Age Concern Manchester

Age Concern Home Care North Manchester

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 6 and 7 February 2018. We gave the service 48 hours' notice that we were conducting the inspection as the service to ensure there was someone available at the office.

Age Concern Home Care North Manchester is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service provides care to a range of people with different needs including older people, people living with dementia, learning disabilities, physical disabilities, mental health and sensory impairment. When we inspected the service, there were 76 people receiving domiciliary care. Calls to people's properties ranged from 30 to 60 minutes per visit and there was one person receiving a regular night sit. Not everyone receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Our last inspection of this service was on the 10 and 11 October 2016 and we found concerns relating to regulation 17 and 19 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. We found that quality checks on operational areas such as recruitment, medication and care plans were not sufficiently robust to provide adequate oversight and some people's care records did not always contain appropriate information regarding mental capacity. Also, the provider did not ensure that the recruitment and selection process was sufficiently robust and appropriate pre-employment checks were in place. The overall rating for the service was requires improvement. At this inspection, we found significant improvements had been made to the service and found the service to be good in all of our key questions; safe, effective, caring, responsive and well led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe and well led to at least good. At this inspection, we found that the provider was completing audits and quality checks of recruitment and ensuring that any new staff members had the required pre-employment checks in place before commencement of employment. Furthermore, we also found that there were additional audits in place to monitor medication and care planning. Also, we saw there had been improvements in the service assessing people's mental capacity and making referrals to the local authority.

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.

People were protected from abuse. Staff followed the provider's and the local authorities safeguarding procedures to identify and report concerns to people's well-being and safety. Accidents and incidents were recorded and reviewed.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service. This included any environmental risks in people's homes, risks in the community and any risks in relation to the care and support needs of the person.

Staff were recruited safely and trained to meet people's individual needs. Wherever possible people were only supported by staff known to them.

There were enough staff assigned to provide support and ensure that people's needs were met in the week. However, there was a small number of comments made about late calls at weekends. The service had recognised this and put in place procedures to assist in preventing late calls. The service was in the process of recruiting new staff members to train and assist with weekend cover.

Medication was well managed and staff were fully trained in the safe administration of medication,

Legible daily records were kept on each person and documented what care and support had been given.

Care plans were regularly reviewed and individual to the person.
People we spoke with told us that staff members were kind and caring.

Staff received support, regular supervision and attended training to enable them to undertake their roles effectively.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity who may need to be referred under the court of protection scheme through the local authority.

People were aware of how to raise concerns and felt the registered manager was approachable.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The registered manager and deputy manager were visible in the office. They regularly visited people in their own homes and each person we spoke with knew who they were.

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 is safe.

People told us that they felt safe while being supported by staff from Age Concern.

The service were working to resolve concerns with late calls and putting procedures in place to rectify this.

All required pre-employment checks of staff were in place to assure the service that staff members were suitable for the role.

Is the service effective?

Good

The service is effective.

People received a full assessment prior to any care and support being arranged.

People consented to receiving care and support and staff ensured consent was gained each time they supported a person.

Staff members received a thorough induction and training on the commencement of their role

Is the service caring?

Good

The service is caring.

People we spoke with told us that the staff were caring towards them.

People's preferences were documented in care plans.

The service had access to advocacy services to assist people in making decisions.

Is the service responsive?

Good

The service is responsive,

Care plans were clear and available for staff to follow to support each person.

Complaints were answered in a timely manner and outcomes shared.

People received regular reviews of their care and support and appropriate referrals to services such as moving and handling assessments in a timely manner.

Is the service well-led?

Good

The service is well led.

There were a number of audits in place to monitor and improve the service.

Annual surveys were given to people to assist with the service's quality assurance and find ways of improving.

Feedback about the management team was very complimentary from people, relatives and staff members.

Age Concern Home Care North Manchester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 and 7 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector on day one of the inspection and an inspection manager and inspector on day two. Furthermore, three other inspectors made phone calls to people who used the service and staff members to seek their views.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.
During the inspection we spoke with eight people who used the service, three relatives, the registered manager, the deputy manager and eight staff members.

We looked at six peoples care plans and risk assessments. We reviewed four staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and a number of audits relating to medication management, recruitment, safeguarding and quality assurance. We checked people's feedback on the service including the timeliness of calls and that whether people were involved in planning their care. We looked at health and safety and infection control and how risks were managed. We visited, with consent, the properties of three people receiving personal care from Age Concern home care.

