

Omnia Support Limited

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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

The inspection took place on 16 and 17 January 2017 and was announced. The service is a domiciliary care service and provides care and support to 107 people in their own homes. The manager of the service was in the process of applying to become the registered manager and was present during our inspection along with the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in July 2016 and rated as inadequate overall. This was because we had identified concerns in relation to risk management, recruitment practices and systems for investigating concerns and monitoring the quality of the service. We also found during our inspection in July 2016 issues related to people not always being treated with respect and dignity and we found that people did not always receive safe care and treatment in line with their needs.

At this inspection, we found that the registered provider had addressed and resolved the majority of concerns that we had identified at our last inspection. The registered provider was able to demonstrate how they had met their action plan and the breaches of regulation identified during our last inspection. We found that there were areas of further improvement required in respect of record keeping and auditing processes, to reflect and support the improvements of the service and the quality of care that people received.

People told us they felt safe using the service. Staff we spoke with were aware of people's needs and how to support people with their associated risks, although records and assessments were not always in place to reflect this practice. Staff were aware of how to protect people through safeguarding processes and in the event of an emergency.

People told us that they received their calls on time and were notified by staff otherwise. Improvements had been made to recruitment processes to ensure that people were supported by staff who were suitable.

Some people received support with managing their medicines, people and relatives we spoke with told us they were satisfied with this support. Medicines audits had not always identified where medicines records and processes were not always clear and consistent.

People were supported by staff who were confident and equipped in their roles. Staff received spot checks, supervision and training for their roles. New staff were supported to complete an induction and shadowed other staff to aid their development.

People were supported by staff who were clear of their responsibilities in relation to the MCA, although records and processes did not always reflect this practice and how staff were to support people who did not have the mental capacity to make specific decisions.

Staff supported some people with meal preparation, the manager had identified that record keeping required improvement in this area. People were supported to seek healthcare services by staff who were proactive in raising concerns as necessary about people's health needs.

People and relatives told us that staff were kind and caring. People were treated respect, and their dignity and independence promoted by staff who were familiar with their needs.

People received care that reflected their expressed needs and preferences. People and relatives were comfortable with raising concerns, complaints were resolved and addressed promptly.

The registered provider had implemented systems through which they could maintain oversight of the service, although audits and records were not always robust. The registered provider told us they had further plans for progressing and driving up the quality of the service.

Staff told us they felt supported in their roles and we found that steps had been taken to improve communication at the service. The registered provider had strengthened their leadership structure to support the running of the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff were aware of people's needs and risks, although records did not always give clear and sufficient guidance to staff.

People we spoke with told us they were happy with the support they received with their medicines, although records were not always consistent.

People told us they received their calls on time and as planned. People were protected by improved recruitment processes.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were supported and confident in their roles.

Staff supported people to access healthcare services as required to stay well.

People were supported in line with the MCA, although improvements were required so that records reflected this practice.

Some people were supported to eat and prepare meals. The manager was addressing where records to monitor this support were not completed as planned.

Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were kind and caring.

People were treated with dignity and respect by staff who were familiar with their needs.

People were involved in their care.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned around their needs, staff understood people's needs and preferences.

People could be confident that their complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems had been introduced to support the running of the service, some records and processes were not robust to reflect that people always received support as planned.

People spoke positively about the service and staff told us they felt supported in their roles.

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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 took place on 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by two inspectors 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.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

As part of our inspection, we conducted home visits where we spoke with five people and three relatives. We also held telephone interviews with five people who used the service, seven relatives, two staff members and one professional. During our visit to the office, we spoke with ten members of staff, the deputy manager, the manager, one training professional and the registered provider. We also reviewed nine people's care records, five staff files and records maintained by the service about risk management, staffing, training and quality assurance.

Is the service safe?

