London Borough of Newham

Enablement Service

Inspection report

Newham Dockside
1000 Dockside Road
London
E16 2QU

Tel: 02033738613
Website: www.newham.gov.uk

Date of inspection visit:
16 January 2017
17 January 2017

Date of publication:
07 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice as they provide services to people in their own homes and we needed to be sure staff would be available to speak with us.

The service was last inspected in July 2016 when breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations were identified. The service was rated inadequate overall. 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.

Enablement service provides up to six weeks' support to people in their own homes to support them to regain their independence or to learn new skills. At the time of our inspection they were providing support to approximately 20 people, due to the nature of the support provided the number of people receiving a service varied from week to week. The service was not yet operating at capacity having voluntarily suspended admissions following our last inspection in July 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had been re-structured since our last inspection which had resulted in significant changes to the experience of people using the service. The service was now clear to people about the purpose of the service which meant people knew what to expect from staff and how long support would be provided for. Staff completed through needs and risk assessments before people started to receive a service. People told us and records confirmed they were involved in the assessment process and understood and consented to the service they received. The thorough assessment led to care plans and risk assessments that were highly personalised with clear instructions for staff to follow in order to support people and manage risks. People and staff told us they felt safe as the standard of paperwork was high.

People's lifestyles, religious beliefs, cultural backgrounds and sexuality were taken into account when packages of care were put together. The service scheduled visits in order to take into account people's religious and cultural commitments. Where the service was unable to meet a linguistic or gender preference for care they did not take on the referral.

Staff were knowledgeable about safeguarding adults processes and knew how to respond to concerns about abuse. Records showed that staff escalated concerns about people's welfare, as well as progress

made towards enablement goals. Where concerns were raised or feedback provided this was acted upon by managers.

The service did not support people to take their medicines, as the policy framework required to do this safely was not yet in place. Where people had identified needs with regard to medicines they were not suitable for the service and the referral was refused. Care plans contained details about people's health conditions as well as their nutrition and hydration needs and staff were provided with training and information on various health conditions to ensure that concerns were escalated appropriately.

People told us the staff were kind and treated them with respect. Staff told us the culture of the service was focussed on people using the service and this was reflected in the changes to care plans that had been implemented.

The management of the service completed a wide range of audits in order to monitor and improve the quality of the service. These included benchmarking against recognised quality standards and seeking information from established organisations delivering a similar service. The service was working on an improvement plan which had support from senior leadership in the council. The registered manager and other staff told us they felt the service was being supported to develop. Although significant changes and improvements had been made to the service, these had not yet fully embedded and the service was not yet operating at a similar level of capacity as it had been in July 2016.

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. Risks to people and staff had been assessed with clear plans in place to mitigate the risk of harm.

Staff were knowledgeable about safeguarding adults and knew how to escalate concerns about possible abuse.

People told us staff were on time and did not rush their support. There were enough staff to meet people's needs.

The service did not support people with medicines as their policy for doing so safely was in development.

Is the service effective?

Good

The service was effective. People told us staff were skilled in their roles and records showed staff received the training and supervision they required to perform their roles.

People provided consent to their care and treatment in line with legislation and guidance.

People's needs in relation to their nutrition and hydration were clearly recorded in their care plans and records showed these were met.

People's needs in relation to their health conditions were clearly recorded and the service escalated concerns about people's health appropriately.

Is the service caring?

Good

The service was caring. People were asked about their lifestyles and information about their religion, culture and sexuality was included in their care plans.

People told us the staff were kind and treated them with respect.

The service facilitated the development of relationships between staff and people through detailed care planning and additional time for introductory visits.

Is the service responsive?

Requires Improvement

The service was responsive. People received a comprehensive assessment before they started receiving a service. The care plans produced were detailed and highly personalised. However, the service was not yet operating at capacity and the number of referrals and assessments completed was lower than the service had capacity to manage.

People told us they were involved in their assessments and found it easy to make changes to their planned visits.

Staff regularly monitored and reported on progress made by people. Where concerns or negative feedback was received this was responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not yet consistently well-let. Significant progress had been made to improve the management and leadership of the service, however, these changes had not yet been embedded.

People told us they thought the service was well run. Staff told us they found their managers approachable.

The registered manager and senior managers for the provider completed regular and comprehensive audits of the service, benchmarking with recognised quality standards, to measure and improve the quality of the service.