Good

Is the service safe?

Our findings

At our last inspection in October 2017 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 where we found was a breach in the last inspection that the provider did not ensure the recruitment and selection process was sufficiently robust and appropriate pre-employment checks done. We saw at this inspection that improvements had been made and this regulation was now being met.

We viewed four staff personnel files and we saw that each staff member had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check in place. A DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The service had a recruitment policy in place. This meant that there were processes in place to protect people from receiving care from staff who were unsuitable. Furthermore, staff were issued with identification badges and we saw spot checks recorded on staff members which checked that they were wearing the identification badges when supporting people.

People told us that they felt safe while being supported by staff from Age Concern home care. One person told us, "[Staff member] is absolutely marvellous, she helps me get out. I feel very confident" and "[Staff member] is very nice, will do anything she's asked. She never goes until she knows we don't need anything else. She is a credit to Age Concern." A second person told us "I feel safe with the carer because she's down to earth like us. I trust the one I have." A third person said "I have mostly the same carer unless she's on holiday or off. I would call the office if I didn't feel safe; I haven't had to raise a concern though."

We spoke with two relatives who told us that their relatives felt safe with all the carers that visited them. Relatives told us that they would contact the office if they had any concerns with staff and felt confident something would be done.

People were kept safe and protected from abuse. The service had safeguarding policies and procedures for managers and staff to follow if required. A whistle blowing policy was also in place. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected. We looked at training records and staff confirmed they had completed training in safeguarding adults and said they would approach the registered manager or deputy manager if they had any concerns

People told us the staff assisted them to have their medicines as prescribed. The registered manager told us and we saw that the service only accepts medication with use of a Monitored Dose System (MDS) unless an acute medication is prescribed. Acute medication is a medicine which is not routinely taken regularly. An MDS is a method of dispensing medication from a special tray. The tray has a number on compartments which have the days of the week and times of the day on which makes medication easily identifiable when it's due to be taken. We saw that people consented to receive support with medication as part of the assessment for the care package and this was also documented in people's care plans.

Staff we spoke with told us that they can only give medication if taken orally. This was also recorded in the

medication policy. Staff told us that any concerns with storage or labelling of medication are reported to the manager. We saw medication administration records (MAR) were kept for people who were being supported with medication. This included recording of the date, time and the medication taken and was signed by the staff member. The care plan clearly identified where people were self-medicating or being supported by family to take their medicines. Staff we spoke with told us they were aware which people needed to be supported with medication as it's written in the support plan. This meant staff were clear as to what was expected of them when supporting people with medication. At the last inspection we found the MAR charts were not always appropriately completed. At this inspection, we found that MAR charts were completed fully.

One person told us there had been some concerns with their medication within the last year. The service was honest and apologetic about the mistake and reviewed its practise and provided additional training and supervision for staff. We saw letters that had been sent to staff to remind them of their duties when supporting with the administration of medication and evidence that this had been discussed in team meetings. This meant the service had been open and transparent, sought to improve and apologised when things don't go right.

We saw one person had some unused medicines kept at their property. The person said they did not use the medication but it was kept with the persons regular medicines. We advised the registered manager to ask the GP to confirm the medicines that the person should be prescribed and gain permission from the person to have the unused medicines returned to the pharmacy. This would reduce the risk of any potential errors occurring. We saw that any creams and ointments used were documented when applied. Medication care plans were reviewed at 6 monthly intervals or more often if required. One person told us that their family is involved with the reviews. We saw in the care plan that the family member had been invited to contribute.

We saw that the deputy manager delivered medication training to all staff and had devised a MDS pack using coloured sweets for staff to work with. After this training, staff would then go on to attend a level 2 training in administering medication.

We saw that people had risk assessments in place for moving and handling which looked at the person's weight, equipment needed and space available to work in. The risk assessment described the manoeuvres needed to safely move a person and how many staff members were required. Additionally, we saw that people had falls risk assessments in place and advice documented on how to prevent people falling. We noted from accident and incident records that people rarely fell while being supported by staff members and that people who had fallen were often discovered by the staff members on commencement of their call. Staff we spoke with told us that if they found anyone has fallen, they assess the person and call for medical help if required. They also contacted the office and the next of kin of the person and stay with the person until help arrives. Accidents & incidents were documented by the service. An analysis of the accidents and incidents was kept at the Age Concern head office. We advised the registered manager that a copy of any outcomes and learning from accidents or incidents should be kept at the service's office. We saw that body maps were in place which identified where any injuries had been sustained.

