

Cephas Care Limited

Cephas Care Ltd Domiciliary Care Agency

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?

Requires Improvement ●

Summary of findings

Overall summary

Cephas Care Ltd Domiciliary Care Agency provides personal care and support to people living in their own homes.

This was an announced comprehensive inspection which took place on 25 and 26 April and 4 May 2018. On the first day of our inspection the operational manager told us there were 197 people using the service. The service provided a support to live at home service and a supported living service to approximately 77 people in 19 supported living services ranging from people living alone to larger group living.

The service did not have a registered manager in post for the past two months. 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. We met the manager who was applying to the CQC to become the registered manager and they had been working in the service for the past month.

At our last inspection of December 2016, we rated the service as requires improvement because of concerns we identified in the key questions of Safe, Effective, Caring, Responsive and Well-Led. Improvements were needed in the way that people were supported with their medicines and how this was recorded and monitored. People experienced missed and late visits and the systems in place to monitor were not robust enough to analyse these issues. Improvements were needed in how care workers were provided with supervision to ensure that their work practice were robustly monitored. People's capacity to make decisions was not always clearly identified in their care records to ensure that the service was acting in accordance with the Mental Capacity Act 2005 at all times. A complaints procedure was in place but improvements were needed in the way that records were maintained regarding complaints and the service's response. The service had a quality assurance system, however this was not robust enough to ensure all people were provided with good quality care at all times.

At this inspection we found the service had made the necessary improvements in the key questions of Safe, Effective, Caring and Responsive. There were no missed visits and late visits were rare, reasons analysed and action taken to improve the service. People's medicines were accurately recorded. Additional staff had been employed by the service since our last inspection and all staff were provided with supervision. Complaints received and the action taken to resolve the situation were recorded. Action had been taken to improve the recording of people giving consent but there were examples of where further improvements could be made regarding the recording of people having given their consent. We found that quality assurance still required needed further development and therefore rated the key question of Well-led as requires improvement. In line with our methodology we have therefore rated the service Good overall.

The rota's informing people of the staff coming to support them were not always accurate. However, staff did attend the scheduled care visit. Most people were supported by regular members of staff who got to

know their support needs well through speaking with them and/or their family. Staff knew the risks associated with people's health and knew what action to take in order to keep people safe.

People were supported by enough members of staff who had the knowledge and skills they required to care for people safely and effectively. The number of late call visits to people had reduced particularly in the past three months leading up to our inspection. This was because additional staff had been appointed to provide support and also manage the staff providing the support.

There remained inconsistencies of quality in care planning between the support to live at home service and the supported living services. The senior staff were aware of the shortfalls and had introduced a new assessment and care planning recording system in the support to live at home service. People and staff spoke positively of this new system and the managers planned to roll this out across the whole service in the near future.

Robust recruitment practices had been followed consistently to ensure only suitable people were employed to care for people.

Staff received training regarding the risk of abuse and avoidable harm and staff knew about the different types of abuse and what actions were needed to keep people safe. The service had effective systems in place to report and investigate any concerns raised, which included working collaboratively with external agencies.

People received support to take their medicines as prescribed.

There were procedures in place to provide staff with regular supervision including spot checks of their practice and an appraisal system.

People were involved in making decisions about their care and support. People's capacity to make decisions was clearly identified in their support records to ensure that the service was acting in accordance with the Mental Capacity Act 2005 at all times.

People were supported by staff that were kind, caring and respectful and who took the time to get to know people and their families. People were encouraged to be as independent as possible and were supported to have enough food and drink.

People knew how to complain if they were unhappy and they were confident that their concerns would be responded to efficiently and effectively. Senior staff carried out an assessment to identify people's needs before a service was provided. The support plan written with the person from the assessment information explained how the support would be provided to meet the person's needs.

Staff reported to feel supported and valued within their work and felt that the senior staff maintained open, honest and transparent communication systems with them.

The service had management systems in place to assess and monitor the quality of the service provided to people. However, some of these were not always implemented effectively to ensure records were robust and information gathered was not always used effectively to drive improvements within the service.

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.