Our findings

People and relatives we spoke with told us that they felt safe using the service. People told us that they felt safe being supported by staff and one person commented, "I know the carers and I can call the service." A relative told us, "We are very happy with the care and the carers." Staff we spoke with could confidently describe the appropriate action they would take, in line with the registered provider's processes, if they suspected that people were at risk of abuse. Staff described to us how they might identify that people were risk of abuse and we found that staff and the manager had followed procedures where necessary to share safeguarding concerns with the local authority to help protect people using the service.

At our last inspection, we found that the registered provider was in breach of the regulations due to failures to provide safe and proper care support, which included failing to ensure that people always received their calls and that people received appropriate support to manage risks and in the event of an emergency. At this inspection, we found that staff were able to confidently describe appropriate responses they would take in the event of an emergency. The registered provider told us that they wanted to further develop processes in this area to equip staff and help keep people safe.

At our last inspection, we could not be confident that staff always helped to maintain the security of people's homes through the use of key safes. At this inspection, staff we spoke with described how they helped to keep people's home premises safe through the use of key safes. Some people who used the service used equipment to aid their mobility and to help them remain safe. A staff member told us that although they were not currently supporting anybody to use mobility equipment, they had received training in this area. Staff told us that they conducted visual checks on people's equipment to ensure that this was safe and suitable. One staff member told us, "We support people to use equipment safely like [having] foot rests on wheelchairs." Staff also described how they helped to ensure people's safety by helping to keep people's home environments free of clutter where people were at risk of falls and by using personal protective equipment to follow safe infection control practices.

At our last inspection in July 2016, we found that guidance was not always available to help staff to become aware of and to manage people's risks. At this inspection, we found that progress had been made in this area and staff we spoke with were aware of the support people required in line with their risks. We found however that further improvement was required to ensure that records reflected that people were supported to manage their risks by staff who were aware of their changing needs.

For example, records showed and staff we spoke with told us that some people using the service were at risk of developing sore skin. Staff we spoke with were aware of why people required support to manage this risk and one staff member told us they would contact healthcare professionals if they identified any symptoms of concern. Whilst people's care plans contained some guidance about the support they needed, there were no formal processes to demonstrate that people were always supported to manage this risk in line with their identified needs. The manager told us that they would introduce such a process to reflect the support that people received to help them to stay well.

In another example, one person using the service was at high risk of falls. A staff member we spoke with told

us that equipment had been fitted at the person's home and a risk assessment put in place to help manage this risk. We could not be confident however that the risk assessment reflected the person's changing needs because this record was not dated and did not contain the full information that staff held about this person's risk. Other people's care records we sampled did not reflect that risk assessments were always completed clearly and recommended measures followed to help keep people safe in line with their identified needs. The manager told us that this would be addressed to ensure that risk assessments were clear and consistent to reflect how people were supported to manage their risks.

During our last inspection, we found that people had experienced late or missed calls and that the registered provider had no system to identify or address this concern. At this inspection, we found that the registered provider had introduced a system to help to plan and monitor people's calls to ensure that people received their calls for the durations and times that had been agreed. The registered provider informed us that no missed calls had been experienced since August 2016, some staff we spoke with were aware of and valued this improvement at the service. At our last inspection, people and relatives we spoke with were not aware of the service's on-call system that they could use if they required out of hours support. At this inspection, people and relatives confirmed that they knew how to use this system. A relative we spoke with told us that they had accessed this service on one occasion and that it had worked well.

One person told us, "Carers are always on time." Another person told us, "[Staff] always say if they are going to be late." A relative told us, "Carers do not rush, they take their time... They come on time and stay for long enough." A relative told us that staff were on time for their calls and commented, "If they're not going to be [on time], I always get a phone call to let me know." There was an out of hours system in place so that people and relatives could contact the service if they required support, people we spoke with told us that they knew how to use this. Some people we spoke with told us that where some staff had not stayed for the required call times, they had contacted the office about this and the issue had been addressed.