Enablement Service

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 was carried out on 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice as they provide services to people in their own homes and we needed to be sure staff would be available to speak with us.

The service was inspected 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. The expert had experience in using home care services.

Before the inspection we sought feedback from the local Healthwatch and reviewed information we already held about the service. This included notifications that had been submitted to us and information sent to us by the provider to update us on the actions taken since the last inspection.
During the inspection we spoke with 11 people who used the service and two of their relatives. We spoke with 10 members of staff including the Nominated Individual, Registered Manager, three senior enablers and five enablers. We reviewed six people's care files including referral information, assessment, care plans, risk assessments, reviews and records of care delivered. We reviewed the supervision records of seven members of staff. We also looked at various policies, position statements, audit reports, meeting minutes and other documents relevant to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in July 2016 Enablement service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments had not been completed in advance of support being provided, the measures in place to mitigate risks were not robust and people faced risks that had not been assessed by the service. At the July 2016 inspection people told us they did not know what time staff would come to visit them, and they were frequently visited by different staff members. At this inspection we found action had been taken to address these issues.

Care files contained robust risk assessments which identified risks faced by people receiving a service and contained clear measures for staff to follow to mitigate these risks. People and staff told us risk assessments were completed before the service started and records confirmed this. Senior enablers completed risk assessments regarding the home environment and care tasks for all people who received a service. For example, one person had risk assessments relating to the risk of them not maintaining their personal hygiene, making use of their home and risks associated with clutter and hoarding behaviour. Records showed there were clear measures in place to manage these risks which had been escalated to other services where appropriate. Another person's file contained risk assessments relating to risks regarding their nutrition, personal hygiene, toileting, and use of equipment. All care files viewed contained a contingency plan for missed visits by staff.

At the last inspection staff had told us they frequently visited people in their homes prior to risk assessments being completed. This was no longer happening. Staff told us this had made a real difference to their work. One staff member said, "There have been some good changes, especially when we are going for the first time. Now they've already been assessed. This is much better and we feel very safe." Another member of staff said, "The changes are very good. It's lovely that they [senior enablers] have been in before us. We have a huge amount of information about people now, all the risks are covered." This meant risks to individuals were managed in a way that ensured people and staff were protected from avoidable harm.

People told us staff came on time and they knew which staff would be visiting them. One person said, "[The staff member] comes every day and we know who it is and she is on time." Another person said, "They are on time, we know when they are coming." This was a marked improvement on the feedback received in July 2016. Records showed people were asked their preference for the time of their visits, and this was reflected in their scheduled visits. The provider used a system that enabled live monitoring of staff to track the timeliness of visits. The registered manager had been reviewing call times on a daily basis and records showed that visits that were more than 15 minutes early or late were followed up on with staff being asked to provide an explanation for the discrepancy. The on-going monitoring of call visit times had been delegated to senior enablers as records showed the timeliness of visits had improved.

Staff told us they were now given enough time to travel between people's homes and this meant they no longer had to rush. Staff expressed some anxiety that this may not continue when the service increased the number of people it provided a service to. At the time of the inspection the service was not delivering to the same number of people it had been at the previous inspection. One staff member said, "Travel time is much

better now, but ask me again in six months. We're not working with the same levels as we were." Another member of staff said, "There's no pressure with travelling so far now."

The provider had not recruited any additional staff since the last inspection. However, the registered manager had reviewed the recruitment completed prior to the last inspection and had sought further references in order to ensure that people were suitable to work in a care setting. The provider was not planning on conducting further recruitment to the service as the future of the service had not been confirmed. Staff told us they believed current staffing levels were sufficient, but expressed concern that if demand for the service increased they would not have the staffing capacity required. One member of staff said, "For now we have enough staff. It's not as fast as it used to be. I don't know if it's why we are able to manage now. We don't know if it will continue, or if we get more staff." The registered manager submitted a position statement regarding staffing levels and capacity of the service. This stated the measures in place to monitor the capacity of the service and was clear the service will not accept referrals if it is at capacity and is unable to meet people's needs and preferences. This meant the service ensured they had sufficient staff to meet people's needs.

The service was not administering medicines to people as the provider policy regarding medicines was still in draft stage. The service did not accept referrals from people who required support to take their medicines as the service did not have a policy framework in place to do this safely. Where people took medicines, the service had recorded what medicines they were taking, so staff were aware of any side effects that might require escalation. Records showed that where staff had concerns about people taking their medicines these were appropriately escalated. For example, records showed one member of staff had reported concerns that a person was not taking their medicines as they had seen several medicines on the side untaken. They had raised this with their line manager who had discussed the concerns with the person's relatives. The service had a clear plan in place for training staff for medicines administration for when the policy was agreed. Staff meeting records showed the current position regarding medicines administration had been discussed with staff.

