise the risk of people being cared for by support staff who were unsuitable for the role. These checks included obtaining professional

references, proof of identity, proof of their right to work in the United Kingdom, evidence of fitness to carry out the work for which they were employed and criminal record checks.

Everyone we spoke with including managers, staff and people who used the service told us there were sufficient staff to keep people safe. However, one person's relative told us, "There are always enough staff, but they don't spend enough time to get know (the person) or the rest of the family. They all seem alright, but the lack of continuity isn't good."

We discussed this concern with members of the management staff we met. At the time of the inspection they were told staff would be taking part in industrial action, scheduled for the following week. They were making sure there was suitable staff to cover the rotas. They told us they tried hard to make sure the staff who provided cover were familiar to people, to minimise any disruption and to make sure there was consistency for people. The records we saw confirmed that manager made all efforts to make sure the same staff were used to provide cover, where ever possible and were generally successful in this. Several of the members of staff we spoke with said they provided extra cover themselves, when strike action was taken because they didn't want people's care to be disrupted.

Is the service effective?

Our findings

People were satisfied with the quality of care they received and told us the care and support they received met their needs. We asked people's relatives if they thought the service was effective. Most answered yes to this question. However, one relative said, "I feel nothing is very settled with the service since Care UK took over and the strikes are having an effect. I have sympathy for the strikers, but quite a few of the older carers that (the person) loved have left."

Most support staff told us they were aware of people's needs because they had access to care plans in people's homes and because they usually worked with the same people. This was confirmed by people who used the service who told us they had got to know their support staff and that they followed their care plan. We asked staff members if they thought the service was effective. Comments included, "Yes we have a good team here, of older staff who have been here a long time. New staff make (the person) nervous or frightened. We can't have new staff working with (the person) right away" and "Yes. I have 22 years' experience with the NHS. I know (the person) really well and have cared for them for a long time." The staff member went on to say the person needed stability and that this had proved difficult during the period of the strikes.

We saw evidence on the care files we saw that support staff worked well with other services and healthcare professionals such as specialist nurses to support people to maintain good health. We asked people about the support they got with their health. One person said, "It is discussed with us and they help me with my tablets, take me to the doctor. They make sure the doctor listens to me." Another person said, "Staff will make appointments if I am not well. I tell them if I have a pain." and "The staff read out my health plan, go through any alterations with me and read it with me so I understand and the same with my letters I get. The chiropodist comes to the house every six weeks. Staff take me to the dentist for check-ups and to the optician. Every month I have a manicure, pedicure and facial."

Other people said, "I see the doctor regularly for my B12 injections. Tomorrow, I am seeing him to discuss my medication. I have dental check-ups and the chiropodist comes every two weeks", Several people told us staff supported them to go to regular appointments." One person said, "I have annual health checks and as a diabetic,

see the doctor regularly. I also see an optician and chiropodist for those with diabetes." Another person said, "Staff look after me and take me to the doctor for check-ups as I have a blood pressure problem. I go to the 'Well Man' clinic and the dentist and chiropodists."

Staff members we spoke with were very familiar with people's health care needs and described the arrangement around people's health care. They said, "Yes (the person) does have a plan. Staff are in the process of doing new ones and have started on updating his file, which he can look at any time. We put pictures in it for him, but he likes us to read it to him as well", "(The person) is supported by staff to go to the dentist and for his annual 'Well Man' check-up. Staff encourage him to visit the doctor if he is unwell", "(the person) has an annual well man check, and he sees the dentist and optician, both of whom specialise in helping people with learning disabilities. If he needs to see any other health workers, staff would support him with these visits."

One staff member told us about person who used the service who was in their 70s. They said the person went out walking to keep fit. They regularly saw their doctor, had recently had a tooth out at the dentist and had regular checks by a dental hygienist.

One person's relative said, "My sister has a health plan, she wears a hearing aid they see to it and encourage her to use it. She goes to the Doctors regularly for her blood pressure and to the dentist." Another relative told us, "Yes (the person) does. We filled in multiple forms and discussed it with the house manager. She is registered with a GP and they are helping her to establish a relationship with the nurses in the practice. They seem to be keen to ensure residents see an optician or dentist who specializes with those with learning disabilities. "

People were supported to have good nutrition and were happy with their support with their meals. We spent time speaking with people who used the service about the choice of food and about how staff supported them during meal times. It was evident that this was arranged on an individual basis, according to people's needs and preferences and when people lived in a shared living situation they had meetings to help them plan their menu.

