

Cephas Care Limited

Cephas Care Ltd Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Cephas Care Ltd Domiciliary Care Agency provides personal care to people who live in their own home. The service supports older people as well as autistic people and people with a learning disability. The supported living projects range in size from small to larger projects accommodating up to nine people in one dwelling sharing communal areas and staffing. In total they assisted 39 people of which 32 people were assisted with personal care in 17 supported living projects, across Suffolk. At the time of the inspection the domiciliary service supported 53 people who were in receipt of personal care across Ipswich and Felixstowe.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Following the last inspection, a new management team had taken over the day to day running of the service. At this inspection we found improvements had been made both across the domiciliary care service and supported living, although further work is needed to embed new processes and build greater trust with relatives.

Feedback from people using the domiciliary care service was positive overall but some people had been impacted by challenges with the electronic scheduling system and staff changes, which had led to some missed calls. The provider was monitoring these closely and told us that they had commissioned a new electronic system which they were about to start using. This provided us with some assurance that risks were reducing further.

Feedback from relatives of people using the supporting living service was inconsistent with some relatives telling us that their family member was happy and had a good relationship with staff, but others expressed concerns about staff skills and the use of agency staff. We have made a recommendation about staff training and the use of techniques to prepare people moving between services to increase the opportunities for a more positive experience.

Staff were in the processes of reviewing care plans. We have made a recommendation about accessing sensory assessments for some people to assist with the care planning process. End of life care planning was not well developed, and we have made a recommendation about this.

Throughout the inspection, the management team displayed a transparent approach. They spoke openly about challenges and shared their plans to address them. Audits were more robust and new systems had been put into place. We have made a recommendation about developing more observational audits.

People had increased choice and control over their lives and there was improved oversight of restrictions.

The provider recognised that further progress is needed, and they had an action plan in place to drive improvement.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support:

- The service had enough staff to meet peoples' needs and promote people's choice and independence. People had greater access to the community as staff were available to support them.
- Staff were clearer as to their responsibilities in relation to the Mental Capacity Act and care plans were clearer about how people communicated and made their views known.

Right Care:

- Risks to people's safety were identified and taken seriously. Guidance was available to staff on how they should reduce the risk of harm and promote people's dignity and human rights.
- Incident reports were completed in more detail and reviewed by the management team to reduce the likelihood of further incidents. We saw that the numbers of incidents had reduced.
- People were supported to maintain relationships with friends and family, and we saw that there were a variety of arrangements in place reflecting people's individuality.

Right culture:

- The new management team were accessible and visible to people using the service and staff. There was a greater focus on improving people's experience.
- Staff morale had significantly improved, and we saw that staff were encouraged to raise issues.
- Staff had greater confidence in the safeguarding systems and that their concerns would be taken seriously.
- The quality assurance systems had been strengthened and provided greater oversight.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 29 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since 29 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cephas

Care Ltd Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement and Recommendations

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cephas Care Ltd Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by six 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.

Two inspectors visited the office and reviewed records; visits were made to four supported living services and inspectors spoke to staff and the people using the service. The experts by experience made telephone calls to people and relatives about their experiences of care.

Service and service type

This service is a domiciliary care agency. It provides personal care to 53 people living in their own homes. The service also provides care and support to people living in 17 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced, and we gave the service 24 hours' notice of the inspection as people are often out and we wanted to be sure there would be people at home to speak with us and that they consented to this. Inspection activity started on 28 November 2022 when we visited the location's office. We concluded the inspection on 13 December 2022 when we provided feedback.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the Local Authority. We used all this information to plan our inspection.

During the inspection

Some people we met during the inspection had complex needs and were not able to tell us about their experiences. We therefore used our observation of care and other evidence to help form our judgements. We visited four supported living locations as part of the inspection. We spoke with one person and 15 relatives of people who used the supported living service.

We spoke with eight people and six relatives of people using the domiciliary care service. We spoke to seven staff when we visited the providers head office, we received ten emails from staff telling us about their experience and talked with 16 others.