Staff were knowledgeable about the different types of abuse people who used the service might be vulnerable to. Staff told us they would escalate any concerns they had. One member of staff said, "I would definitely raise it [concern about abuse] with the manager who would look into it." Another member of staff said, "I would speak to my line manager and if I was not satisfied with their response I would speak to their manager." There had been no safeguarding concerns since our last inspection.

Good

Is the service effective?

Our findings

At the last inspection in July 2016 we made two recommendations. One recommendation related to the supporting people to have their nutrition and hydration needs. We made this recommendation because there was a risk that people's nutrition and hydration needs were not being met. We also made a recommendation regarding supervision of staff as records showed that office based staff had not been receiving supervision in line with the provider's policy. The service had followed these recommendations.

Staff told us, and records confirmed, they were receiving monthly supervisions in line with the provider's policy. Records showed the provider had reissued the supervision policy to staff and staff files contained updated supervision agreements. These were agreements between staff and their line manager regarding the principles of supervision. Records showed the registered manager completed audits of supervisions completed and provided feedback to supervisors regarding their supervision practice. Staff told us they found supervision useful and helpful. One member of staff said, "Supervision is much better now, it's clear about our work and our responsibilities." Another member of staff said, "I'm getting supervision now. It gives us time to reflect and express ourselves. Before we had lots of informal chats but now it is recorded." A third member of staff told us, "I get supervision regularly now. It's much more updating now and we talk about what has changed. I get a copy of the notes straight away."

The registered manager had worked closely with the provider's learning and development team to produce a training schedule for the service and had developed an induction programme for staff joining the service. Staff joining the service were not required to complete the care certificate as they already held equivalent qualifications. The care certificate is a recognised training programme to give staff working in care the fundamental knowledge and skills required to work in a care setting. After the last inspection in July 2016 the service had been suspended and had not been delivering care to new people. The service had utilised staff capacity to attend training and workshops in various areas. Records showed staff had completed training in first aid, infection control, food hygiene, fluid and nutrition, safeguarding and de-escalation techniques during this time. Further training had been booked for moving and handling and safe use of equipment. Staff with line management responsibility had received training in supervision and some were enrolled in management qualifications. This meant staff were being provided with the support and training required to perform their roles.

People told us staff were skilled in their roles. One person said, "They [staff] had a trick they showed me [to complete care task], it's a clever trick." Another person said, "The staff were very good, very skilled."

People's needs and risks associated with having their nutrition and hydration needs met were included in their care plans. These included the level of support people required to ensure their nutrition and hydration needs were met. For example, one person's plan included the level of support they required to operate their microwave to prepare their meals. Where people followed specialist diets for health or religious reasons this was included in the care plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. We checked if the service was working to the principles of the MCA.

Assessments contained a section relating to mental capacity of people. All the files reviewed recorded that people had full capacity to make decisions regarding their care and treatment. Care plans and assessments had been signed by the people they related to indicating their consent. People told us they were asked for their consent for care. One person said, "They ask me about what I want, I tell them and they do it, it's no problem." Staff had been booked on the provider's next available training session regarding the MCA and the service had a plan to work with the Local Authority Mental Capacity lead officers to develop knowledge and practice, particularly for staff completing assessments. This meant the service was seeking consent to care and treatment in line with legislation and guidance.

People who used the service were able to access healthcare services independently or with the support of family and friends. Care plans contained details of people's health conditions and information that staff required in order to provide appropriate support for people's health. For example, staff had been provided with information on diabetes so they could recognise the symptoms of a hypo- or hyperglycaemic episode. Senior enablers were trained to prescribe small items of equipment that would facilitate people's independence. Records showed that staff who were new to the senior enabler role were booked on this training. Although the service had been restructured and occupational therapists no longer sat in the team, close links remained and staff were able to make onward referrals for healthcare services.

Good

Is the service caring?

Our findings

When the service was last inspected in July 2016 we made a recommendation about supporting a culturally diverse population. This was because the service was unable to meet the diverse linguistic needs of people receiving a service.