One person told us, "Some call times do not suit us or the carers but eventually we sort something and it works." A relative we spoke with told us that there was some flexibility with care calls in line with their relative's preferences. The registered provider had recruited a care coordinator who was responsible for arranging calls and providing staff with their rota. Staff we spoke with reported that their rotas were more organised and they had enough time in between people's calls. A staff member told us, "There are enough staff. We get enough time allocated." Another staff member told us, "We are allowed travel time, there are enough staff."

At our last inspection, we had identified a breach of regulations in respect of recruitment practices as the registered provider had failed to follow safe and lawful recruitment practices. At this inspection, we found that steps had been taken to improve recruitment practice to protect people and ensure that people were always supported by staff who were suitable. Staff we spoke with told us that their recruitment checks had been completed prior to commencing in their roles. We sampled five staff files during our inspection visit. We found that suitable recruitment checks had not been completed for two staff members who had worked at the service for a longer period of time. The manager had since undertaken risk assessments in respect of these staff members to ensure their suitability for the role. Three staff members had been recruited since September 2016 and we found that suitable checks had been completed through the Disclosure and Barring Service (DBS) before they started in their roles, along with reference checks to assess their suitability for the role. The manager and registered provider told us that they had taken remedial action to improve recruitment practices and assessment of suitability of prospective staff. At this inspection, we found that the registered provider had used recruitment processes that helped to ensure people's safety.

Some people who used the service managed their own medicines or received support from their relatives to

do so, some people were supported by staff to take their medicines. People and relatives we spoke with told us that they were happy with the support that they received with this task. One relative told us that they had established a helpful system with a staff member to ensure that their relative received their medicines as prescribed. A staff member told us, "We tend to prompt people with their medicines." Another staff member told us that they supported people to take their medicines and that they had received training in this area. One staff member described the practical medicines training they had received and told us, "I do administer medicines... I have received observations giving medicines from office staff [senior care staff] to make sure I do it safely." A senior care staff member told us that they received medicines training and that they conducted staff observations to ensure that people were supported to take their medicines safely.

Whilst we found that medicines management processes had improved since our last inspection, records and processes did not always reflect that people were being supported to take their medicines and apply skin creams as required. People's care records we sampled showed that there was guidance in place to inform staff of the general support people required with taking their medicines and applying their creams. We found however that this information was not always up to date and lacked specific instructions about people's needs and possible side effects of their medicines to guide staff. The registered provider's process for recording medicines was not always consistently followed, for example, on occasions where people had refused their medicines or where people had not required the support of staff to take their medicines. Records we sampled showed that some people were supported to take 'as and when required' or PRN medicines and to apply creams for specific symptoms they experienced. We found that the guidance or protocol did not always inform staff as to when people required these medicines or how they should be taken. The manager recognised these areas of improvement during our visit and assured us that these would be promptly addressed to ensure that records reflected the support that people received.

A staff member told us that in the event of identifying a medicines error, "We ring the office and contact the GP or pharmacy." Medicines audits were being regularly undertaken since our last inspection. Where medicines errors had been identified through the medicines audits, staff had been supported to develop their knowledge through supervision sessions, training and reminders as necessary. Our sample of people's records showed that medicines audits were not always effective in identifying where medicines records were not completed correctly, to reflect that people were supported to take their medicines as prescribed. We raised this with the manager and registered provider who assured us that this would be addressed.

Is the service effective?

Our findings

People and relatives we spoke with spoke positively about the staff and commented that people were supported by consistent staff who had become familiar with their needs as they supported them over time. A relative we spoke with told us, "We are more than happy with the service we're receiving... the staff know her well... I couldn't wish for better carers for my mum." One person told us, "[Staff] seem to know what they are doing." A relative told us, "The carers are very good."

