Guinness Care and Support Limited

Exeter Home Care Guinness Care and Support

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 24, 29 and 30 December 2014. We contacted them the day before our first visit to advise them of the inspection. This was because we needed to make sure the manager would be available. We also wanted them to ask people who used the service if they would be willing to meet with us.

We previously inspected the service on 22 and 24 July and 13 August 2014 when we found breaches of regulation 9 – Care and welfare of people who use services; regulation 10 – Assessing and monitoring the quality of service provision; regulation 11 – Safeguarding people who use services from abuse; regulation 13 – Management of medicines; regulation 22 – Staffing; and regulation 23 – Supporting workers. After the last inspection we met with the provider to discuss the concerns we had found. They told us about the actions they had already taken, and those they planned to take to improve the service. During this inspection we found improvements had been made and the compliance actions had been met.

Summary of findings

Exeter Home Care Guinness Care and Support is registered to provide personal care for people who live in their own homes in the Exeter, Mid Devon and South Devon areas. At the time of this inspection there were 16 people who used the service. They lived in shared houses or bungalows in supported living settings. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and a separate agreement to receive their care and support from the domiciliary care agency. As the housing and care arrangements are entirely separate, people can choose to change their care provider without losing their home.

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.

At the last inspection staffing arrangements were insufficient to meet individual support needs. There had been a high staff turnover and some vacant shifts were covered by agency staff. During this inspection we found new staff had been recruited and inducted. Safe recruitment procedures had been followed by obtaining references and checks that showed applicants were suitable for the post. Staff had received training on health and safety related topics and also topics relevant to people's needs including total communication.

During our visit we met eight people who were unable to communicate verbally. We observed staff interacting with each person and saw how staff offered people choices and interpreted their responses. Staff spoke with people in a friendly and caring manner. We saw from their responses people understood what the staff were saying to them. People were smiling, relaxed and happy.

Staff supported people with everyday tasks such as laundry, shopping, meal planning, and preparation of drinks and meals. People were supported to open the door to visitors. Staff respected people's wishes if they did not want to do something, for example a person did not want to go to the hairdresser on the day of our visit. We also found the level of activities, outings and contact with the local community had increased.

Individual medication needs had been assessed in a document called a Medication Management Plan. Safe storage facilities had been provided for each person in their bedrooms. Medication administration records (MAR) had been completed correctly. All staff had received training on the safe administration of medicines.

Since the last inspection actions had been taken to make sure people who were unable to manage their own savings were supported to manage their savings and income were safely. People had access to cash for daily spending needs when needed and accurate records were maintained of all transactions.

There had been significant input, advice, support and monitoring by external professionals to the service to ensure each person's needs had been assessed and met effectively. Each person's capacity to make decisions for themselves had been assessed. Where people's liberty may have been restricted applications had been made to the Court of Protection. Staff understood the importance of gaining consent before providing care.

Care needs had been reviewed and care plans had been improved to ensure relevant information was presented in easy to read formats. People were in control of their own care plans and were able to choose where their care plan was stored. Risks to people's health, welfare and safety had been assessed and information had been given to staff on how to support the person to reduce the risks where possible. Health needs had been assessed. Advice and treatment from health professionals had been sought appropriately.

A new management structure had been implemented. New management staff had been recruited, inducted, and had begun to provide regular supervision, support, monitoring and mentoring for staff at all levels. A social care professional we contacted after the inspection said "On the whole I think significant progress has been made and (a supported living manager) has steadied the ship somewhat." Staff also said about improvements in the management of the service. Comments included "It's brilliant. It has definitely got better. (A new team leader) is fantastic."

Systems to monitor and improve the quality of the service had been improved. During our inspection we noted some areas where improvements could be made. However, members of the management team had already

Summary of findings

identified many of these and were in the process of taking actions to address them. Some matters, such as the use of monitoring devices for people with epilepsy, were picked up by managers during our inspection and actions taken immediately. Therefore we were assured that the increased management support and monitoring systems were effective and enabled managers to identify areas for improvement and take action promptly.

