Mid Warwickshire Society For Mentally Handicapped Children And Adults

Way Ahead Support Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 1 and 8 March 2017 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Way Ahead Support Services is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 12 people. There had been a recent change to the registration of the service. The provider divided the original service which offered a domiciliary care service and a supported living service, into two separate services in October 2016. This service is the domiciliary care service, which continues to be provided under the original registration.

The original service was last inspected on 22 and 23 February 2016, where we found they were meeting the Health and Social Care Act 2008 and associated Regulations, however there were issues which required improvement in the safe and well led questions. The service had been rated as requires improvement, because we found between the period July 2015 to January 2016, when there had been no registered manager at the service, there had been a lack of oversight by the provider. This was because it was not clear which senior manager was responsible for fulfilling the absent manager's duties. Systems were not put in place to ensure information about important events was shared appropriately within the service and not all safeguarding incidents had been referred to appropriate agencies. Some information about important events was not analysed by senior managers and learning could not take place across the service to minimise future risks.

At this inspection we looked to see if the provider and registered manager had responded to make the required improvements. Whilst we found some areas of improvement had been made, we also found some of the same issues continued to require improvement.

The registered manager had been in post since 29 March 2016 at the original service. 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. Following the split into two separate services, the manager continued to be registered for both services. The new manager joined this service, the domiciliary care service, on 10 October 2016 and had taken over the day to day running of the service. They were in the process of applying to be registered and to take over the role of the current registered manager. Therefore the report will refer to the registered manager and the manager of the service.

People told us they felt safe using the service and staff understood how to protect people from abuse. However not all events which called into question people's safety had been consistently recorded and reported to managers for analysis, in order to reduce the risks to people's safety. Some identified risks had not been recorded and assessed in full on people's care plans. There was no consistent process to identify, report and analyse missed calls.

People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

The registered manager and the manager were dedicated to providing quality care to people. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. There were some processes to ensure good standards of care were maintained for people. However, audits were not always effective because they did not always identify events or risks which called into question people's safety.

There were sufficient numbers of suitably skilled staff to meet people's individual needs, however some people told us staff who were not regular did not know as much about their care needs. Staff received an induction and a programme of training to support them in meeting people's needs effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA, where people had capacity to make their own decisions, these were respected and consent was gained before staff provided personal care.

People's nutritional needs were taken into account and people were supported to make referrals to other healthcare professionals when their health needs changed.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Care plans contained relevant information for staff to help them provide responsive care to meet people's changing needs. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People were happy with the service. They knew how to complain and were able to share their views and opinions about the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff understood their responsibility to keep people safe and understood the risks relating to people's care. However not all events which called into question people's safety had been consistently recorded and reported to managers for analysis, in order to reduce risks to people's safety. Some identified risks had not been recorded and assessed in full on people's care plans. There was no consistent process to identify, report and analyse missed calls. There were sufficient numbers of suitably skilled staff to meet people's individual needs, however some people told us staff who were not regular did not know as much about their care needs. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. Staff respected people's decisions and gained people's consent before they provided personal care. People's nutritional needs were taken into account and people were supported to make referrals to other healthcare professionals when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. People were positive about how caring the staff were. Staff respected people's privacy and dignity and encouraged people to maintain their independence in accordance with their abilities.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and had a good understanding of people's individual needs and preferences. People were involved in planning their care. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were happy with the service and felt able to speak with the manager and the registered manager if they needed to. The registered manager and the manager were dedicated to providing quality care to people. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. There were some processes to ensure good standards of care were maintained for people. However, insufficient improvements had been made since our last inspection and not all events which called into question people's safety had been consistently recorded and reported to managers for analysis, in order to reduce the risks to people's safety.

Way Ahead Support Services

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 1 and 8 March 2017 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service. Before the inspection we requested a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However this request coincided with the division of the original service into two separate services and therefore the information provided was not accurate. The registered manager was in the process of providing an up to date return.

During our visit we spoke with the registered manager, the manager, the provider, a member of the provider's compliance team, the team leader and two care staff. Following our visit we spoke with two people who used the service and three relatives.