Staff received the support they required for their roles and staff we spoke with showed that they were aware of the needs and preferences of people they supported. One staff member told us, "We have good training and plenty of refreshers." The manager told us that staff received training in a range of core areas for their roles, including training in safeguarding, health and safety, moving and handling, privacy and dignity in care and infection prevention and control. The manager told us that staff received annual refresher updates of this training to ensure that staff were aware of current best practice in these areas. A training professional worked closely with the service to support staff with their development needs through training, observed practice sessions and support with aspects of the registered provider's induction programme. The training professional told us, "The carers are really enthusiastic, we discuss lots of areas, staff find it helpful... staff speak up if they're unsure." Staff we spoke with told us that they were given the opportunity to complete qualifications and training to aid their development in the role.

Staff were supported to complete the Care Certificate when they first joined the service, which is a set of minimum care standards that new care staff must cover as part of their induction process. Staff we spoke with confirmed that they were supported to complete an induction and shadowing when they first joined the service and told us that they felt supported in their roles. Systems were in place alongside training to help monitor staff performance and to aid staff development in their roles. For example, staff received unannounced spot checks from which they received written feedback about their performance and areas of improvement. Staff we spoke with confirmed that they received supervision which allowed them to reflect on their practice and discuss any issues. We found that staff felt supported in their roles.

A staff member told us, "We are working to the care plan." A senior care staff member we spoke with was responsible for updating people's risk assessments and care plans. The senior staff member confirmed that they informed the relevant staff members supporting people as and when these documents were updated, to ensure that staff remained aware of the changing needs of people they supported. Records we sampled contained detailed information about people's routines for their care to help guide staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Our discussions with people and staff showed that people were supported in line with their choices and the principles of the MCA. Improvements were required however as to how records reflected people's choices and how to support people who did not have the mental capacity to make specific decisions. People we spoke with told us that staff sought their consent before providing them with care and support. All staff we spoke with confirmed that they had received MCA training and demonstrated a clear understanding of how people should be supported in line with the MCA. A staff member told us, "If a person hasn't got capacity, we still explain, they have the right to know what we are doing for them." Staff had received training in this area and additional guidance during a staff meeting where the MCA was discussed.

The manager and staff were able to describe examples of occasions where meetings had been held to ensure that meetings were made in the best interests of people using the service. A record we sampled reflected a decision that had been made to support one person using the service in their best interests, with plans that had been established to continue to review this decision. People's care records did not always clearly reflect however whether they lacked the mental capacity to make specific decisions where the manager had identified that people did not always have full mental capacity. People's care records did not always clearly reflect whether people had authorised others to make decisions on their behalf. The manager assured us that this would be addressed.

The manager told us that no applications had been submitted to the Court of Protection for people using the service. Where people using the service used bed rails however, the registered provider and manager had not established whether these restrictions were legally authorised, for example, by the healthcare provider who had supplied them. This was an area of development that had been identified at our last inspection, the manager assured us that this would be reviewed and addressed.

Some people who used the service were supported by staff with preparing and eating meals. People we spoke with who received this support told us that they were happy with this aspect of their care. Staff we spoke with were aware of people's dietary requirements and preferences, people's care records we sampled contained this guidance. A staff member told us, "We follow the nutrition plan, this is done with the family. We try to healthy options, including fruit and vegetables." Another staff member told us, "I support people with food preparation... I leave sandwiches in the fridge and leave drinks for the day. We follow nutrition care plans."

People's care records did not always demonstrate that staff consistently supported people with their food and drink. Two people's care records we sampled did not always show that staff monitored people's food and fluid intake, where this had been identified as required. Our review of records and discussions with staff showed that staff had sought the support of a dietician for one person to help them to remain healthy and the manager informed us that this person had become well and regained their appetite. Records we sampled however did not reflect that staff had monitored this person's progress over time to ensure their nutritional needs were met. The manager told us that they were aware of this issue and we saw that the manager had issued some reminders to staff about the importance of completing food charts to monitor that people received sufficient nutritional support.