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?

Good

The service was safe. The people we met were unable to tell us they felt safe, but we saw they were relaxed and happy and responded positively to the staff who were supporting them.

There were sufficient staff employed to meet each person's individual needs safely. Safe recruitment procedures were followed to ensure applicants were suitable for the post.

People were supported to store and administer their medicines safely, with according to their individual needs. Records of medicines administered were accurately maintained. Where care plans did not give sufficient information about medicine administration the provider acted promptly to improve the care plans and ensure safe administration procedures were in place.

People were supported to manage their savings, income and cash safely. Risks to people's health and welfare were managed safely.

Is the service effective?

Good

The service was effective. Each person's capacity to make decisions for themselves had been assessed. Where people's liberty may have been restricted applications had been made to the Court of Protection.

Care plan files explained each person's communication needs and staff knew how to communicate with them. Health needs were assessed and staff consulted health professionals appropriately for advice and treatment.

People were supported to plan and prepare snacks, drinks and meals. Staff understood each person's likes and dislikes and dietary needs.

Is the service caring?

Good

The service was caring. Staff had a good understanding of each person and were concerned about their well-being. Staff treated people in a friendly and respectful manner. Some people were unable to communicate verbally but we saw from their responses they understood what the staff were saying to them. People were smiling, relaxed and happy.

Is the service responsive?

Good

The service was responsive. People were supported to do the things they enjoyed and were interested in such as theatre trips, shopping trips, holidays with families, and walks in the local area.

External professionals had been consulted and involved in identifying and planning each person's individual needs. People had been involved and consulted in drawing up their care plans according to their abilities.

Is the service well-led?

Good

The service was well led. New management staff had been recruited, inducted, and had begun to provide regular supervision, support, monitoring and mentoring for staff at all levels.

Summary of findings

People were involved and consulted on all areas of the management and daily routines. There were systems in place to monitor all areas of the service and identify where improvements were needed. Actions were taken promptly where necessary to improve the service.

Exeter Home Care Guinness Care and Support

Detailed findings

Background to this inspection

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

Before this inspection we looked at the information we had received about the service since the last inspection to help us plan our visit. This included contact with health and social care professionals and any notifications we had received.

The inspection took place on 24, 29 and 30 December 2014. We contacted the registered manager one day before the inspection. The registered manager was given 24 hours' notice because the location provides a personal care service. People who use the service are often out during the day and therefore we needed to be sure that people would be in and they were willing to let us visit them in their own homes. The inspection was carried out by one inspector.

During our inspection we visited the main office for the service where we looked at the records of care provided to five people who used the service. These included support plans, risk assessments, daily reports, medicines administration records, and records of treatment and support provided by other professionals. We also looked at recruitment files of staff who began working for the service since our last inspection. During our visits to people in their own homes we met eight people who used the service, two relatives, seven support staff, two team leaders two service managers and the registered manager. None of the people we met were able to communicate verbally and therefore we observed staff interacting with them and spoke with the staff to find out how they supported each person. We also looked at the records of cash transactions for those people who were unable to manage their own money without support from the staff.

After the inspection we contacted two managers of health and social care teams and asked them if members of their teams could give us their views on the service. We received comments from one professional.

Good

Is the service safe?

Our findings

The people we met were unable to tell us they felt safe, but we saw they were relaxed and happy and responded positively to the staff who were supporting them. This indicated that they felt safe.

Before our last inspection took place we received concerns about the service which included insufficient staff to meet individual support needs, lack of management support to staff, and medication errors. During the last inspection we also found that some people had not been supported to manage their money safely. Compliance actions were issued for regulation 9 – Care and welfare of people who use services; regulation 10 – Assessing and monitoring the quality of service provision; regulation 11 – Safeguarding people who use services from abuse; regulation 13 – Management of medicines; regulation 22 – Staffing; and regulation 23 – Supporting workers. Before and after the inspection multi-agency safeguarding meetings were held and a plan of actions was agreed.