Many of the people who used the service were unable to talk with us about their daily lives, because of their complex needs. We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including

medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

During our last inspection, we identified that not all events that might mean a person was at risk of harm, had been referred to appropriate agencies, such as the local authority and the CQC. Information about accidents and incidents was not shared with senior managers, or analysed and there was no evidence learning had taken place. There was no consistent process to identify missed or late calls, or to investigate the reason for them. During this inspection we saw some improvements had been made. For example, we found any serious events were now referred by the registered manager to appropriate agencies such as us and the local authority, which helped to keep people safe. However further improvements were still required.

We looked at how events that might mean a person was at risk of harm were reported and analysed. There was a lack of consistent recording of event information because there was no system in place for staff to record and share information with their manager. A member of staff told us they had, "Never received any clarity or instruction on what needed to be done with information on incidents." Some events had been recorded, but there was no evidence that the events had been analysed to reduce risks to people's safety. For example, a note was found in an office file about an incident in October 2016, where one person had accidentally left a kitchen appliance on and their home had filled with smoke. We spoke with the manager about how the incident had been managed to protect the person's safety. The manager was aware of the incident, however was unable to provide evidence the event had been fully recorded or analysed to reduce the risk of it happening again. There was no information in the person's care plans relating to the incident. We discussed the recording and analysing of events with the registered manager. They told us they no longer reviewed day to day incidents that occurred at the service and were not aware of incidents. We discussed this with the new manager who took immediate action during our inspection and created a process for staff to record events such as falls, accidents, incidents and missed calls. The manager said in the future, events would be recorded, monitored and shared with the registered manager. They told us how they would support staff to use the new process, to record information and share with managers for analysis. This meant the issue identified at our previous inspection had not been improved. There had been a continued lack of management oversight to ensure a system was in place to assess, monitor and mitigate risks relating to people's safety and welfare.

People told us they felt safe because they received care from staff they trusted. One person told us, "I feel very safe with staff." People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with the managers. A member of staff told us if they had a concern about anyone's safety they would, "Report any concerns to my managers and I would report to the local authority if I needed to."

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to providing their care and support. Records confirmed that most care was planned to take risks into account and minimise them. When asked, staff knew about individual risks to people's health and wellbeing. For

example, one member of staff explained there were risks to one person's safety because of how they stored food in their home. They told us how they helped the person to stay safe by supporting them to follow good food hygiene practices. We saw risks were reflected upon in the review of people's care needs and changes were made to the way people were supported following comments made by people and their families.

However we found some identified risks had not been recorded and assessed in full on people's care plans. For example, one person told us they had a history of falls prior to using the service and had continued to experience falls at home and in the community, since care began with the service. They said, "I have had falls when the carers were not around. I was always able to get up…They [carers] tell me to report my falls to the GP, but I like to try and help myself when I can." We looked at this person's care plans and found staff had noted falls in their daily records when they became aware of them, as none of the falls had occurred during a care call. A risk assessment had been completed to protect the person when they were supported with personal care, however there had been no assessment of how the person should be supported to reduce the risk of falls in general. There was no assessment to identify risks when they moved around within the home environment, or for specialist equipment they used to support them to move about. This meant the risks to this person had not been fully identified. We discussed this with the manager who took immediate action during our inspection and assessed the risk of falls for this person. They told us they would also review the needs of everyone who used the service to ensure any risks to their safety were identified.

Staff were aware of falls occurring, however information was not recorded consistently and there was no evidence the information had been shared with or analysed by a manager to reduce any future risks for people. We asked a member of staff how they reported falls and they said, "I am not sure of the level of reporting." There was no system in place to assess, monitor and mitigate risks of people falling. We discussed this with the manager who told us they would develop a new process to record and monitor people's falls.