Risk assessments were in place identifying people's needs and actions staff should take to keep people safe.

Staff were provided with training and understood how to identify people at risk of abuse.

There were sufficient numbers of staff employed to support people with their needs.

The service recruitment procedures demonstrated that they operated safe and effective systems.

People's medicines were administered, recorded and the records audited to identify any issues which needed to be addressed.

Is the service effective?

Good ●

The service was effective

Staff were provided with supervision and training so that they could meet people's needs.

People were asked for their consent before they received care.

Staff supported people to have enough to eat and drink.

People were supported to access a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and empathy.

People were involved with their support planning and their choices recorded.

People received care that was respectful of their need for privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People had their needs assessed prior to the service staff working with them to provide support.

People's individual needs were met.

People knew who to complain to and were confident their concerns would be responded to appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider had some systems and processes in place to monitor the quality and safety of the service. However, some of these were not always implemented effectively to ensure records were robust or that information gathered was used to drive improvements within the service

There was an on-call system in operation to support staff.

Staff felt supported by managers that were approachable.

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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.

This inspection took place on 25, 26 April and 4 May 2018 and was announced. The service was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was undertaken by two inspectors 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.

Before we carried out our inspection we reviewed the information we held about the service. This included statutory notifications that had been sent to us in the last year. This is information about important events which the managing director is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. We also took account of how the service had addressed issues identified at our last inspection.

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.

As part of our inspection we visited the service's office. We spoke with the managing director, operational manager, newly appointed manager of the service, three members of the quality assurance team and five other members of staff. We reviewed the records in relation to five people's care. We also looked at records relating to the management of the service, systems for monitoring the quality of the service and five care

worker's personnel files including information relating to recruitment, training and support.

To gain the views of the service provided, we visited four supported living services where we met six people who used the service and spoke with them about their experiences of the service. We also spoke with 18 people using the service by telephone and four relatives.

Is the service safe?

Our findings

At the last inspection, this key question was rated as 'requires improvement'. At this inspection, we have judged that the service has improved to 'good'.

At our last inspection, we found there were insufficient staff employed to reduce the risk of people receiving late and missed visits. At this inspection, we found that the situation had significantly improved. The people we spoke with informed us that visits were not missed. Although some visits were late people were usually informed of the situation. A late visit is when the staff attend but are more than half an hour late of the stated time of the call visit. With the employment of more staff we found in the previous three months prior to our inspection the situation of late visits had improved. One person told us, "Things have improved recently; a nice manager comes out when they are running late or short of staff to cover the call." Another person told us, "The times and timekeeping are now better. There is the odd late call but mostly all okay." We were also informed that staff were polite and apologetic when they were late.

Some people told us that the rota sent to them was not always accurate regarding the member of staff that would visit them. This was confirmed by the senior managers that late changes to the weekly rota were not always passed onto the people receiving support. However, they considered this situation was improving as more staff had been employed meaning there were now less changes to the rota. This meant that although sometimes the staff member was different to the rota, they would usually be known to the person receiving support. Additional staffing had been employed since our last inspection to organise the call visits and additional senior staff, called field care supervisors, to support the care staff and to cover for staff sickness. One field care supervisor told us, "I enjoy my job and I am flexible so I put off jobs that can wait if I need to cover for a colleague and provide support myself."

Senior staff had analysed when calls were late to identify the reasons and take action to improve upon the situation. One person told us, "We had some timing issues when we first used the service which are now largely resolved." A relative informed us they had used the service for four years to support their relative. Although there was the odd late call the care visit was never missed and things had improved over the past four months. This was because they were having the same staff come to deliver the care. Another person informed us, "The staff have not been late for quite sometime and I usually have the same four or five staff over the week."

There was an effective recruitment procedure in operation. This ensured that staff employed were competent and had the skills necessary for the role they were employed to perform. A senior member of staff explained to us the procedure in use. We looked at the staff recruitment records and saw a number of safety checks on staff had been completed before they commenced working for the service. These included checking their identification with the disclosure and barring service to see if they had any record regarding safety to work with older adults. The Disclosure and Barring Service helps employers make safer recruitment decisions and help prevent unsuitable people from working in services that provide support to people.