After the last inspection we met with the provider to discuss the concerns we had found. They told us about the actions they had already taken, and those they planned to take to improve the service. They sent us a copy of their action plan which showed they expected to achieve full compliance by 19 December 2014. During this inspection we checked to make sure the actions taken by the provider had been completed successfully. We found improvements had been made and people were receiving a safe service. The compliance actions had been met.

At our previous inspection we found variations in the level of safety for people depending on where they lived and which staff team supported them. The provider said there was now increased management support, monitoring and overview to each staff team to ensure each person received a consistent service. A social care professional we contacted after our inspection said “It’s better for (one shared house) and considerably better for (another shared house).” They were working closely with the service to make sure each person’s safety needs were addressed through regular monitoring visits and giving advice to the staff team.

All staff had received training on safeguarding adults. Staff had also been given information on how to recognise signs of abuse and how to report any concerns. Staff said they were confident they could speak with their line manager if they had any concerns and these would be taken seriously and acted upon promptly. Since the last inspection the provider has submitted notifications about incidents where there was a safeguarding concern and had taken appropriate action to ensure people’s safety.

At the last inspection we found staff shortages had meant people did not always receive the support they needed. There had been a high staff turnover and some vacant shifts were covered by agency staff. During this inspection we found new staff had been recruited and inducted. Each person’s individual support needs had been reviewed. The management and staff team had identified the days and times when each person required support from a member of staff. The provider had introduced new shift planners to organise staff rotas according to each person’s individual support needs. The shift plans showed staff were flexible and adjusted their working week to suit the needs of the people they supported. Staff said “Things are much better.” They were confident there were enough staff to meet people’s needs. The use of agency staff had reduced significantly.

Risks to each person's health and welfare had been assessed and detailed information given to staff on how to support people to manage the risks. For example, a dietician had been consulted about the risks to one person who at times was at risk of malnutrition or dehydration. Food and fluid intake charts had been completed by staff and staff had been instructed on safe fluid intake levels. Staff were able to describe the safe levels, and the levels they usually achieved. Risks relating to skin care, moving and handling, falls, accidents were also assessed and regularly reviewed.

Safe recruitment procedures had been followed before new staff began working with vulnerable people. We looked at the employment files of five staff recruited since the last inspection. The files contained completed application forms, interview records, at least two satisfactory references, evidence of the applicant’s identity, and Disclosure and Barring Service (DBS) checks showing the applicant were suitable to work with vulnerable adults. The provider did not allow new staff to work with vulnerable people until they were satisfied all required checks had been completed and they had received sufficient evidence to show the applicants were suitable.

Good

Is the service safe?

At the last inspection individual medication needs had not been fully assessed and we found risks relating to safe storage of medicines. After the last inspection we received further information that suggested medicines errors had occurred and safe administration procedures had not been followed. At this inspection we found each person's individual medication needs had been assessed in a document called a Medication Management Plan. Safe storage facilities had been provided for each person in their bedrooms. Medication administration records (MAR) had been completed correctly. All staff had received training on the safe administration of medicines. Team leaders had carried out regular monitoring checks on medicines and MAR charts to identify any errors or unexplained gaps. Where errors had been noted the team leaders had taken appropriate actions to reduce the risk of recurrence. This showed that actions taken by the provider since the last inspection had been effective and the risk of medication errors had been reduced.

In one shared house there were no records to show how stocks of medicines not supplied in monthly blister packs were monitored. Stocks of liquid medicines, creams and lotions were held centrally in the house rather than in each person's own medication cabinets. One member of staff had the responsibility for checking medicines into the home and checking stock levels. A team leader said she had recently identified this as a potential problem and was in the process of bringing in new monitoring checks. They were also planning further training to make sure all staff were competent to deal with every stage of medicine administration, including ordering stocks and checking new supplies when delivered.