People were supported by staff to access healthcare services as and when required. Relatives we spoke with told us that staff informed them if they identified concerns about people's health. One relative told us, "When mum has been ill, the carers have been very good and stayed until I've got there." A staff member told us, "If someone is poorly, I will ring the office or the doctor with the person's permission." Some staff we spoke with were able to provide examples of occasions where they had supported people to seek healthcare support to help people to stay well, records we sampled confirmed this. The deputy manager told us, "Staff ring us if they are concerned," and the deputy manager commented that they informed the

person's next of kin or a healthcare professional as appropriate when staff raised concerns about people's health. Records we sampled showed that people were supported to access healthcare services and their progress and symptoms were noted when they were unwell.

Is the service caring?

Our findings

At our last inspection, we found that the registered provider was in breach of a regulation because people were not always treated with dignity and respect by staff. At this inspection, we found that improvements had been made in this area. People and relatives we spoke with told us that staff respected their privacy and dignity, staff we spoke with were able to provide examples of how they did so in practice. A staff member told us, "People have the rights to live how they want to." Systems were in place to ensure that people's confidentiality was protected, for example, through record keeping at the office. A staff member we spoke with told us, "We don't discuss other people's personal information unless this is necessary [for their support needs]." The deputy manager confirmed that they undertook unannounced spot checks of staff supporting people to ensure that people were being treated with dignity and respect. Records we sampled showed that staff had been provided with feedback and guidance to ensure that they always promoted people's privacy and dignity.

People we spoke with told us that staff were kind and caring. One person told us that staff supported them with signposting and finding information of help to them. The person commented, "[Staff] check things for us in their own time, that's how you know it's not just a job to them." Another person told us, "I can't fault any of [the staff], they are kind and caring." The person commented that they had a good rapport with staff. A professional we spoke with described how staff helped to meet one person's needs and commented, "They went above and beyond."

A relative told us, "Staff are very caring, very good... they do little [important] things [for my relative], they will sit and chat." Another relative told us, "[Staff] all take their time and look after [my relative]... They are very patient and very understanding." Staff we spoke with demonstrated compassion and respect for the people they supported. One staff member told us, "[The people we support] are like a part of our family." A relative we spoke with told us that staff also took care to ensure they were also feeling well, as well as the person that staff supported.

Records we sampled showed that the service had received compliments about the quality of care received by staff. One compliment read, "Nothing is ever too much for [staff]. They are so passionate about caring." This practice was encouraged and staff had been recognised and praised for caring practice by the manager and registered provider through receiving staff commendations. The manager had conducted a welfare check where they had noted upon a review of the person's care records, that staff had described this person as feeling upset. The manager had since encouraged staff to always ensure that this person was supported and reassured if they identified that they were upset.

People and relatives we spoke with told us that people were supported by consistent staff members that they were familiar with. One person told us, "The same carers do come in which is nice as you get to know them." Staff we spoke with were aware of the personal histories and interests of the people they supported and confirmed that they could access this information in people's care plans. A senior care staff member told us, "It is important to have good relationships with people, putting them first." Another staff member told us, "I love listening about people's life histories, stories, likes and dislikes... it's important to build a

relationship." The registered provider had reviewed their processes to help ensure that people were supported by consistent staff.

People's care plans we sampled contained person-centred details about people's care routines and preferences to guide staff in their roles. People's daily notes that we sampled were respectful in their tone to reflect the support people received. A staff member told us, "We use the daily notes to ensure good communication and continuity of care." One person's daily notes that we saw showed that staff had requested for additional resources for this person and that staff had provided an explanation that these resources would help the person to remain comfortable when being supported by staff.

People were involved in their care planning and were routinely asked for their feedback about the service. Where people and relatives had raised concerns about staff conduct, they confirmed that their concerns had been addressed and resolved. The registered provider had issued a newsletter to all people using the service to introduce the new office team and to inform people of changes and developments at the service.

People were encouraged to retain their independence. One person we spoke with commented that their use of the service had enabled them to remain independent whilst valuing the support they received from staff. A staff member we spoke with told us, "I encourage people to do as much as possible."

Is the service responsive?