We looked at selected care plans and risk assessments, medication and staffing rotas. We reviewed 6 staff recruitment records and training records as well as quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the effective management of risk which placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found some improvement at this inspection and the provider was no longer in breach of Regulation 12.

- People's care plans included risk assessments which guided staff on how to mitigate risks. Risks associated with people's care had been identified and we saw risk assessments addressing areas such as self-harm, fire setting and epilepsy.
- People's positive behaviour support plans were in the process of being updated and staff were more confident in being able to support people who were showing signs of distressed behaviours. However, further work was needed to ensure consistency and best practice.
- An issue was raised with us during the inspection about staff response to a person who was experiencing distress. The management undertook a review and responded by immediately providing additional training to staff who worked with the person.
- The monitoring and oversight of environmental risks in people's homes had improved. Risks were identified and where immediate repairs were needed this was escalated.
- Each person had a personal evacuation plan in place which gave quick access to staff or emergency services on the level of support they required to evacuate the building. Fire safety risk assessments had been updated and where improvements were needed there was an action plan in place and immediate actions had been addressed.
- Health and safety assessments had been undertaken and were individualised to each service.
- There was improved oversight of incidents and safety monitoring had improved. Staff completed incident and accident forms in more detail. Incidents were reviewed by the head office team to identify patterns and any wider safety concerns with debriefing for staff to enable reflective learning.
- The providers analysis of recent incidents showed that there had been a significant reduction in incidents in the months preceding the inspection. One member of staff told us, "Staff are a lot more motivated; incidents have reduced ...there is less conflict here."

Using medicines safely

At our last inspection the provider had failed to ensure the effective management of medicines which placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the provider was no longer in breach of Regulation 12.

- The systems in place for the administration of medicines had been strengthened. The majority of the medicines we checked tallied with the records. However, we did find a discrepancy for one person where the records were not accurate. The medication administration chart had not been updated when the persons medication had changed. This was addressed on the day of the inspection.
- The contents of pharmacy prepared packs were now recorded separately in line with national guidance.
- There were systems in place to ensure people received their medicines, where required, which was recorded and monitored. Where it was not working staff were being more proactive and escalating to health professionals. One member of staff told us, "I have recently had a review on (person's name) PRN as it's not having the required effect – we have made a referral now to the consultant to change this."
- Staff responsible for supporting people with their medicines were trained to do so safely and had their competency checked. Where errors were made staff were stopped administering until they had completed additional training and had their competency checked.
- Regular audits supported the management team to identify any discrepancies regarding medicines and take action to address them.
- People told us they received their medicines when needed.

Staffing and recruitment

At our last inspection the provider had failed to ensure that there was enough staff effectively deployed in the service which placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the provider was no longer in breach of Regulation 18.

- At our last inspection, we found there were not enough staff to ensure people's needs were met safely. Improvements had been made. One relative told us, "There have been some recent staff changes. There is always enough staff around when I visit". Another said, "The carers are great, we have the same team almost every time they come – always on time. We always know coming and at what time. If they're running late, they let us know."
- The provider told us there was ongoing recruitment taking place, and whilst there was continued use of agency staff, this had been reduced.
- There was clearer oversight to ensure that people were allocated and received the contracted hours for which they had been assessed as requiring. Staff rosters were better maintained, and staff told us that these were provided in advance to enable people to plan activities and access the community. One member of staff told us, "Its brilliant, things have improved so much, we are not doing stupid hours anymore and there are better things in place for service users."
- On call arrangements were in place to support staff outside office hours and the feedback from staff was very positive. One told us, "If there is a problem a manager comes out, we don't feel on our own anymore." Another said, "Senior managers strive to listen. They are always there for you."
- Prior to the inspection there had been issues with the scheduling of calls for people receiving a domiciliary service due to a failure of the electronic planner. This had led to some people missing their visits. Contingency arrangements were in place to reduce the impact on people and the provider told us that they had purchased a new scheduling system which they were about to implement which would reduce risks further.

- Staff recruitment records were well organised and clear. Records showed staff were recruited safely and appropriate checks were undertaken. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

During the previous inspection we found that safeguarding processes were not effective which was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection improvements had been made.