An agency staff member had recorded in a daily record they had crushed a person's tablets and put these in the person's breakfast cereal following advice from another member of staff. The record showed the person had eaten very little of their cereal and therefore it was likely they had not received the prescribed dose of medication. The registered manager and team leader said this was not the usual method of administering this person's medication. After our inspection the registered manager said they had taken actions to ensure the person's medicines are administered safely at all times. They had discussed the issue with the staff team and identified the person's preferred time of medicine administration. They had sought advice from the person's GP to clarify safe administration procedures. They were in the process of updating the care records to ensure staff follow safe medicine administration procedures in future.

One person had been prescribed two drugs, Paracetamol and Diazepam, to be used on an 'as required' basis. A medication assessment had been completed but there was insufficient detailed information in the care plan file to explain when these medicines should be offered. However staff were able to explain how they recognised the signs of pain or agitation and when they offered these medicines. After the inspection the registered manager said the person's medication management plan, their care, support plan and care plan summary had been updated to give clarity on the use of medicines prescribed on an 'as required' basis. Another person's file contained detailed information explaining how to recognise signs of pain. This showed they had taken prompt action to ensure each person's medication will be administered safely in future.

Where people were unable to handle their own cash or savings, there were safe systems to ensure they received appropriate support to keep their money safe. Records had been completed showing all cash transactions and receipts for purchases had been retained. Most people had appointees to help them manage their savings, income and regular bills. Applications had been made to the Court of Protection to help some people manage bank accounts. While these applications were being processed, we saw suitable arrangements had been made by the provider to ensure people had enough cash for their personal requirements.

Good

Is the service effective?

Our findings

Actions had been taken since our last inspection to improve the effectiveness of the service. The providers and staff team had worked closely with external professionals to address the concerns we had found. Each person's needs had been assessed and we found evidence to show their needs were being met effectively.

We met eight people and observed staff interacting with them. Staff offered people choices and interpreted their responses. They demonstrated a good understanding of each person and their communication methods. One person showed little or no facial expression to indicate they understood the choices offered them. However, staff explained they knew the person needed time to think about what they were saying and if they waited a little while the person usually gave an indication to show they understood. For example, during our visit the person was about to go out for the day. The staff suggested "Would you like to sit and wait for the taxi?" and the person responded by sitting down. When the taxi arrived the staff let them know the taxi was there. The person did not respond immediately, waiting for another person to be supported into their wheelchair first before getting up and going to the taxi. We saw from their response they were happy to go out and understood where they were going.

Each person's capacity to make decisions for themselves had been assessed. Where people's liberty may need to be restricted applications had been made to the Court of Protection.

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw evidence of best interest decisions made for people, for example the use of a lap belt for one person who used a wheelchair when they went out.

Care plan files explained each person's communication needs in sufficient detail to ensure staff knew how to communicate with them and interpret their responses. The Speech and Language Therapy team (SALT) had recently provided guidance and assistance to help staff improve their communication with each person. Positive behaviour support plans had been drawn up to help staff understand the reasons why people might become upset or agitated and how to reassure and support people.

Staff who had worked for the service for a while had developed a good understanding of each person and were concerned about their well-being. For example we saw a record in a person's daily notes that a member of staff had noticed a change in a person's mole. The registered manager said they had booked an appointment with the person's GP to request they check the person for the risk of skin cancer.

We saw one person's teeth were not clean and spoke with the registered manager and team leader who explained the difficulties staff faced when supporting the person with this task. They had been in contact with the local NHS dental team and they had arranged oral care training for staff.