People told us they received their care calls on time. One person told us, "Yes, they are pretty good." We found there had been some late and missed calls. We saw most late and missed calls had been reported, shared with the manager for analysis and we saw actions had been taken to reduce the risk of the event happening again. However, the recording of late and missed calls was not consistent and not all events were shared and managed to prevent future risks. For example, there was a note found in an office file to say that one person's care call had been missed in October 2016. We spoke with the manager about how the incident had been managed to protect the person's safety. The manager told us they had not been aware of the incident because they told us they had only just joined the service when it had happened. They were unable to provide evidence the event had been fully recorded, shared with another senior manager or analysed to reduce the risk of it happening again. There was no information on the person's care plans relating to the missed call. The manager said in the future, missed calls would be recorded, monitored and shared with the registered manager. This meant the issue identified in our previous inspection had been partially improved, however there was still no consistent process to identify missed calls and investigate the reason for them.

People told us there were sufficient staff to meet their needs. However some people told us staff who were not regular, did not know as much about their needs as other staff. One person told us, "Bank staff don't know as much as regular staff." The manager explained they were currently understaffed and were recruiting for more permanent staff. They were using regular agency staff and staff who worked at the provider's other services, to ensure people's care calls were fulfilled. They explained agency staff who were new to the service received an induction and time to shadow more experienced staff, so they understood people's needs before providing care. The manager told us how they were trying to recruit to the service. For example, they

were organising an open day to encourage people to consider employment with the service.

The provider carried out recruitment checks to make sure staff were suitable to support people safely before they began working in the service. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. A carer told us, "When medicines arrive in people's homes, staff check medicines and the tablets are counted." A relative told us, "The pharmacy had put the wrong medicines in blister packs and the carers noticed straight away." Staff had received training to administer medicines safely which included checks on their competence and spot checks by their line manager. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Staff knew to tell their line manager if they had made a mistake with medicines and told us they felt supported to do so. Records showed medicine errors had been reported and the manager had analysed the reasons for errors and action had been taken to make improvements to ensure people were protected. One member of staff told us, "If there is a medicine error, I would seek medical advice immediately and let the manager know."

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. One person told us, "The carers are very good. They are polite. They ask me what I want to eat. I am well looked after." A relative told us, "[Name's] very happy with them [carers]. They have a nice attitude."

Training was planned to support staff development and to meet people's care and support needs. This included training such as moving and handling, medicine administration and food safety. Staff were positive about training, they told us it was readily available and they felt supported by their manager to access it. Staff said they were supported to do training linked to people's needs, such as dementia awareness. One member of staff told us, "The dementia awareness course was really interesting." One carer told us training in mental health would be beneficial to meet some people's needs. We discussed this with the manager who agreed this would be helpful to further develop staff's knowledge and improve how they met people's specific needs. The manager told us, "People are individuals and need specific support. We would get training from health professionals if it was required."

Staff told us they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included internal training from senior staff and working alongside more experienced staff so they could get to know the individual needs of people before they worked on their own. One member of staff told us, "I felt confident at the end of my induction to work alone. Everyone was supportive and helpful." The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced 'observation checks' of their practice. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. At our previous inspection we found supervisions were not all up to date. At this inspection we found improvements had been made and staff had received supervision with the manager. A member of staff told us they felt listened to during supervision and comfortable to discuss any concerns. They said, "I can discuss anything during supervision." The manager told us they had met with all staff since they began their role in October 2016, in order to, "Get to know them [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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The manager demonstrated

they understood their responsibility to comply with the requirements of the Act. The manager told us people were reviewed regularly to identify if they had potential restrictions on their liberty and told us there were none currently identified. The manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. Some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision. We found people's capacity to make decisions had been reviewed, however it was not clear on people's records, what support staff should give people to make decisions. We discussed this with the manager who assured us they would review people's records and how they made decisions and amend their care plans accordingly.

We spoke with the manager about how decisions were made if people did not have the capacity to make complex decisions. The manager explained that decisions would be made in people's best interests and other people such as family and health professionals would be involved in supporting people to make decisions where required. The manager explained there had been no recent best interest decisions made with people who used the service.

People told us staff gained their consent before supporting them and relatives confirmed this. Staff told us they knew they could only provide care and support to people who had given their consent. A member of staff told us, "I always ask for people's consent. If they decline there maybe health implications, so I would talk to their family to see if they could encourage them."