We viewed risk assessments for staff to work with which gave them guidance around handling medication or infectious diseases. We saw fire assessments were completed for each property which looked at the use of smoke alarms and storage and escape routes. We saw evidence that if concerns were found then the registered manager raised them with the local fire officer who would then visit the property for a safe and well visit and give advice. This meant the service was working to protect the person and staff members where there was a risk.

We observed staff visiting the office to collect personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available at people's properties. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. One staff member told us that they had received training on hand hygiene and found it useful. We noted that there had been an injury caused to a staff member from a lancet. The staff member came to no harm but a complete review was undertaken on the storage of sharps in the property which identified new procedures to prevent this occurring again.

We saw that the service held the keys for two people's properties. The deputy manager told us that where possible they prefer to use a key safe. We saw that the keys were signed in and out of the office each time they were collected and were only accessible by regular carers. This was evidenced on the recording chart. The deputy manager also told us that key safe codes were only given to the person's regular carers on a need to know basis. This meant the service was working to keep people safe and limiting the number of staff members who had access to the property.

We saw that financial records were kept where people were being supported to manage monies. This included bringing receipts back for all purchases and recording expenditures. The deputy manager told us that the service avoids holding bank cards and prefers to go to the post office if they are required to draw out money as they can obtain receipts for withdrawals. This meant that the service was working to ensure people's money was protected and accounted for.

People we spoke with told us that occasionally calls could be late and this had been a problem in the past. One person told us that they had raised this with the registered manager and there had been improvements since regular carers attended. A relative told us they had raised issues that the service didn't always call to let them know if the carers are running late. They said "Not all times (have they called). Sometimes they have but most times they don't. I said to my dad to call the office or call me and then I'd call."

Another person told us "we have no problems with the time, more or less [Name] is on time, maybe a bit late depending on the call before but never very late."
A third person told us that they felt the staff from Age Concern was very good. They said "Carers were consistent and very good at their jobs and go the extra mile." Another person told us the support was good during the week but there were problems at weekends with staff being late. They said this was about twice a month on average.

Some of the staff members we spoke with told us that they felt they had enough staff. The registered manager told us and we saw that there was regular on-going recruitment for new staff members and that the service was only taking a package of care on if they knew they had the staff members and time to supply the care and support.

Staff members told us and the registered manager confirmed that the rotas were completed a week in advance. Where possible, staff were supporting people locally to each other and there was a 10 minute gap between calls. Staff we spoke with did confirm this but one staff member did say that there is not always enough time between calls especially if there is an emergency or traffic. Another staff member said that they manage well between calls and a third staff member said it can be hit and miss. We saw that the service was regularly recruiting and interviewing for new staff members and were waiting for pre-employment checks to be completed to enable the new staff members to commence their induction. We saw that where possible, the rota displayed a regular staff member to attend to a person but this would change in the event of staff having holidays or sickness. One person told us "They [management team] do chase things up if they go wrong and do keep them informed

We raised this with the registered manager who told us that there have been concerns with late calls and they were working hard to rectify the issues. We saw the rota reflected travel time between each call and calls were given to staff based on the local area they could cover without having to travel too far. We saw that the service was implementing a people planner for staff members to use when visiting properties. People planner offers electronic monitoring to alert the management team to service delivery including missed and late calls. It will be able to provide staff rota's and be able to effectively monitor the staff while in the community. In the meantime, if staff members were going to be late for a call, they had been told to call the office or on call number to inform the management team who will then inform the person awaiting the call. This meant that the service had recognised the issue of late calls and had taken steps to reduce and monitor them. There were no missed calls as a result of late calls.

We saw that the service used a traffic light procedure for when calls may not be able to be made such as in extreme weather conditions. Each person was coloured coded with red, amber or green. Red meant the person needed a visit, amber that the person had family support and green that the person could manage with a phone call. The registered manager told us that if procedure was used, it was communicated to all involved and staff were deployed based on being local to where the calls were needed.