At our last inspection we also found that improvements were needed in how people were provided with

their prescribed medicines. Actions to improve had already begun at our last inspection and at this inspection we found those improvements had continued. Staff had received medicines training and were clear upon how to record medicines in people's Medication Administration Records (MAR) charts. Staff were knowledgeable about the reasons that medicines had been prescribed and whether they were to administer the medicine or prompt people to take their medicine and record this appropriately. The field care support workers carried out spot checks to determine and audit the support provided by the staff. This included staff being on time for the call visit and to monitor that medicines were being administered and recorded as prescribed.

All of the staff we spoke with were clear upon the difference between prompting and administering medicines. A member of staff informed us about the training with which they had been provided with regarding medicines when they joined the service. Another member of staff told us about the refresher training that was arranged on a yearly basis for all staff administering medicines. We saw from the training records that training had been provided for the staff and that further training had been arranged. In each of the support plans we saw that when staff had supported people with their medicines, the instructions were clearly recorded. A senior member of staff showed us the medication administration record procedure in use and explained this to us.

In each person's support plan there was a record of their prescribed medicines. There was also a record of any allergies and the times the medicines were to be taken was clearly documented. One person told us, "The staff know all about my tablets and give them to me when they come."

We saw on the training programme that staff members received training regarding safeguarding people as part of the induction process when joining the service. Further training was arranged yearly for the staff to attend and refresh their knowledge about safeguarding. One member of staff told us, "The training explains this is not just physical abuse but can be in other forms such as neglect or financial." Another member of staff informed us they had viewed the safeguarding policy and were aware that they could report any safeguarding matters themselves to the relevant authorities. This meant that the staff had received training and understood about safeguarding people.

All of the staff we spoke with demonstrated their understanding of what measures were in place to reduce the risks to people's health, welfare and safety. A member of staff explained they had received training about keeping people safe and could speak about risk reduction in supervision or ask a manager for advice. Another member of staff told us, "I read the support plan each time I visit to check if there have been any changes."

A senior member of staff explained to us the system in place for the risk assessments to be regularly reviewed and that reviews would also be arranged in the event of an unforeseen circumstance. One person told us, "They come about every six months and talk about the care plan and the risk assessment with me." We saw that the risk assessments had been reviewed, dated at the time and the next review planned. One person told us, "I feel very much at ease and safe with the carers."

The service had a policy for the protection of people from and the control of infection. People informed us that staff wore gloves appropriately and staff told us about the training they had received. One person told us, "They always wash their hands." A member of staff informed us that they helped the person to check their fridge twice a week to ensure no food was out of date.

Staff working in the various parts of the service informed us they reported information regarding incidents and accidents to the senior staff at head office. This meant the senior staff would plan changes to improve

the service from this information. Senior staff had considered how to improve the service since our last inspection and planned for the service quality team to visit and audit all parts of the service in turn. Senior managers could also instruct the quality team to focus upon an aspect or particular part of the service when an issue had been identified to determine how best to respond to the situation.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At our last inspection people's capacity to consent had not always been recorded in the person's care records. 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. There was a lack of information of how decisions had been made in people's best interests and how the MCA was complied with.

At this inspection we saw that people's care assessments and the support plans written from the assessments had significantly improved. We did find in one of the supported living services the records had not been updated at people's reviews regarding consent and MCA documentation. However, the others we viewed had been updated and the new recording system clearly asked staff to check this information with the people using the service. This new recording system was not in place throughout the service. The new care recording system was being phased in and required the staff to record information from discussions with people regarding how they wished their support to be provided. We saw that people had signed support plans to confirm their consent to how the support was to be provided.

The staff we spoke with informed us about their training and knowledge of MCA and understanding of best interest meetings. A manager explained to us upon learning the concerns of a member of staff and relative, they had supported the relative to seek information regarding lasting power of attorney for their relative's well-being needs. This meant that the staff had knowledge of the MCA and were able to support both people who used the service and relatives with this knowledge.