The service had taken action to address these issues. The service had completed a full audit of languages spoken by people who had received a service in the last year. They had also confirmed the languages spoken by staff. Staff who spoke languages other than English confirmed they were now matched with people who spoke the same languages. One member of staff said, "They [line managers] are always putting me with people who I speak the same language as." The service recognised they could not meet all the linguistic needs in the area, and where someone was identified as requiring support in a language that none of the staff could speak the package was refused as they could not meet their needs. Care plans contained details of the languages spoken by people, including their level of English language ability if their mother tongue was not English.

The registered manager recognised the service was currently limited in providing gender specific support as they had a very low number of male staff employed in the service. The registered manager was exploring options for increasing the ability of the service to meet gender specific care requests.

People told us that staff were kind and respectful. One person said, "They [staff] are respectful, they talk so nice to me." Another person said, "They are very good, they are kind to me." Further comments included, "I can't praise them enough, it has been fantastic." And, "They [staff] are all very nice and kind and we laugh." At the last inspection, staff and people had told us that the strength of their relationships was affected by inconsistent rotas, but this was no longer the case. Staff told us they had time to get to know people, and this was facilitated by the additional information contained in care plans. One member of staff said, "The support plans help us with relationships absolutely. They include religion, habits, who's living with them, what they like to watch. I'm so happy it's clear now."

Records confirmed that information on people's religious beliefs, sexuality, relationships and life story including employment and families were collected during the assessment process. Where this had an impact on how people wished to receive their care this was clearly recorded. For example, one person had their visits scheduled to allow them to continue to attend their place of worship on a daily basis. Records showed people were able to change the time of visits if they wished to attend religious services when their visit was usually scheduled. One member of staff said, "We are asking more questions. We ask about religious faith, because it's not so hectic we're able to be more person centred. We can arrange care visits around religious obligations. We'll ask about sexuality now. We get one or two who will say it's not our business. Before it was awkward but now we don't blink an eye." This meant the service was ensuring they collected information needed to provide a service that was in line with people's lifestyles and choices.

At the last inspection in July 2016 staff and people who used the service told us the quality of the relationships they established with each other were effected by inconsistent rotas. At this inspection people

told us they knew who would be visiting them and did not complain of inconsistencies in the staff supporting them. Staff told us, and records confirmed, they were given an additional 15 minutes when providing support to someone for the first time. This was to give them time to read and review the care plan and introduce themselves to the person receiving the service. One member of staff said, "We get lots of information before we go and we are given extra time to read the paperwork and chat and check with the person. There's time to have a proper introduction to the person." This meant the service had taken action to facilitate the development of positive relationships with people using the service.

Requires Improvement

Is the service responsive?

Our findings

At the inspection in July 2016 the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they were delivering care before an assessment of need had been completed, and care plans were not personalised, did not contain details of preferences and lacked detail regarding the support required. We also made a recommendation regarding responding to complaints as the service had not responded to or escalated complaints appropriately. The service had taken action to address these concerns at this inspection.

The service had voluntary stopped working with new people following our last inspection and during that time had restructured and established new referral and assessment systems. The service was now operating with a clear enablement purpose and refused referrals that did not meet their criteria. One member of staff who completed assessments explained the revised process as, "We look and ask 'what's going to be different in six weeks?' People might not be ready yet, they need to get a bit better before they'll be able to improve with our service."

The quality of the information received by the service from referral partners now contained significantly more information about people and their enablement goals. The service ensured that people received a full assessment of need completed by a senior enabler in the person's home before the service commenced. People and staff told us they were now clear about what the remit of the service was, and understood it was a short term service to support people to regain their independence. One person told us, "They discussed it [the service] with me before they started. I know it isn't forever." Another person said, "They are here to help me do things again, that's what they do, they enable you again. They saw me in the hospital and explained it all. I know it's only for six weeks, they told me that."

Staff told us it was much better for them now people had a clearer understanding of the role and remit of the service. One member of staff said, "People know what we are there for, we don't have to explain the service to them again and again. Our managers have pin-pointed what we will be doing and people are happy with us. There are no more misunderstandings about what we are meant to be doing." This meant the previous issues where there was a lack of clarity regarding the purpose of the service had been addressed.

Records confirmed all people who received a service had their needs assessed and care plan written before staff started delivering the service. Records showed people were given a copy of their care plan. Care plans were highly personalised and contained details about people's life stories, and clear information on their preferences for care as well as detailed instructions for staff to follow. For example, one person's care plan stated, "I need help getting into the shower as I worry about having a fall." The plan continued, "I would like the carers to make sure I can wash my back by using the long handled brush. They will show me how to use it safely. When I am confident they will wait outside until I call them in."