Staff supported people to help them make drinks and prepare snacks and meals. People were supported by staff to go to local shops to purchase groceries and were involved in planning and preparing their own meals. Staff understood each person's likes and dislikes and dietary needs. Care plans contained evidence to show dietary needs had been assessed. Staff supported people to eat a varied and healthy diet, although individual likes and dislikes were were respected. One person had been identified as being at risk of weight loss. Their care plan gave staff advice on how to encourage the person to eat a healthy diet. This included staff sitting with the person at meal times. The person's weight had been monitored and showed they had maintained a stable and healthy weight.

One person's chosen diet, following a period of illness, consisted mainly of a supplementary nutritional drink. Staff said they had been experimenting with recipes using this drink to see if they could encourage the person to eat a more varied diet. Staff also said they would seek further advice from a dietician if the person continued to refuse foods other than the drink. For a short period the person had drank only small amounts of fluid each day. Fluid intake records had been completed and the total daily intake levels had been monitored. Staff had sought medical advice. The records showed the person's daily fluid intake had recently returned to their normal safe levels.

Good

Is the service effective?

There was evidence in the care plan files, and through discussions with staff that people were consulted and involved as far as possible in all aspects of their care and support. Each care plan contained a section entitled "How I make my decisions." This explained how the person make decisions about what they wanted to wear, what they wanted to eat, medication, activities and how they spent their money. These documents provided sufficient detail to explain how staff should offer choices and how to interpret people's responses.

Although there was evidence staff supported people to make choices, the registered manager and team leaders were aware they needed to make further improvements. They said planned improvements included further training on support planning, more discussion between staff teams to identify good practice, and improved care and support plans to ensure staff understood how to support people to make choices.

Staff recognised people's right to make choices. A person we met had been asked if they wanted to go to the hairdresser that day. The person had said 'No' and their wishes had been respected. The staff said the person had also been asked the previous day if they wanted to go the hairdresser and they had said 'No'. They said they would continue to offer over the coming days and they were confident the person would go to the hairdresser when they were ready.

Support systems for staff had improved. Three team leaders visited each shared house or bungalow every day to provide support to the staff team. The team leaders provided regular one-to-one supervision sessions for each staff and we saw evidence of these in staff recruitment files. Team meetings had also taken place and dates were planned for meetings for the coming year. Staff said "Supervisions are now happening." and the level of support had improved. They were confident they could approach their team leader or a senior manager at any time for advice or support. A member of staff said "It's brilliant! It has definitely got better."

New staff received classroom based induction lasting two weeks before they began working with vulnerable people. The induction covered topics relevant to the needs of the people who received the service.

Training records showed that all staff had received training and updates on essential health and safety related topics. Other training had included epilepsy and communication. Staff told us about the training they had received and said training needs had been discussed in their regular supervision sessions. The registered manager said they had arranged further total communication training in February 2015. They were also looking at other training that might improve staff communication skills, for example sign language.

Where people were at risk of choking we saw advice had been obtained from the SALT team and detailed guidance on the person's individual support needs was set out in their care plan file and records showed this had been followed. Staff said the person had been fine recently and they were confident the risk of choking had reduced significantly since they had received the guidance.

Good

Is the service caring?

Our findings

Staff demonstrated a caring, friendly and respectful manner towards the people they supported. Staff were able to describe people's needs clearly and showed a determination to make sure people received the best possible care and support. For example, staff understood the way people liked to dress, and how they liked their hair done. One person had been given new clothes for Christmas from their family and they wore these for a trip to the pantomime on the day of our visit. Their hair had been attractively styled by the staff. We observed staff taking care and pride in the person's appearance. Another person we met had a colour co-ordinated outfit and wore attractive jewellery, scarf and hair ornaments. Staff said the person's outfit was their favourite colour and they knew the person loved wearing attractive and co-ordinated clothing. Staff supported and encouraged people to gain independence. For example, people were supported to answer the front door when visitors rang the doorbell. People were also supported with daily household chores such as sorting out rubbish for recycling, laundry, cleaning, cooking and making drinks and snacks. Staff spoke with people in a friendly and caring manner. The people we met were unable to communicate verbally but we saw from their responses they understood what the staff were saying to them. People were smiling, relaxed and happy.