Some people received food and drinks prepared by staff and some people were supported by staff to prepare their own meals to support their independence. Two people told us, "Staff make me a cup of tea, I make my own food" and "They [staff] give me a drink, they know what I want." Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. A member of staff explained how they supported one person to choose what they wanted to eat for the following week. They told us, "Sometimes [Name] cooks themselves or they ask for support to cook things." They explained how they promoted healthy eating and good food hygiene to this person. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

People and their relatives told us if there was a need, they made their own healthcare appointments with health professionals. A relative told us, "Carers contact me if there's a problem, if [Name] is in pain." A member of staff told us, "We signpost people to health professionals, or we can do it on their behalf if they have consented." The registered manager told us, "Carers don't make appointments with health professionals, we sign post people." We discussed this further with the manager and the registered manager, who assured us that if someone had an urgent healthcare need, staff would ensure they were referred to the appropriate person for medical attention. They gave an example where they were working closely with health professionals who supported one person with their mental health needs. The registered manager told us, "The manager is working with health professionals to ensure their care is appropriate for their needs." We saw evidence of this on the person's care records.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "They [carers] are always there to cheer you up and make you laugh. They are very good" and "They [carers] are caring and good natured and ask how you are and I have a chat with them. They ask about my family."

Staff explained how they provided care that was personal to people's needs. One member of staff told us, "From initial assessment we can build up a social story when we speak with people. We constantly add to it and it is updated into their care plans. The family may give us information. So for example, if people are feeling down, we can talk to people about things to cheer them up." They gave us an example of one person who liked to talk about their hobby and that lifted them from a low mood.

The registered manager shared their philosophy of person centred care and told us, "It's very much about putting the person at the heart of everything and supporting them with their wellbeing. By providing choice, respect and dignity…. We involve them and we are honest with them and transparent about reducing risks." They told us how they shared this philosophy with staff, they said, "Our induction includes our philosophy, treating the person as an individual. Just because you do one thing with one person, that's not going to work with everyone else."

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One person told us, "They [staff] never stop me from doing things myself. They are always with me to help me." One member of staff told us, "It depends on how people feel on the day. The most important thing is to try and help them keep their independence. We support people if they struggle."

Staff understood the importance of treating people with dignity and respect. A relative told us, "Yes they promote [Name]'s dignity. For instance they have the bathroom door shut if they are in the bath and then check on them." A member of staff told us how they supported people to maintain their independence and their dignity. They said, "We make sure the bathroom door is closed. We ask people if they want to keep parts of their body covered and go at their pace."

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. A relative told us, "The carers listen, they are aware of things and they contact me. [Name] likes them." One person explained that following a long spell in hospital where they received treatment and lost a lot of weight, they returned home and started using the service. They said, "From the time I came home, I picked up wonderfully with the carers help. They helped me get back on my feet."

Staff explained how they provided care to meet people's needs, to ensure they had the best quality of life. One member of staff gave an example of one person whose mental health needs had changed recently due to a decline in their health. They explained how they had discussed the person's care needs with other staff at team meetings and shared their knowledge to find the best ways to support them and meet their changing needs. They said, "We try to make [Name] as independent as possible, so we prompt them [with tasks]."

People's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to meetings to review their family member's care where appropriate. A relative told us, "We meet regularly with the supervisor. We can make suggestions and they discuss with us what they can provide and what they cannot." This showed the service was transparent about how it could meet people's care needs. Another relative explained how at the last review of their family member's care, the team leader had written a summary of their care needs and the information was used to secure funding for additional care the person now received and how it had improved their quality of life. The manager explained people were included in the review of their care. They said, "We have conversations with people at their end of month reviews. For example, do they like a shower at a certain time? They are involved as much as possible and family members too if appropriate."

Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. One person told us, "They [care plans] have information for staff, about what to do if I am ill." We saw there was clear guidance for staff about how to support the person with their health needs at the front of their care plan. A relative told us, "Care plans are very thorough and available in the home." A member of staff told us, "Things can change quickly so we check the care plans when we go in [to people's homes]." The manager explained following their initial assessment of people's needs, they gathered information and assessed and reviewed people's care again after five weeks. They told us, "Staff contribute to care plans because they are always changing. We keep a copy here and in people's homes and we review them on a monthly basis."