Staff had completed the necessary documents to seek support and advice from other services. Staff had received training on consent, MCA and Deprivation of Liberty Safeguards (DoLS) and knew how to apply their knowledge and record information. There were documents in place such as best interest meetings to record how the staff were to support people to meet their individual needs. This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld.

Each person had a detailed support plan which identified their needs and how the support was to be provided. People told us they were content with the support they received. One person told us, "I think the staff are well trained and I have no fault to find with them." The new care recording system being introduced into the service meant there were two different templates of support plans in operation at the time of our inspection. The plan was to move all people's support plans on to the new system in a managed and phased process rather than all at once.

On the new system the staff were able to record daily records and update the progress for each outcome of assessed need at each visit. People's choices had been included in the support plan with regard to the time of visit and how they wished to be supported. On the older system people's support plans included information about their needs and choices of how those needs were to be achieved. There was an outcome for each assessed need and the support plans were reviewed every six months or sooner should the need arise.

Staff told us that they received training and supervision to support them to deliver effective care. We saw records of supervision, appraisals and spot checks which had been delivered and further were planned. We spoke with members of staff about the support provided to them and all spoke highly of the supportive nature of the senior staff. One staff member told us, "The field care supervisors are very helpful and you never know when they are going to turn up to do a spot check."

We spoke with a field care supervisor and they informed us about how they supported new members of staff when they started working for the service. They explained the importance of the support they provided in the transition from the theory taught at induction to delivering the actual support to people in their home. They also explained how they provided supervision and in turn were supported with supervision themselves from a senior member of staff.

Each person's support plan included if they required any assistance with eating and drinking and meal preparation. Those people requiring this support recorded their preferences and dislikes in order for the staff to support them with snacks and meals of their choice. A member of staff informed us if they were concerned about a person's diet they would consult a senior member of staff and would commence a food and drink diary into the support plan to monitor the daily intake. One person informed us that a member of staff had dished their dinner up on a plate as if they were a queen and this has made them feel special.

People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example GP's. Some people were able to manage their healthcare independently or with support from their relatives. Some people did require more support and the service staff worked with them to ensure they could attend appointments. We saw that staff had recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing.

Is the service caring?

Our findings

At the last inspection, this key question was rated as 'requires improvement'. At this inspection, we have judged that the service has improved to 'good'.

At our last inspection we found the service needed to make improvements overall to ensure that all people were provided with a caring service at all times. At this inspection we found that through employing additional care staff the frequency and number of late visits had been reduced. Also additional senior care staff had been appointed. These staff had responsibilities for organising and delivering support to people.

People told us that the staff were friendly, helpful and treated them with respect. Feedback from people was consistently positive about the standard of support they received and the caring nature of the staff providing the support. One person told us, "I get along with all of the carers." A relative told us, "The staff are better than the previous service we used because they are always polite and pleasant."

We found that staff were knowledgeable about the people they supported and spoke with empathy about people's needs and the support they provided. A field care support worker informed us how they managed a small number of staff and they were able to allocate the same staff regularly to the same people requiring the service. They informed us this helped people and staff to get to know each other and build up a rapport. This was confirmed by the staff we spoke with.

People told us staff were kind and caring in their approach and that they received consistent support from regular staff and this enabled them to develop positive relationships with them. One relative told us, "Things have improved a lot recently since we have had the same carers."

People told us that staff respected their dignity when providing them with their personal support needs. One person told us, "The carers protect my dignity at all times and I feel quite content with them." A relative informed us, the staff always address me and [my relative] by the names we wish. They further explained that this was a good example of respecting people in a dignified way.

People told us they had been fully involved in making decisions in the planning of their support. The support plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one support plan we reviewed described how to support the person with complex health care needs. The plan described in detail the person's wishes and choices with regards to maintaining the person's independence as far as possible.

We saw that for long-term planning with reference to people's assessed needs and promoting independence. Information had been recorded in consultation with the person and their relatives. The support plans were signed to confirm a review had taken place at six monthly intervals and the next review was planned in advance.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection the quality of how people's care was assessed, planned, delivered and reviewed were insufficiently detailed to guide care staff on how people's needs were to be met.