We observed that staff received training on lone working. The registered manager told us that if they felt staff would be at risk of going to an undesirable or badly lit area, they would only take on the package if the staff member did not have to attend late at night.. Staff told us that they received personal alarms to use if they felt they were at risk.

Good

Is the service effective?

Our findings

At the last inspection, we found this domain to be good. At this inspection, this domain remains good.

Staff told us confirmed by training records that they received regular training. Training included moving and handling, basic life support, safeguarding, fire awareness, mental capacity, dementia, first aid, equality and diversity, caring for dying people, preparing and handling food, health and safety, diabetes, medication awareness and stroke. We saw certificates available in staff personnel files which had an overview of what was covered in the training and a question and answers exercise to check staffs understanding. One staff member told us "My training is up to date. I have I done safeguarding, mental capacity, dementia awareness and many more. We are also encouraged to do diplomas." Another staff member told us "Training is brilliant; I am doing the level two". The level two qualification is designed to equip learners with the skills and knowledge needed to care for others in a broad range of health or social care settings. Training was completed via e-learning and face to face training. A relative told us "I think staff have the necessary skills and experience to provide the care needed for both [Name] and [Name]. Especially in the context of the dementia diagnosis and also [Name] had been referred to the memory clinic."

We saw that care staff received an induction that was linked to the care certificate. The care certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they were deemed competent to work alone. One staff member told us "I have nearly completed the care certificate, but I struggle to find time to do this. The training on offer is great. I have done first aid, safeguarding, dementia and medicines level two, three and four."

We saw the induction process was recorded in staff personnel files and wasn't signed off until fully completed. Staffs were given copies of relevant policies including complaints, confidentiality, lone working, medication, whistleblowing, accidents and emergencies, manual handling, managing client finances, missing people, safeguarding, mental capacity and infectious diseases to be reviewed as part of the induction. Observations of staff using equipment such as bath hoist and meal preparations were made by senior staff members and managers. as well as observations of staff supporting people with medicines. Furthermore, staff were given support and advice for recording on the financial records. This meant that staff were receiving a robust induction to introduce them to the service.

We saw that competency spot checks were undertaken at three monthly intervals which involved the staff member having an unannounced visit while at a property from a senior staff member. This was recorded in the staff personnel files and checked that the carer was dressed appropriately, carried their identification badge and arrived on time. Additionally, checks were made to ensure staff members were carrying adequate personal protective equipment (PPE) and were disposing of it appropriately, that they had knowledge of the client, were respectful and had a good rapport with them and that the care plan up to date. Additionally staff received regular documented supervision at the Age Concern office. We saw that staff members signed the supervision record and agreed outcomes for them to work towards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005.

We checked whether the service was working within the principles of the MCA. People told us that staff member's sought their consent prior to supporting them and we saw this in practice. We observed people being asked by staff members if the person was happy for them to sit in during the talk with us or whether they would like to speak with inspectors privately. We saw that staff ensured that the person's decision was respected. Staff told us they had received training in MCA and knew how to how to ensure they gained consent before supporting people. One member of staff told us that if they notice a change in a person's cognition, they would report it to the manager.

We saw that where people lacked capacity to make certain decisions, the MCA had been followed and best interests meetings had been held that involved the person's family and health professionals where required. We observed that the registered manager had raised concerns around people's mental capacity with the local authority which then led to the person's capacity being formally assessed. This meant that people were supported in line with the MCA and staff had a good knowledge of how they should support people in line with the MCA.

We saw initial assessments had been completed for people receiving personal care from Age Concern home care. Part of the initial assessment is to request consent to provide personal care and keep information about the person. Staff told us that when a new person begins to use the service, they are happy with the handover and information that is provided to them and that they get to introduce themselves to the person to read the care plans and risk assessments.

We viewed six people's care files and observed that they had fully completed initial assessments and care plans relating to eating and drinking, maintaining personal hygiene, dressing, and home safety. Care plans referred to people's goals and included the management of incontinence and health related conditions such as diabetes or dementia. There was detailed information on how people communicated and the condition of their hearing and vision. The names of people who had key safe access were listed and if the person had any pets to consider when staff members were visiting.