- There were systems in place designed to prevent the risks of abuse. This included training for staff and policies and procedures. Senior staff were more visible, and most staff expressed confidence that any concerns would be taken seriously. One member of staff told us, "I am fully aware of the ways in which to report abuse, having been provided with training on how to do this. I have also been made aware of Cephas' whistleblowing policy multiple times." Another said, "It is still a work in progress but we definitely heading the right way. Things have definitely changed we are listened to ...the owners are more visible."
- The provider told us that they were intending to provide additional reassurance to staff and planned to relaunch the whistleblowing hotline to enable staff to raise any concerns anonymously.
- Where there were safeguarding concerns, these were taken seriously and reported to the local authority safeguarding team, as required. This included where there had been incidents between people using the service and efforts were made to identify learning to prevent a reoccurrence.
- The provider took action to reduce future risks, such as disciplinary action and worked alongside the local authority, where required.

Preventing and controlling infection

- Improvements had been made to how people were supported to live in a clean and hygienic environment. Food preparation areas were clean, but not all the bathrooms had been provided with soap and hand wash. The provider assured us that they would address this.
- People told us that staff wore Personal Protective Equipment (PPE). Risk assessments were undertaken for supported living services to determine how PPE should be used as some people found the use of masks distressing, as it impacted on their communication with staff.
- The provider had arrangements in place to ensure Covid outbreaks could be effectively managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found people's rights under the Mental Capacity Act had not always been respected and the act was not fully understood. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the provider was no longer in breach of Regulation 11.

- Where people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff had consulted with health and social care professionals and people's representatives, such as when they needed their medicines given covertly.
- Restrictive interventions such as medication given for managing peoples distress were monitored in a more systematic way. The provider told us they had significantly reduced their use.
- Care plans advised staff about how people made choices. One plan for example documented how the person took staff by the hand to show them what they would like.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to a wide range of health care professionals to support their wellbeing and help them to live healthy lives. Staff supported people to follow any advice, such as from a dietician.
- People's oral health needs had been assessed and their care plans set out the levels of support needed to maintain good oral care.

We recommend that the provider considering accessing additional occupational support for people including where appropriate sensory assessments to enhance people's quality of life.

Staff support: induction, training, skills and experience

- At the last inspection we found that staff did not always have the knowledge needed to support people with a wide range of complex needs, across all age groups. At this inspection we found that some training had been undertaken and further was planned but this was still a work in progress.
- Staff had received training relevant to their roles. Newly appointed staff received an induction to prepare them for their role. One told us, "I feel supported. The care certificate is offered. When I'm a little more confident I will do it."
- Relatives gave us inconsistent feedback about the skills of staff, some told us that staff were skilled and knowledgeable, but others expressed concerns about the skills of some staff and agency staff.
- Staff were positive about the training they received but told us that they would welcome more specific training on areas such as autism. We identified continued shortfalls in staff knowledge and understanding of behaviours as an expression of anxiety and mental health. A senior member of staff had been appointed with a background in mental health to drive improvement.
- Since the last inspection training on communication and the use of Makaton had been provided. Staff told us, "A lot of training is now in place. Staff meetings are held more regularly.". Another said, "The department is certainly far better led now, than it was when I first started. Managers are also very on the ball with staff meetings and supervisions, which again, make me feel that they take the wellbeing of both service users and staff alike, very seriously."

We recommended that training on subjects such as autism and mental health which are undertaken every three years is reviewed and provided at more regular intervals

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture, which promotes a good quality of life and includes key principles of choice, control and independence. At this inspection we found that improvements had been made and people were leading more interesting lives, as staff knew when they would be on duty and were able to plan visits to the community.
- Reviews of people's needs were being undertaken at regular intervals and records maintained and staff told us that the provider was responsive to changes in people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us that they received the support they needed with meals. We observed staff support when provided was appropriately paced and people ate well. People had been provided with specialist cutlery reflecting their different needs and levels of support.
- We saw people talking to staff about what they wanted to eat but in some of the larger supported living services, choices were not consistently evidenced. The providers audit had already identified this an issue and there were plans to introduce visual prompts to help decision making.
- Care plans outlined peoples likes and dislikes. One care plan stated, 'I like to have either porridge or Weetabix for breakfast made up with milk, cream to be poured over the top with drizzled honey, syrup

chocolate sauce. I will also have chopped banana on the top of my porridge."