Care plans contained information about people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A relative told us, "The carers that go in regularly to [Name] know them very well. They help [Name] to choose an outfit and guide them to wear appropriate clothes." The manager told us why it was important to know about people's backgrounds. They said, "We find out about people so we can have a chat while we support them. We may be the only people they see."

Staff told us people were encouraged to maintain their religious beliefs. A member of staff told us, "One person likes to go to church so we support them to get ready to go."

Communication was effective, which helped people to receive care which met their needs. A member of staff explained how senior managers shared information about any changes in people's needs. They said, "We share information in people's daily records, over the telephone or have texts sent to us to update needs." A relative explained how carers contacted them if their family member showed any signs of being unwell. They said, "They [carers] are very good, they write in a communication book if anything has changed."

People and their relatives told us they felt comfortable to raise any concerns with staff. One person told us, "I would complain if I had to. I would tell the carer or the manager."

There was information about how to make a complaint and provide feedback on the quality of the service in people's welcome packs in their homes and in the care office. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The manager confirmed there had been one formal complaint since the start of the service. Records showed it had been dealt with in accordance with the provider's policy. There was evidence of compliments from relatives about the standard of care provided by the service. For example, one relative had written, 'Every single one of you are so caring it was a pleasure to have met you all.' The manager explained compliments were shared with staff.

People were asked to share their experiences of the service on a feedback form, which was returned on a monthly basis by staff with their daily records. The information was reviewed by the provider's compliance manager. The manager explained people would be contacted on an individual basis if a concern was raised. The service had not yet undertaken a survey to gather people's opinions because it was relatively new. However, a member of the provider's compliance team explained that when they undertook people's six monthly reviews in the future, people would be encouraged to share their opinions on the standard of service and this information would be used to make improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we found systems were not put in place to ensure information about important events was shared appropriately within the service and not all safeguarding incidents had been referred to appropriate agencies. Some information about important events was not analysed by senior managers and learning could not take place across the service to minimise future risks. During this inspection we saw some improvements had been made. We found any serious events were now referred by the registered manager to appropriate agencies such as us and the local authority. We found there was an improved process to identify and manage any medicine errors, to reduce the risks to people's health. However further improvements were still required because not all events which called into question people's safety had been consistently recorded and reported to managers for analysis, in order to reduce the risks to people's safety. In addition, some identified risks had not been recorded and assessed in full on people's care plans and there was no consistent process to identify, report and analyse missed calls.

Everyone we spoke with told us they were satisfied with the quality of the service. A relative told us, "They give excellent care, I am very pleased with the service we are receiving."

The registered manager had been in post since 29 March 2016 at the original service we inspected in February 2016. The original service divided into two separate services in October 2016, a domiciliary care service and a supported living service. The registered manager continued to be registered for both services. The new manager had joined this service, the domiciliary care service, on 10 October 2016 and had taken over the day to day running of the service. They were in the process of applying to be registered and to take over the role of the current registered manager. The registered manager was aware of their responsibilities and had provided us with notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law, however the information had not been up to date due to the recent separation of the original service, so they were in the process of updating the information at the time of this report.

The new manager told us they completed an induction when they started work for the service, but explained that it had been a, "Difficult time". They told us the registered manager had been absent from work for a number of weeks and during that period the original service had divided into two separate services. They told us because this was a new service, it had been a busy time due to the increase in numbers of people using the service, completing their assessments and learning all the new paperwork. The manager told us they felt supported by the provider and other senior managers because there were managers meetings and they could speak with other managers if they needed support. The manager told us "I feel comfortable to bring concerns to senior managers. The registered manager and I both have good ideas we've brought with us from places we have worked at previously, we bounce ideas off each other and share best practice.