At this inspection we found that the necessary improvements had been made. Each person had a detailed assessment of their needs in place prior to using the service. The assessments were carried out by senior staff to determine how the service would meet the person's needs. From the information provided in the assessment a support plan was written of how to meet the assessed needs.

People's needs were reassessed after six weeks of using the service or sooner if concerns were raised. This was to determine if the support was accurate and if any further or less support was required. The support plans included information of when the staff were to attend and how to support the person.

People told us that the support they received was personalised and responsive to their needs. On other occasions, staff had found people's health had deteriorated and they had stayed with them while arrangements had been made to take them to hospital. People also informed us they had been involved in the planning of their support. They gave us examples of when staff had responded to their changing needs. For example, in response to an emergency or when adjustments had been made to the timing of their support visits due to their need to attend health care appointments. This meant that where possible support was provided in a flexible way in response to people's needs.

One support plan although explaining the person had a catheter had failed to identify the actions the staff were to take should in the event of the person experiencing problems with the catheter. Upon being informed of this information senior staff took action to include information into the support plan to guide staff of actions they should take. One person's fluid and bowel chart monitor were not completed fully. The service had carried out a review to correct this situation and learn lessons for improvement, which were discussed at the next team meeting. We saw that the support for a person diagnosed with a medical condition provided clear information to the staff about the risks to the person's health deteriorating. The support plan recorded the signs and symptoms for the staff to be aware of and action to be taken should any deterioration be observed.

Staff recorded in a daily log the support they provided which was kept in the person's home. One person told us, "They do write things down everyday in the plan." We saw the plans had information about personal care plus other information such as food preparation and medicines management, plus any contact with healthcare professionals. Support plans in the person's home were in agreement with the information kept in the office. This meant that the records were accurate and people, staff and managers could discuss the support plans over the telephone, as they were looking at the same written information.

People told us that they considered that the staff were knowledgeable about their needs. We found that people were receiving their care usually from the same care staff. People informed us when new staff had been employed to work in the service they had been introduced to them and shown what was needed to support people to have their support needs met.

The service had a complaints policy and procedure which laid down how people could make a complaint and how the service staff were required to respond. We saw that time had been taken to record complaints and investigate them to resolve the situation. People were provided with a copy of the complaints procedure when they began to use the service. We saw complaints received had been acknowledged and action taken to resolve and improve the situation.

We also noted that people had expressed their views positively regarding aspects of the service and this information had been acknowledged and shared as appropriate with the staff when people had complimented them.

The service supported people at the end of their life and planned to support people at this time through regular reviews to determine how to meet their needs. Once the person had begun to use the service and staff felt comfortable to raise the situation they discussed with the person any plans for their care should they become terminally unwell. Senior staff informed us the service would plan to work with the person and other services to meet their needs in such circumstances. The service would take advice from other professionals to support the person in their own home. But if it was not possible to meet the person's needs the service would help the person to find an alternative and appropriate service.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the necessary improvements had not been made and we have therefore rated this key question still 'requires improvement'

At the last inspection, we identified that the service required further work on auditing the quality of care provided and then taking action upon those audits.

At this inspection of May 2018, we saw that the service had systems and processes in place to monitor the quality and safety of the service. However, we found that some of the provider's quality monitoring practices were not sufficiently robust. There was a quality assurance department and the team carried out quality visits on a planned routine basis to respond to any matters of concern. In one of the supported living services people told us they would have welcomed speaking with the quality department about how the service could be improved.

People told us in one of the supported living service they did not have enough time allocated to support them to meet their needs other than what they considered were their basic needs. The support plans were not clear and we found the people using the service frustrated by this situation.

Some staff spoke highly of and welcomed the support of the quality department. However the quality department had little involvement with a part of the supported living service. Hence, the issues we found above had not been reviewed and resolved to the satisfaction of all involved. The operational manager informed us that they would ensure all the support plans would be reviewed.

We also found that internal processes for auditing the care files had failed to recognise the omission or inconsistent recording of important information. One person's fluid and bowel chart monitor were not completed fully. The service carried out a review to correct this situation and learn lessons for improvement, which were discussed at the next team meeting. We found a care plan regarding the catheter care for one person was not sufficiently detailed for staff to be aware of what actions to take in the event of problems occurring with the catheter. Once we highlighted this, actions were taken to improve the information recorded in the plan.