- Some family members told us that they would like to see a greater emphasis on meal planning and healthy eating. However, we saw that people's weights were monitored to ensure that any unexpected loss or gain was noted and escalated.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found that people were not consistently treated with respect and compassion. The shortfalls were a Breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found that improvements had been made.

- During our visits to people's homes, the interactions we saw were more respectful and caring than previously observed. Overall, we found that staff had a good rapport with people they supported, and we observed some nice interactions. At one supported living service we noted some negative descriptions when staff described a person's behaviours but when we raised this, the management team put in additional staff training which was targeted on the issues identified.
- We observed staff and people knew each other well and people appeared comfortable. They sat and chatted or relaxed around staff or seemed happy to spend time in their rooms.
- Feedback from relatives was positive. Comments included, "They know [relative] really well and has a good relationship with [them]." "The staff are very kind my relative would let me know if they were not!!" "My relative is so happy they love the staff; they are so kind and wonderful."

Supporting people to express their views and be involved in making decisions about their care

- We observed people being supported to make decisions about their care. One member of staff told us about one person, "They tap for lunch occasionally to make a choice. Every day we hold out 2 options and give the person the choice. We know them so well we know what the person likes if they are not well enough to make a choice.
- A relative told us, "They ask my relative what they want to do – does they want to go to church? If my relative does not want to go, they do not have to go they don't force them."
- Some formal engagement with people their relatives was carried out in both the domiciliary and supported living. Service user meetings took place, questionnaires sent, and a relatives meeting had been held. Results were collated and actions taken.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when supporting with personal care and doors were closed to maintain privacy.
- Whilst we saw some examples of people being supported to be more independent, objectives would benefit from being more clearly documented to ensure more consistency and measurable achievements.

One person had started to bring out their laundry in a red bag which was working well and a real achievement for that individual.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure effective care planning which was a breach of Regulation 9 (Person centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the provider was no longer in breach of Regulation 9 although further work is needed to imbed the changes that have been made.

- People we spoke to told us that they were happy and well supported by staff. Most staff knew people well, which helped them recognise and adapt the support to changes in routine and mood. The care we observed was generally more person centred but there were still some examples of task based practice, although these were much less prevalent.
- Care plans were in place to guide staff on people's needs, preferences and how care should be delivered. These were in the process of being updated and were more personalised, including information about what was important to the person, such as what they liked to watch on the television. However, because of the more descriptive style there was a focus on behaviours, and they would benefit from greater balance on what the person does well.
- Information in care plans was not always easy to find as they did not all have an index or profile, but we were assured that this was being addressed as part of the review and missing information collated.
- Staff maintained daily records which outlined the support they provided and enabled some monitoring of people's care. The records reflected on people's wellbeing and mood as well as activities completed. There were systems in place to handover information when new staff came on duty. A member of staff told us, "All paperwork is up to date and we can find things more easily."
- Whilst greater staff availability has meant more time for staff to plan people's care, further interventions are needed to ensure consistency of practice. On the day of the inspection one person declined to attend a health appointment but we could not see evidence that they had been fully prepared for the visit.

We recommend that the provider considers how transitions between services are managed and the use of techniques such as social stories to prepare people and increase the opportunities for a more positive experience.

- At the time of our inspection, no one living at the service was receiving end-of-life care. End of life sections of care plans had not been completed but there were details of any funeral plans in place. Staff were clear about people's choices as whether they wished to be resuscitated in the event of an emergency, but documentation was not being stored consistently. This was addressed following the inspection.

We recommend the provider reviews its end of life care planning and considers ways in which people's end of life care wishes can be recorded. We will follow this up at the next planned inspection of the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations. Training in communication had been provided to staff.
- We observed that staff knew people well and used a variety of ways to communicate, including using hand signals and getting down to people's eye level.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were undertaking meaningful activities to reduce boredom and isolation and staff were available to assist people access the local community. We observed and were told about people participating in activities such as attending clubs, church and going out on the bus
- Relatives told us, "My relative goes out to museums to look at aircraft which is his love so I think it is tailored to him." "My relative helps in the kitchen, does craft, goes to church she likes helping staff, she likes having her makeup and nails done but she also plays with dolls." "They do special things on their birthdays you really can't fault them."