One person told us, "I help prep food, peel potatoes and do mash. I bake cakes three times a week." Another said, "I can do my own packed lunch and make toast. I wash the veg,

Is the service effective?

but the staff cut it up and cook our main meals.” Other comments included, “We get a choice of food we would like to eat. The staff do the cooking we aren’t allowed to. The staff are good cooks”, “I don’t cook the staff do, but I can make breakfast and drinks and choose what I want to eat”, “Staff support me to make my own sandwiches and drinks and I help to prep food, but they do the cooking.” and “I don’t do the cooking. On Sundays they do a menu, but I am sick of eating pizza, have asked not to have burgers. My favourite meal is egg and chips, cottage pie and rabbit food. I like liver and onions, but the others don’t. I have had liver and onions today.”

When we asked about the quality of the food, one person said, “Yes we have good quality food. We do a weekly menu and I do the shopping list and one of the staff gets it for us.”

A member of staff told us the arrangements for another person who used the service, “(The person) can choose what she wants for her lunch and dinner. They do have a meeting every Sunday to sort out the menu for the week. She helps herself to biscuits but if she wants something different from what is on the menu at night she can have something different. Last night for example we went to the fracture clinic and it was very late when we finished there, so we had fish and chips on the way home.” Another staff member said, “We do a weekly menu with two choices per resident and a reserve. Every other week we go out for Sunday lunch with the three residents. We don’t buy ready meals we make all our own e.g. Bolognese.”

Another staff member told us they supported two people who lived in the same house. They had support to cook meals, although they could make their own sandwiches. The staff member said, “When cooking, staff ensure they don’t burn themselves and that food is cooked properly.” One person’s relative said. “(The person) can help peel veg and make cups of tea. She makes her own sandwiches. They do a weekly menu and she goes shopping for the food. They tried doing it on line, but have stopped as she likes to go shopping. Although she can’t read she has learnt to identify brands of food and loves shopping.”

People who used the service told us about the support they received. One person said, “I need my food cut up for me as I am blind, but I can manage to feed myself.” Another person told us, “Staff try to get me to eat healthily.”

Staff were very aware of people’s individual dietary needs. One staff member explained that a person they supported was diabetic. They said their doctor had been involved and their menu reflected healthy options. They told us the person helped with the shopping and had learned how to look for healthy options.” Another staff member said, one person had high cholesterol and needed encouragement to eat healthily and have a cholesterol lowering drink each day. We were also told about another person’s needs, the staff member said, “(The person) has a plan and we encourage her and monitor her diet as within her health plan it states she needs help to maintain a healthy weight. We help her to choose healthy foods and she has lost one stone in weight, so is doing very well.”

When discussing special dietary requirements one relative told us that when their sister started using the service she was very over weight and the staff had helped her to slim. They said, “They do watch her weight, which is so reassuring.”

We looked at the training provided to staff which confirmed staff had attended appropriate training to make sure they had the skills and competencies to meet the needs of people who used the service. All new staff completed the provider’s induction training. The registered manager told us that staff would shadow experienced staff until they were competent to work unsupervised with people who used the service. Staff had received training in the core subjects needed to provide care to people. They also had training to help them meet the specific needs of the people who used the service. Most care staff had completed a nationally recognised qualification in care to levels two, and three and most senior staff were qualified nurses. Although we did find that some staffs’ one to one, supervision meetings with their line manager had fallen behind, due to pressure on the managers to make sure people received an acceptable service during the periods of strike action.

Is the service caring?

Our findings

The majority of the 15 people we spoke with said the service was caring. People told us they were happy with their care and support and made decisions about how they were looked after. Comments included, “They help me and write things for me. They are nice to me, especially when I am upset,” “Staff always make me happy and they are nice to know. There are lots of hugs and cuddles all around. I like it.” and “They look after us and take us out to the pictures and shopping, last week on holiday. Staff cuddle me and I cuddle them. Very happy” and “I tell staff I like them and if I have missed them and they tell me. They might put an arm around me.” One person told us the staff were like their family. They added, “I miss them when they are away and they miss me when I am away.”

One person said the staff pushed them away when they tried to have a cuddle. However, discussion with staff and managers and the records we saw showed the person had been supported appropriately, in line with their assessed risks and care plan.

A relative told us, “(The person) is treated like family and treats the carers like family. My sister is very happy and hugs them, especially the long term carers they take notice of her needs. She comes to my house fortnightly and if she wasn’t happy she wouldn’t let her me take her back.”

We met some people who came to the office for meetings. The staff who were supporting them were respectful and friendly and offered people choices about how they wanted to spend their time. People told us they made lots of choices every day.