Our findings

At our last inspection in July 2016, we found that the registered provider was in breach of a regulation because people's complaints were not always addressed and responded to and the registered provider had failed to establish processes around this. At this inspection, we identified that this regulation was being met. A clear process had been established for ensuring that complaints were investigated and resolved and people could be confident that their complaints would be acted on and addressed.

People we spoke with told us that they would feel comfortable making a complaint and that they knew how to raise any concerns they had with the service. One person told us that they had felt listened to and that they were happy with how things had been dealt with when they had raised concerns. Another person told us, "If I had any serious concerns, I could tell someone and I'm confident they would sort it." People and relatives we spoke with told us that where they had raised concerns with the manager, these concerns had been promptly addressed and resolved.

Staff members we spoke with demonstrated an interest in supporting and empowering people to make complaints and sharing concerns with the service. One relative we spoke with told us that a staff member had raised a concern with the manager on their behalf as requested. The relative confirmed that appropriate action had been taken to address this concern. One staff member told us, "If someone wants to complain, I would support them and show them the procedure which is in their [care plan]." A senior staff member told us, "If someone called to make a complaint I would listen to them and go and visit them to try and resolve the issue. I would let the family or person know the outcome [of action taken to address their concerns]."

The manager told us that they took appropriate action to respond to complaints and ensured that these were resolved, records we sampled confirmed this. Audits were in place to monitor the number of complaints that the service received and the appropriate action taken to resolve these. We saw that the circumstances around people's complaints were explored in thorough detail and the manager had made follow-up contact with people and relatives to ensure that they were satisfied that complaints had been resolved.

People and relatives we spoke with told us that they were happy with the care and support they received. One person told us, "The care I'm provided with is first class." Another person told us, "I think the carers are marvellous, very helpful." The registered provider had introduced systems to help ensure that people were supported by consistent staff who were aware of their needs. A relative told us, "[Staff] understand my relative's [support needs], it is not always easy to understand what she wants but with consistent staff, they are getting to realise her needs and what she wants."

Staff we spoke with were aware of people's preferences, personal histories, likes and dislikes where people had volunteered this information and confirmed that they could refer to this guidance in people's care plans. Staff we spoke with talked about respecting people as individuals. One staff member commented, "[We] make sure care is personalised, [we] get to know their routines." The deputy manager told us, "We all want the best for the people we support. People need to be respected as individuals."

Care had been taken to ensure that people received care that was responsive to their needs. For example, a staff member we spoke with told us that one person was supported with their personal care in line with their cultural preferences. Another staff member told us how another person was supported with meal preparation and skin care in line with their cultural and religious preferences. One staff member told us, "We have altered our calls in order for one person to attend the mosque to meet their religious needs."

We checked whether people were involved in making decisions about their care. One person told us, "I think we could say if we weren't happy about something and it would be changed." People and relatives told us that they were involved in care planning and reviews. Records we sampled showed that care routines had been developed with the support of relatives where necessary and based around people's preferences and needs. A relative told us, "We have all been involved as a family." A senior care staff member we spoke with told us, "Care plans and reviews are done regularly. I've been involved, people, family and social workers all attend." People we visited confirmed that they had a copy of their care plan at home to guide staff and allow them to access information about how to contact the service if they had any queries or concerns.

People using the service were regularly asked for feedback about the service and a record we sampled showed that feedback had been discussed with staff to ensure they were aware of people's preferences and experience of using the service. People received phone calls and visits to their home by staff to gather feedback about their experience of the service and to check that they were satisfied with their care. Records we sampled showed that people had given positive feedback and that their specific needs and any issues in respect of their care had been followed up with people to check that they were well.

Is the service well-led?

Our findings

At our last inspection, we found that the registered provider was in breach of the regulations because they did not have effective systems and processes in place to manage people's risks and to monitor the quality of the service. At this inspection, we found that progress had been made and the regulation had been met, although further improvements were required to improve some of the audits carried out.