Consideration had been given to how people were consulted and involved in making decisions about their daily lives. In each care plan there was a document titles 'How I make my decisions'. This explained how the person made decisions and choices about such issues as what they wanted to wear, what they wanted to eat, medication, how they managed their money, and the things they wanted to do each day. Daily records provided evidence of how staff followed this guidance to make sure people were fully consulted and involved each day.

The registered manager and team leaders said they recognised some staff were new and needed further support, information and training to ensure all staff provided a consistent level of caring and understanding. They said they planned to involve staff in developing the care plans to ensure all the small details about individual needs were covered, for example privacy, dignity and choice. Two people had epilepsy. Listening devices had been approved as best practice in each person's bedroom, and the monitors were situated in the main living room. Staff were able to listen to people while they were asleep to ensure they responded quickly if a person had an epileptic fit. However, the devices were not switched off promptly when people woke up. The registered manager identified this during our visit and took action to ensure people's privacy and dignity was maintained. After our visit the registered manager said they had discussed the use of the monitors with the staff and the team leader. The team leader also spoke with staff and provided further guidance about the use of listening devices. They said this would be monitored and discussed at the next team meeting.

Two relatives said they were completely satisfied with the care people received from the staff. They said "There are some outstanding people here. They know him and he knows them," and "Some of the staff are marvellous." They added they were confident some of the newer staff were gaining in skills and knowledge and also beginning to get to know and understand the person well.

Good

Is the service responsive?

Our findings

During our last inspection we found some people did not have opportunity to lead active or fulfilling lives. We found this had improved significantly and people were receiving greater support to do the things they enjoyed and were interested in. People went out on theatre trips, shopping trips, holidays with families, and walks in the local area. Staff said people had enjoyed playing bingo, ten pin bowling, singing, discos, point to point, and concerts. Some people enjoyed social activities held in local churches.

One person who was blind had been referred to a specialist social care professional for advice on aids and equipment that might help the person gain greater independence and mobility.

Each person had an activities planner showing some of the things they liked to do each day. These activities were well established for some people and happened regularly, for example clubs, and arts and craft sessions. For other people we saw from the daily notes that some planned activities had not yet begun. For example, one person's activities planner showed regular swimming and riding sessions, but there was no evidence to show these had happened. The staff said the person had enjoyed these activities in the past but there were no records to explain why they had stopped. They had made enquiries about the activities and planned to take the person to the riding stables and swimming pool to check their reactions before booking regular sessions. We also saw daily records showing how the person had been supported to be involved in daily tasks such as cooking, shopping and laundry. They had recently enjoyed socialising at a club.

Since our last inspection new care plan forms had been introduced by the provider. People were in control of their own care plans and were able to choose where their care plan was stored Each person's care and support needs had been reviewed and updated and all care and support plans followed a standard layout. This meant staff knew where to find important information quickly because information was stored in a similar way in each file, with sections divided and an index. The registered manager and staff all said the new care plans were much better although needed further review and improvement to make sure all needs were covered in sufficient detail. Comments from staff included "We are getting there."

External professionals had been consulted and involved in identifying and planning each person's individual needs. People had been involved and consulted in drawing up their care plans according to their abilities. We were told one person had drawn up their own care plan. Families and advocates had been involved and consulted where possible. People were consulted and involved in decisions that affected them. For example, in one shared house people had chosen green paint for the kitchen.

Although we found care plans had been significantly improved we also saw some examples where information could be further improved. For example, a person who needed regular blood tests carried out by a community nurse often refused the tests unless they were supported by a member of staff they trusted. This was not explained in their care plan. We spoke with the registered manager and following the inspection they said the person's care and support plan had been reviewed and updated to explain fully their support needs during blood tests.