Staff told us the changes in the paperwork used to support the service had made a real difference to the support people received. One member of staff said, "It's made such a difference. We don't go to anyone

without a good idea of what to do." Another staff member said, "The experience [for people and staff] has changed. It seems more client based now. They are the focus of things now and you can see it in the paperwork." Care plans included information on what aspects of care tasks people could complete independently and were focussed on developing skills in line with the enablement principles of the service. One member of staff told us, "Before it was in my head, but now it's all documented. It's exciting to read the plans, they include what people can do and how to get them to independence again."

The service had re-started taking referrals in October 2016 and was in the process of building up the number of referrals accepted and people supported. At the time of our inspection the service was supporting approximately 20 people. This is less than half the number the service had been supporting when inspected in July 2016. The registered manager submitted a position statement regarding plans to increase the number of people the service supported while maintaining the improved quality of assessments and care plans. Staff expressed concern they may struggle to maintain the new systems when the service increased the number of people they supported in line with the usual expectations of the service. One member of staff said, "The expectation is that the paperwork is completed within one day of the visit. That isn't realistic for all people all the time." Another member of staff said, "We're not there yet, but we are getting there." A third member of staff said, "The team is still progressing." A fourth member of staff said, "I can't be 100% sure [the changes will last] because we're not getting work as we were." This meant although significant progress had been made systems and processes to ensure people received personalised care that met their needs had not yet been embedded.

At the last inspection in July 2016 records had showed that staff had raised concerns about people with the provider but these had not been followed up on. At this inspection records showed that feedback from staff visiting people in their homes was reviewed and acted upon by senior staff in a timely manner. For example, records showed that staff had requested one person be prescribed a piece of equipment to facilitate their independence and this had been ordered. Similarly, another person's records showed escalation of concerns about the physical environment of their home. Staff told us they were now confident that their feedback was reviewed and acted upon. One member of staff said, "Now they [office based staff] answer the phone straight away." Another member of staff said, "I'm sure they sort things out when we raise things. We report it and now they pick it up, before it felt uneasy and you weren't sure things were looked at. Now it's clear they are taking action."

Records showed staff working with people in their homes recorded notes of each visit, including progress made towards goals. Senior staff completed both telephone reviews and visited people in their homes to monitor progress and to ensure that people were satisfied with the quality of the service they were receiving. People told us they could get in touch with office based staff easily, and make changes to their care plans or the times of visits easily. One person said, "I had to change the times they come and they did that. It was no problem to change it." A relative told us, "If we had to ring the office they were more that helpful, they were happy to change carer times when we had appointments." This meant the service was providing personalised care that was responsive to people's needs.

At the last inspection in July 2016 we found the service was not identifying or escalating complaints in an appropriate way. The registered manager maintained a log of feedback from people using the service and actions taken in response to this feedback. Records showed there had been one instance of negative feedback where there had been a miscommunication about the start date of the service. Records showed this had been resolved to the person's satisfaction. The service planned to continue with end of service feedback surveys as well as telephone monitoring conducted by office based staff. The rate of return on these questionnaires was low, with only three returned during the last three months. These were largely positive in their feedback. The registered manager recognised the limitations of a paper based feedback

system and there was a target in place for a return rate of questionnaires to ensure the service actively sought feedback from people. This meant the service was routinely seeking to listen and learn from the experiences of people using the service.

Requires Improvement

Is the service well-led?

Our findings

The service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when it was inspected in July 2017. This was because quality assurance mechanisms had not been effective as risks to people and staff had not been identified or responded to appropriately. Records had shown the concerns of staff had not been responded to or escalated appropriately. The service had taken action to address these concerns.

Following the July 2016 inspection the previous registered manager left the service and the provider recruited a new manager who has now registered with CQC. The nominated individual also changed. The provider completed an in-depth review of the service and restructured the team. Previously the enablement service had been embedded in the access to adult social care team and the team had included social workers, occupational therapists and enablement staff. Now the social workers and occupational therapists were based in the hospitals and were managed and administered separately from the enablement service. The senior leadership of the council, including the Director of Adult Social Services had met with staff from the service and the new registered manager had conducted listening and feedback meetings with staff to develop their understanding of the service and how it had been operating.