Improving care quality in response to complaints or concerns

- There was a system for receiving and responding to complaints for both domiciliary and supported living provision. Complaints were tracked, outcomes logged with any learning identified. Where there had been shortfalls apologies were given.
- Prior to the inspection we had received some concerns about how complaints had been dealt with and that calls to the head office had not always been answered. We saw that the provider had acted on this and appointed a receptionist to answer the telephones.
- We received inconsistent feedback from relatives about how concerns were managed. One person told us, "We've had some niggles, but they've always been dealt with." But others were not yet confident that raising concerns would lead to change, as they had poor previous experiences. Further work is needed to improve trust with relatives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection we found that there had been a failure to operate an effective quality assurance system to assess, monitor and mitigate risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider no longer in breach of Regulation 17, although further work was needed to embed some of the changes that had been made.

- Following the last inspection, a new management team had been put into place. We saw that they were visible and accessible to staff, relatives and people who used the service.
- Changes to processes and oversight had improved morale and outcomes for people.
- Systems in place for the identification and management of risks had been strengthened. People were receiving their contracted hours and the arrangements to support staff out of hours had improved. People's access to the community had improved.
- There was a governance framework to assess quality and safety. Quality audits and spot checks were being undertaken. The company directors were more involved and undertook a compliance visit to each of the supported living services to ascertain how they are being managed and produced a report with actions.
- Systems were in place to collect information on areas such as complaints, incidents and accidents and the information was analysed to identify learning. We saw that the numbers of incidents had reduced which showed that the changes made had impacted positively on people.
- People and their relatives gave us inconsistent feedback although most spoke positively about the staff and told us that their relative was very happy. "I would give them 6/10 but my relative is happy there and that is what counts to me." "I would give them 12/10. My relative is safe content and happy and what a difference in them." "There is a lot more good than bad, they do a difficult job."
- Staff had more confidence in the reporting systems and their morale had improved and told us that they felt valued and respected. "This does feel like a different company. So much passion to get things right ...I feel that things are back on track...people used to be worried about getting things wrong and being blamed....there isn't a blame culture now-we recognise when things are wrong but it is much more supportive....staff are beginning to believe that things are different."
- Whilst progress had been made there was still work to do to ensure processes are embedded into the day to day life of the service.

We recommend that audits have a greater focus on observation and people's experience of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour was understood by the management team and where incidents had happened people and relatives had been kept informed and if necessary, apologies given.
- The provider had notified the CQC of events which took place in the service. This is a legal requirement for them to do so.
- Throughout the inspection, the management team displayed a transparent approach. They spoke openly about challenges and shared their plans to address them.

Continuous learning and improving care

- The provider had put a new management team in place who were receiving ongoing mentoring to develop their skills and lead on improvement. There was a quality improvement plan in place with clear actions and dates for completion.
- Regular management meetings and audits provided improved oversight. Team meetings were being held and staff supervisions were underway and while not fully up to date there were a plan in place to address this.
- While some relatives were happy others were less so. There had been issues with the electronic system in the domiciliary service which had impacted on people's experience. A number of people told us that they missed their regular communication informing them which staff were supporting them and when. The provider told us that they were due to introduce the new system which would provide improved information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The management team told us how they wanted staff and people who used the service to speak out and be involved. One member of staff told us, "Changes are being made. People are heard and supported to speak up."
- Relative meetings and service user meetings had taken place. Questionnaires had been sent to people who used the service to ascertain their views. There were plans to send questionnaires to relatives. In the domiciliary services people's views had been collated and developed into an action plan.
- Staff told us that staff meetings were held more regularly and the systems for working with the housing provider were clearer. As a result, repairs to the environment were being escalated when needed.
- The provider was working proactively with the local Authority to make improvements.