The registered manager and staff we spoke with showed concern for people’s wellbeing. The support staff we spoke with gave us examples of how they maintained people’s dignity, privacy and independence. We spoke with people about their spiritual needs and it was evident that people were encouraged to make personal choices. For example, One person said, “I used to go to church, but not anymore. I decided I didn’t want to go anymore.” While another person said, “I can go to the church at the top of my street. They have a café there and you can go and talk to them if there is a problem or I am bothered about something.”

It was clear that staff listened to and acted on people’s views and decisions. We asked if people had access to an advocate. An advocate is someone who speaks up on people’s behalf. Most people we spoke with said they had someone who could speak up for them, an independent advocate or access to an advocacy service, should they need it. For instance, One person said, “I go to Doncaster college and my tutor can help me if I need support.”

One person told us they had been to meetings with People First. People First are an independent advocacy group. They said, “I use to go to advocacy meetings and can still go if I want. I also go to monthly ‘Listen to me’ meetings down at the office.” The registered manager explained that ‘Listen to me’ meetings were facilitated by the service and supported people who used the service to meet and learn about self-advocacy. They took place monthly, at the office. We met some people who were attending a ‘Listen to me’ meeting at the time of our visit.

One staff member told us, “(The person) has been on a course about advocacy and he knows he can get help from People First if he wants it.”

Is the service responsive?

Our findings

The registered manager explained a new system of person centred planning was being introduced. They told us Care UK's person centred planning was a way of supporting people to plan their lives, work towards their goals and get the right support. The format was designed to make sure each person's plan was based on what was important to that person, it required time for staff to listen to the person and was a continual process.

We looked at three people's files that were kept in the office and included their care plans. We found that people's details had not been updated from the previous format. However, we also saw six care plans which were kept in people's homes and found that some work had been done to update these to the new format. However, it was clear that not everyone had an up to date plan and that the plans some people had in place were produced when their service was managed by the previous provider. Additionally, people's records included a one page profiles. These set out the most important aspects of their care and support. They were particularly relevant where people's care plans were not completed in the new format, as staff who were not as familiar with people's needs and preferences had been brought in to provide cover, during periods when permanent staff had been taking strike action. Two of the six one page profiles we saw were not up to date. This meant there was a risk of people not receiving the care and support that was appropriate to their needs and preferences. This required improvement to make sure person was protected against the risks of receiving care or treatment that is inappropriate or unsafe.

Members of the management team explained that the series of strikes some staff had been involved in, since Care UK had taken over the running of the service about a year ago, had a real impact on the introduction of the new planning system. Progress had been slower than expected. This was, in part due to the time it had taken to make sure the service ran safely during the periods of industrial action. However, senior staff were working really hard to make sure there was progress, particularly with recording the most important aspects of people's care and support around their needs and choices.

The people whose plans we saw in the new person centred planning format were of a very high standard. They were appropriate for people's communication needs and

showed good evidence of how people had been involved and how the people who were important in their lives were involved. People's family members and friends had made contributions and the plans, which reflected what was important to them and the support they required.

One person who used the service wrote a report for us about what they thought about the service. The report was read to us over the phone: "The positives about Care UK. Excellent support. They listen to my wishes and concerns. I have achieved a lot of certificates and Qualifications in Animal Welfare. I have just had my first holiday and this was enabled by my carers and the support of Care UK. I don't like the fact that my regular carers have been moved to covered for those on strike. I haven't had the stability I need as someone with Asperger's. Luckily (staff member) covered all the shifts, for some continuity."

Some of the care plans we looked at stated how support should be delivered to maximise the independence of the person. We saw statements in people's care plans to say that it was important that (the person) was assisted to be as independent as possible. Followed by instructions on the action support staff needed to take to enable the person to be independent. Staff members told us they encouraged people to be as independent as they could. One staff member told us a person they supported was, "Extremely independent, attended a college course, and did their own washing and ironing." And another said, "(The person) will go to the local shop to get milk, or into town to get his money and lottery ticket. Mostly on his own."

People also told us they were encouraged to be independent, to make choices and were involved in day to day living skills. They had different preferences. For instance, one person said, "I don't like football but I do like shopping." Another person told us, "We do get choices." They went on to say, "I can do the washing, tumble drying and loading and emptying the dish washer on my own, as well as my personal care." Other comments included, "I do some house work and cleaning up", "I make drinks and go to the shops and post box. I can make a sandwich." "I can wash, shower and shave, but my carer comes to the shops or into town with me," "I don't do too much in the house. If I want to go out I will tell the staff and if they have time they will take me. I am not able to go shopping on my own, unless a member of staff comes with me. I don't go out much, but that is my choice." Other people told us about opportunities they had to engage in activities they enjoyed.

Is the service responsive?