At our last inspection, we found that people's risks were not well managed and systems were not in place to ensure that people received a service that was safe. At this inspection, we found that staff were aware of the risks and support needs of people. Staff demonstrated a good understanding of people's risks and their responsibilities in respect of protecting people through safeguarding processes and in the event of emergencies. We found that some audits had failed to identify that risk management processes were not always in place to reflect this improvement. Records we sampled showed that people's risk assessments and care plans were not always updated to reflect their needs or the support they received, although staff confirmed that they were kept informed of such changes. People's records were not always completed clearly, for example, in relation to the level of risk that had been identified with their needs, as well as when and whether people's equipment had been serviced to ensure that this was safe. Although a care review had been held with a person using the service and had identified that their care records were not up to date, no action had been taken to address this. Audits were not always effective for identifying and addressing such record keeping issues. Some people's care records we sampled showed inconsistencies and gaps in people's medicines records, these had not been identified through recent medicines audits. Medicines audits had not identified medicines records errors that we identified and where people's medicines records did not contain information about the support people required or had received with their medicines. The manager assured us that these issues would be rectified to continue the progress in these areas.

At our last inspection, we found that systems were not effective to monitor the quality of the service or to drive up improvements. At this inspection we found that the registered provider had introduced an electronic monitoring system. This had helped the registered provider to maintain oversight as to whether people received their care calls as planned and to ensure that staff training and other development processes were updated. The electronic monitoring system also helped to track progress and ensure that complaints and other incidents at the service were addressed. The registered provider had a system in place to regularly seek out and act on the views of people using the service. The most recent feedback received from people had not been responded to at the time of the inspection. The registered provider told us that they were reviewing their quality assurance processes so that they were able to respond to and act on specific feedback from people and relatives.

During this inspection, we found that steps had been taken to improve the level of communication by the service with people and relatives. People and relatives confirmed that they knew how to contact the service and that they had access to their care plan which they were involved in developing. Quality assurance checks were routinely conducted with people and records we sampled showed that people provided positive feedback about their care. The registered provider had issued a newsletter to people using the service to inform them of changes at the service and how they could get in touch with the manager and

office staff. Records we sampled showed that staff sometimes used 'alert sheets' to leave messages for the manager or for relatives about people's care needs, although some information was not always added to people's care plans where this would have been helpful to consistently guide staff.

A relative told us, "I'd recommend the service to anybody... the management is very approachable, and the carers." People and relatives we spoke with spoke positively about their care. Systems were in place to monitor the views and experience of people using the service. People and relatives we spoke with were comfortable with raising and sharing concerns, and told us they felt confident that these would be addressed. The manager had taken care to ensure that people's complaints were resolved and their follow-up checks often reported an improvement in people's experience of care.

Staff we spoke with demonstrated that they felt supported and equipped in their roles. Staff meetings were held where staff had the opportunity to discuss and learn more about aspects of their roles. There were processes in place to aid staff development and monitor their performance such as spot checks and supervision sessions. Staff told us they received praise and recognition to encourage good practice. The manager told us that they held staff to account for their performance and staff we spoke with told us that they valued this approach. The deputy manager told us, "The manager has a great rapport with staff who have the deepest respect for her." A staff member told us, "The manager is brilliant, tough when she needs to be and treats us all on the same level, asks our opinions." We found that staff were aware of the improvements that had been required and made to the service.

The registered provider and manager were able to provide us with progress updates in respect of how they had met their action plan from our last inspection. The registered provider told us that they had taken care to improve the leadership structure at the service and we found that staff valued the support provided by the deputy manager and manager together with support from two senior carer staff and a care coordinator. The registered provider told us that they had taken on a more active role in running the service and had identified ways in which they wished to progress the service. The registered provider had displayed their inspection ratings at the office and on their website as required by law. There was not a registered manager working at the service. The manager had been working at the service since April 2016 and they had made an application to become registered which was being processed by the Care Quality Commission.