Staff told us they appreciated the work that had been completed by the new management team and felt that their concerns were now listened to. Previously staff had told us they did not feel the management team listened to or responded to their concerns. This had changed at this inspection. One member of staff said, "It's changed quite a lot, I feel we are being listened to and taken seriously." Another member of staff said, "Things have changed dramatically. Before our managers were impossible to approach. Things were changing all the time. Now our voice gets heard." Staff told us they felt supported by the new registered manager, and that they had the interests of the service at heart. One member of staff said, "The expectations are high. [Registered manager] is pretty good at the push back [refusing inappropriate referrals]. He will support us and stand by that decision."

Records showed that staff meetings were happening regularly, with weekly meetings for office based staff and monthly meetings for staff based in the community. Records showed that staff were given feedback on issues raised at previous meetings. There were discussions about staff roles and responsibilities, the remit of the service, changes to the paperwork. The office based staff meeting also included training and development discussions regarding the new ways of working.

Although staff were impressed with the progress made, four of the staff members we spoke with also expressed anxiety that changes must be embedded and sustained. One member of staff said, "It's too soon to know how it will end up." Two other staff expressed concern over the interim nature of the registered manager's post. This was discussed with the registered manager and nominated individual who expressed their commitment to ensuring the improvements in the service were sustained and submitted a position statement which stated, "The management structure of the service will remain the same for the foreseeable future, with the provider side remaining separate to the assessment side. This structure was implemented following the CQC inspection in July 2016. The Council has plans to recruit a permanent Service Manager to

the service, with the current Interim Service Manager moving to provide more of a quality assurance function, thus ensuring continuity of care and of management. Existing arrangements will continue until a permanent Registered Manager is in place." This meant the provider was making efforts to ensure the progress made was sustained and embedded.

The registered manager completed a range of audits to ensure the quality of the service. These included audits of care plans, risk assessments, records of care, reports submitted by staff and feedback from people using the service. In addition, the registered manager reviewed call visit logs to ensure that visit times matched what was agreed with people. Records showed that where issues were identified with the quality of documentation, or the timing of visits appropriate action was taken to address the issues.

The registered manager also conducted random test telephone calls to the office, both during office hours and when the on-call cover system was operating to check that calls were answered in line with expectations. This was in response to feedback at the July 2016 inspection that people and staff could not get through to the office. Records showed the calls were now answered and responded to in a timely manner. The registered manager completed a further audit in line with the NICE quality standards for home care. These showed that the service had improved in terms of meeting the standards over a three month period. The registered manager had visited similar services that were performing well to learn from their systems and processes. Records showed that feedback from these providers was being incorporated into the plan for the service.

In addition to the audits completed by the registered manager, the nominated individual had completed two quality assurance visits to the service. They had sought feedback from staff and reviewed care files. The local authority contracts team were also involved in completing quality assurance audits of the service, as they would for an external provider in the borough. These visits provided feedback on the quality of care plans and records of care. Records showed that actions from these visits had been completed.

The registered manager met regularly with a steering group made up of senior managers within the council to provide feedback and updates on the service, and the progress made against the improvement plan implemented after our inspection in July 2016. The registered manager told us they felt supported by the senior leadership in the council and that there was a commitment from all levels to see the service thrive.

Feedback from people told us these changes had had an impact on the experience of people who used the service. People told us they thought the service was good and well run. One person said, "I think it is a very good service, the office is very good, most helpful." Another person said, "It has been a wonderful service. " A relative told us, "It has been very good, we have had no problems with it, no problems at all."

Staff told us they found the new management structure clear and helpful. All the staff we spoke with were positive about the changes made and optimistic about the future. Staff told us they found their managers approachable, and appreciated that senior leaders from the council had met with them. One member of staff said, "I think the registered manager is really good and willing to listen. It's making it easier for all of us." Another staff member said, "We had a meeting with [Director of Social Services] in attendance. The council have been very supportive and I don't feel anxious speaking to senior managers." All the staff we spoke with recognised that the service had been through significant change.

Although most staff we spoke with felt this had been well managed, three of the staff we spoke with raised concerns that the contribution of all the team members to the progress made was not consistently recognised by the management team. One member of staff said, "I've loved [registered manager's] drive to get things changed but maybe he's not always considering the morale of the team and whether we are all as

enthusiastic. Where things have moved we need to share the credit, so we can bond as a team and move forward." This meant that although significant progress has been made, work remains to embed the changes and to ensure that staff morale remains optimistic about the future.