One person said, “We go walking in the woods on Thursdays.” Another person said they went on holiday. They added, “and on painting weekends and anything else I want to do.”

One person’s relative said, “My initial reaction is that Care UK has exceeded our expectations in just one week.” They added, We talk to staff regularly and things we think (the person) can do, we tell them and staff then facilitate this and appear keen to do this.” Another relative told us, “My sister does quite a few things and little jobs, although she needs prompting at times. She does make choices and goes to a day centre, where she has a boyfriend.” One relative said their loved one, “Has lovely clothes, handbags, shoes and jewellery. She goes to the hairdressers regularly and always looks extremely smart. “Two people’s relatives said they had concerns about the effect of the strikes. However, they confirmed their loved one’s care had been maintained.

People were supported by the service to express their views. We saw that people who used the service had been asked for their feedback on whether they were happy with the service or had any concerns. There was also a system of spot checks in place which involved members of the management team attending people’s homes to observe

support staff delivering care. We saw evidence that management used the feedback as a basis to develop good practice and new systems to improve the service. This helped to make sure that people’s views were taken in to account in developing the service.

The service had a policy and procedure for dealing with complaints. When people began to use the service they were given information on how to make a complaint. People told us they knew how to make a complaint. People who had raised issues of concern with the manager told us their concerns were dealt with appropriately and in a timely manner. However, one relative told us they had raised a concern about their sister having a holiday. They said this happened more often before Care UK took over running the service. They were not wholly satisfied with the response they had received and said, “I am going to check this out further.”

Support staff were made aware of the policy and procedure for dealing with complaints as part of their induction. The support staff we spoke with knew how to respond to complaints and understood the complaints procedure. We saw that management reviewed people’s complaints and had drawn up action plans based on their complaints.

Is the service well-led?

Our findings

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 and has the legal responsibility for meeting the requirements of the law; as does the provider. People who used the service and staff we spoke with spoke positively about the leadership of the registered manager. One staff member said, “The manager works so hard to make sure people get a good service and is always available to offer support to us, especially during the strikes.”

Staff we spoke with felt the service was well managed, despite the effect of the industrial action. They told us they were supported by the registered manager, other members of the management team and the office staff to carry out their role effectively. The registered manager told us there was an ‘open door’ policy and the staff we spoke with confirmed this. For instance, one care worker commented, “I just come to the office if anything needs sorting out.”

Care UK had a clear set of principles and ethics. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff. They said the values of the service were clear and they demonstrated a good understanding of these values.

Most people had met the registered manager, some when she had visited them at home and some when they went into the office. Relatives told us they had her telephone number, in case they wished to contact her. One staff member told us a person who used the service had baked cakes and arranged a coffee and cakes day for a cancer research charity and the registered manager had attended. They said the registered manager arranged for Care UK to match the amount the person raised, so the person was able to give the charity £224.

We looked at a number of records, which demonstrated the management team monitored the quality of service provided to people. Audits were carried out by members of the management team and by members of Care UK’s Internal Quality Team who worked autonomously from the branch. We saw there was a system in place to monitor and

investigate accidents, incidents and safeguarding concerns to help prevent similar occurrences in the future and that any learning was shared with the team. We saw there was a system in place to make sure any incidents and safeguarding allegations that needed to be reported by the provider were notified to CQC.

Although only a small number of people we spoke with said they had received a questionnaire, we found there were good systems in place to seek the views of people who used the service and people told us staff listened to them. For instance one person said, “We have meetings and I can tell them what I want. They listen to me.” They added, “We have to share, as there are three of us living here” One person told us, “We have a house meeting once a month and take it in turns to speak.” And another said, “It is alright to say things.”

A staff member explained people could attend ‘Listen to me’ meetings and were supported to say what they thought of the service. Additionally, when people lived in a shared, supported living situations, they had monthly ‘Living together’ meetings. One person who lived in a shared house said, “We have monthly meetings, but in between we can have a discussion meeting if needed. We have a communication book and our diaries which we write daily to flag things up. At the meeting there is an agenda and everyone has a chance to speak. We are buying a new car, so we met to talk about the model and colour.” Another said, “We have monthly meetings, any letters, memos are read out and we are shown pictures. We discuss appointments, for instance, when hairdresser is coming. Staff always ask if there is anything we want to do, like days out or going on holiday. We have two cars that belong to this house and that means if we want to do something on our own we can. Staff ask if we have any problems.”

We were told that the registered manager sometimes attended the meetings. Staff confirmed action was taken to improve the service based on people’s feedback. For instance, one staff member told us, “Changes do happen. We are going to change the mini bus for two cars, so that we can take people out individually, on a one to one basis to see their friends, if that is what they want.”