During our inspection we found an exposed electric wire in one of the supported living services. The auditing process in place had failed to identify this. An electrician checked the wiring the next day and confirmed it was not live and boxed the wiring in so that it was no longer exposed. This meant that the auditing system operated by the service had not identified this issue but once acknowledged swift action had been taken to resolve the situation.

We understood from the quality team that they provided reports to the senior staff once they had completed a quality audit. We found some of the audits to be detailed outlining strengths and how the service could be improved. However, from speaking with the quality team, senior staff and managers of the respective

services under the management of Cephas it was not always clear who was responsible for overseeing any suggested improvements. We also found that the frequency of reports from the various aspects of the service were not always consistent. We understood from the operation manager they were going to address both of the points above. This would mean that reports would be provided on a planned regular basis and it would be made clear who had the responsibility to carry out any improvements. Reports not being collated and analysed meant the service could not identify any trends or themes that could support them to drive improvements within the service.

We found consent forms were completed and checked at reviews with people in the support to live at home service. Although a significant amount of work had been carried out in the supported living service we found there were not always records in place to confirm that MCA and consent forms had always been checked and updated at reviews of people's support needs.

People told us that the service had improved in particular over the past three months and this coincided with information the service gave us regarding increasing the number of staff employed. People told us the weekly rota's were frequently inaccurate with regard to the staff that came to support them. Staff came but as one person told, "It is pot luck who comes no point in going by the rota." The operational manager informed us this would continue to improve as they now had a member of staff dedicated to producing an accurate rota and with the increase of staff this would reduce the number of last minute changes.

People informed us that a missed visit was very rare and had not occurred in recent times. However people did say at times the service was unreliable with regard to time keeping and care visits were late. One person told us, "I help [my relative] with most things where I can, if the carers are running too late, I cancel them. I call the office to tell them not to bother sending anyone." People told us of difficulties they had experienced with the service with late calls and the distress this caused. We also found that people considered the service had improved in recent times and one person told us, "They have different people working in the office now, going back six months they did not turn up sometimes. I put in a big complaint since then they have listened. The last six weeks have been a lot different, so much better now." Another person told us, "They have got better recently with being on time, it is not the staff they are good it is those in the office, the care is fine so if they can keep this up I will be pleased."

Since our last inspection two registered managers had left the service and there was no registered manager at the time of our inspection. We met the new manager who was preparing their registration application to the CQC. The operational manager told us about how they would be supporting the manager and this included having dedicated staff to plan and co-ordinate the support the support to live at home service. We spoke with staff in all functions at the support to live at home service and they consistently informed us that things had improved in recent times. This was because they were working in small teams with fewer people to support. This meant they could focus upon getting to know people well that they supported. Also a great deal of consideration had been given to the geographical areas in which staff worked and from planning this had reduced the amount of travelling that most staff were required to do.

The manager told us there was now a clear leadership structure within the service and people and staff we spoke with knew who the manager was and how to contact them if they needed to. Staff told us they felt supported within their work and found the staff journey document extremely helpful in knowing about their duties and responsibilities in the service.

The staff we spoke with also told us they felt valued and listened to within the service. One member of staff contacted us to inform us that things had not been great with feeling rushed to complete all of their visits in the past but this was improving. Staff told us the senior staff were approachable and available when

needed. They were confident that they would respond to any questions or concerns they might have.

Staff were supported out of hours with an on call duty rota where they could access support and advise when required. The staff we spoke with informed us that they found the on-call system reassuring and helpful. The senior staff took it in turns to be on-call to ensure that support was available as required. This meant that the staff and people were supported as required by an experienced member of the team.

The service carried out audits and used questionnaires for feedback about the service. This information had been used to determine that more staff had been needed to support the people using the service. Also that staff were frustrated with their rota's and clarity with regard to their roles. The senior staff had responded with writing the staff journey document and supplying to all staff to clarify their roles and from where to seek support.