We also found a risk assessment for one person explained the person did not like having their teeth cleaned. There was detailed guidance in the risk assessment on how to support the person to clean their teeth but this information had not been transferred to the care plan summary. After our visit the registered manager told us the persons care plan had been amended to clear guidance on the task was included in all relevant parts of the care plan file.

For another person we saw their care plan provided detailed information in the risk assessment about their support need to help them clean their teeth. This information had been transferred to other relevant parts of the care plan. The care plan included instructions such as "Staff to place tooth brush into the mouthwash and then to place gently into (the person's) mouth and gently clean her gums."

Records showed each person had received an annual medical review. This meant each person's medical needs had been checked at least once a year by a health professional. Any changes in their health had been noted and referrals to specialist health services had been made.

The registered manager told us about two complaints they had received from relatives since our last inspection on behalf of people who used the service. These complaints related mainly to the way people's finances had been

Good

Is the service responsive?

managed. The provider had sought advice and support from local commissioners and care managers and they were in the process of identifying and addressing the concerns as far as they were able.

Good

Is the service well-led?

Our findings

Since our last inspection a new management structure had been implemented. New management staff had been recruited, inducted, and had begun to provide regular supervision, support, monitoring and mentoring for staff at all levels. Staff teams working with people in each shared house or bungalow received visits from a member of the management team at least once a day. The provider had put monitoring systems in place to check staff were supervised regularly. A social care professional we contacted after the inspection told us "On the whole I think significant progress has been made and (a supported living manager) has steadied the ship somewhat."

During our inspection we saw evidence of how people's lives were improving as a result of the actions taken by the provider. Each person's individual needs had been recognised and staff were becoming more responsive to those needs. Each person's needs had been reviewed, new care plan formats introduced and there were systems in place to continually review and improve the care plans. The registered manager and staff had identified where improvements were needed, and there were systems to monitor their implementation and effectiveness

Staff described the improvements in the management of the service. Comments included "It's brilliant. It has definitely got better. (A new team leader) is fantastic." They said they were confident all managers were approachable and they would react immediately if any issues were raised. A group of three staff in a shared house said "It's much better now" and added there was good communication with the management team. Team meetings were held weekly. `

The provider had used various methods to seek people's views including the use of an external agency who had also provided advice on engaging people. An excerpt from their report provided their findings and recommendations. The registered manager told us the report had helped them consider how they could change and improve the service. A person with learning disabilities who lived in a care home run by the provider had been part of the quality review team.

The provider sent weekly newsletters to staff to let them know what was happening across the service. In these newsletters they recognised staff who had made a special effort to improve the lives of the people who used the service. They also alerted staff to updates in policies and procedures, contact details of the management team, and gave information about events and activities people may wish to attend.

Monitoring systems had been implemented to be used by team leaders and supported living managers. These included regular spot checks on systems to support people including checks on their finances. Medicines were monitored at least twice a month by team leaders. This had included checks to make sure all records were completed correctly, and also checks to make sure stocks of medicines were correct. The registered manager said they planned to increase the level of monitoring further following recent medicine errors. When errors had been identified they had looked at what had happened and considered how they could learn from the mistakes. They had taken actions to increase individual staff accountability by providing information and instruction to staff on their individual responsibility regarding safe medicine administration.

Records of spot check visits by team leaders showed these had been thorough and covered all areas of each person's needs including health, privacy and dignity. The checks also covered staff approach, knowledge, and safe practice. Where they had identified issues there were records of the discussions, conclusions and actions taken. This showed the spot checks had been effective and had resulted in improvements to the quality of the service.

In recent months the management team had increased their communication and co-operation with external agencies such as the local authority and health professionals. Meetings had taken place with local professionals to make sure the service was meeting people's needs. Where they had been unable to meet people's needs fully they had worked with professionals to help people move to services where their needs could be met more effectively.

All incidents and 'near misses' had been recorded on the provider's database. These were reviewed on a monthly basis to ensure that any lessons learned were implemented and appropriate actions taken.