The manager acknowledged that learning from our previous inspection should have taken place and been shared across all the provider's services. However, there was still no consistent process in place to assess, monitor and mitigate risks relating to people's safety and welfare, including risks to individual's safety,

incidents and missed calls. This was an issue identified at our previous inspection. Records showed that information about serious events was being shared by staff with senior managers for review and analysis on an ad hoc basis and some events had not been shared. The manager said that events should be monitored by the registered manager, however they had been absent and in their absence other senior managers would have dealt with events. We showed the registered manager records of events where there was no evidence they had been analysed to reduce the risks to people's safety, for example missed calls. They told us they no longer reviewed day to day incidents and were not aware of all of the events that took place at the service. The manager told us that going forward they would use the new recording processes they had introduced during our visit, to ensure staff shared information with them and they would monitor and analyse events and share the information with the registered manager and the provider.

There was evidence learning had taken place because some improvements had been made to monitoring processes. For example, medicine errors were recorded and analysed to reduce future risks to people's health and wellbeing. However, this learning had not been reflected throughout the service, because other events which called into question people's safety, had not been consistently managed.

There were some systems in place to monitor the quality of service. The provider's compliance manager showed us how they reviewed people's medication records, care plans and call times on a monthly basis. We saw where required, action plans were followed and improvements were made in a timely way by staff. Care call times were checked by the manager. However, audits were not fully effective because they did not always identify events or risks which called into question people's safety. For example, the compliance manager showed us part of their care plan audit where staff had supported one person with their food hygiene because an event occurred where the person had placed themselves at risk. We raised this with the manager and they were not aware of the event. There was no evidence the event had been managed to prevent a future reoccurrence. This demonstrated further improvements were required to ensure that all events were consistently recorded and reported to managers for analysis, in order to reduce the risks to people's safety.

This meant the lack of oversight had continued by the provider because during the period of organisational change and managerial absence, processes were still not in place to consistently identify, report and analyse events and risks relating to the health and safety of people using the service.

People told us the manager and senior staff were accessible, however some people said it was difficult to get hold of senior staff at the weekend. A relative told us, "We have no way of communicating with them [staff] out of hours, for example if we needed to change an appointment time, we can't." Records showed one person had tried to contact the care office on a Sunday evening and had left a message on another of the provider's service's telephones advising that their care call had not been attended. This had not been picked up by staff until the next morning and the person missed their evening care call. We discussed this issue with the manager who had reviewed the event to reduce the risk of it happening again in the future. They had recognised there was a problem and told us they would change the voicemail messages on all the providers' services telephone lines, to ensure people could easily understand how to get in touch with the service out of core business hours. They told us they would send out a letter to people to ensure they had a record of the correct phone number.

Staff told us the registered manager and the manager were approachable, they told us they could make suggestions and these were acted on. A member of staff said, "Communication is good. We have regular team meetings once a fortnight and we go through if there are any problems with the clients. We discuss if there are any changes or if different things need to be done. I feel happy to make suggestions." Another staff member told us, "The manager is lovely, I can go to them with a problem." Staff told us they felt supported

by the registered manager and the manager and were happy with the leadership of the service because it was, "Transparent and fair". A member of staff told us, "I enjoy the role. We are currently building up the service." The manager told us staff could approach them any time and explained how they strived to ensure staff felt happy in their work. They said, "I give staff ownership and let them achieve goals themselves, then they feel happier in their work. It's a two way street, we make a good team because everyone plays their part."

The manager told us the provider held meetings for service managers, where information was shared and discussed, including information about important events such as safeguarding, incidents, missed calls and medicine errors. The manager told us there had been less regular meetings since the beginning of 2017 because some managers had not been available due to the additional workloads created when the service was divided into two. We saw instead, information was shared by email. Records showed there was no set agenda for the manager's meetings and events were only shared and discussed with the provider if they were raised by a service manager.

The manager told us they kept up to date with best practice by researching changes to legislation, reviewing information from other organisations such as the British Institute of Learning Disabilities and by attending local forums to share information and best practice with other domiciliary care providers. A provider forum is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. The manager said, "It is a great place to obtain knowledge and share ideas." The manager explained how they shared best practice with staff at meetings and through supervision.