We saw in some care files, staff members were documenting people's food and fluid intake. This was because the person had been identified if being at risk of malnutrition. The registered manager told us that if there are concerns about someone's weight, they will consult the person, the family or GP. We saw that where there was concern's about people health, staff members liaised with the relevant health professionals such as the GP or district nurse. One relative told us "If there is a problem (medical) they (staff) will ring the surgery or they let us know what's happening and we'll phone."

Good

Is the service caring?

Our findings

At the last inspection, we found this domain to be good. At this inspection, this domain remains good.

We asked people if they found the staff caring, one person said "I haven't had a bad one yet." Another person said "I have never known anyone from the agency not to be caring." A relative told is "The carer's are very caring, [Name] and [Name] are very happy with them."

We witnessed kind and caring interactions between people and staff members. One relative said that "The carer gets more from [Name] than anyone else. [Name] gets on very well with the staff and they make [Name] laugh."

A staff member told us that one person who they provide regular care to gets nervous when new staff members need to support them so they always ensure that the new staff member is introduced to them by a staff member the person knows. The person confirmed this happened and told us "The carer's are very good, they tell you what they are doing, you feel respected and they offer support as I feel nervous in the hoist. I always have people I know and if there is someone that I don't know, they always come with a carer I do know."

People told us that staff members treated them with respect. One person told us, "Their proper carers, they really care. They don't rush in and rush out. They ask what you want, change the beds and ask if there's anything else you want doing. That makes you feel better." When asking another person if they felt respected, they told us, "Oh yes, because they just do. They speak to me nice and not talk to me like someone they are caring for. They treat me as an equal."

Staff told us that they encourage people to do as much as they can for themselves to help them remain independent. They told us that if someone can assist with personal care, they only help them with hard to reach areas. A relative told us "Staff encourage independence, for example, with [Name], they are they are there for reassurance and to make sure [Name] stays safe as he can shower himself."

We saw people's preferences, likes and dislikes were recorded in their care file. This information was captured as part of the initial assessment. This included whether they preferred a male or female staff member. One relative told us that they originally asked for a male staff member to support their relative and the registered manager was able to recruit a male staff member. The manager confirmed this had happened.

We saw that the organisation had access to their own advocacy services but also had the contact details of other services should a person they support require assistance with advocacy. The service were aware of which people had in place a Lasting Power of Attorney [LPA]. and who could assist the person to make decisions. An LPA is agreed when the person has capacity and legally allows a named person to make certain decisions on the person's behalf if they become unable to make the decisions themselves

Good

Is the service responsive?

Our findings

At the last inspection, we found this domain to be good. At this inspection, this domain remains good.

For one care file we viewed, we saw the person received four calls daily. Calls were listed in order and set out in the care plan with what was required each day. For example, call one [date and time] Greet the person on arrival, put washing on, make cup of tea with four sugars, prompt medication and assist with personal hygiene and ensure falls pendant is on. Call two [date and time] Put clothes in the dryer and prepare lunch. This was a similar theme across all care files and it gave staff structure and directions to support the person. Staff we spoke with were able to tell us in detail what care people required and one staff member told us that "care plans were easy to follow." This meant that staff were aware of people's needs and how best to support them.

One person told us, "I have seen it (the care plan) when I first came out (of hospital). I had a review once that was when I used to have staff in seven days a week, three times a day. Yes I was involved in this process." Another person told us they had a full assessment when they first started with the service and they suffered from agoraphobia. All this was documented in the care plan and that in the past a staff member would accompany them to hospital visits but this doesn't happen anymore. The person couldn't recall if they were reviewed. A third person said that "A person came to look at the file a while ago. The registered manager told us and we saw that care plans were reviewed every 6 months of more often when required and the new care plans are sent into the community the following day after a change of needs. Staff we spoke with confirmed this happened

We saw that the service had received two complaints since the last inspection. Both complaints were responded to in a timely manner with outcomes recorded and shared with the complainant and the staff team.

One person told us that they had complained about staff who did not follow the care plan and were rude to them. The person went on to say that they spoke to the registered manager and the staff member was never sent back to them again and that the new staff member is friendly, very pleasant and helpful and has a gentle manner. Furthermore, they (staff members) all seem to care about them (people), it's not just a job. People we spoke with said they knew how to make a complaint and felt confident that they could raise any concerns with the registered manager. This meant that the registered manager had acted on the complaint made and resolved the issues.

There was three compliments recorded which included the comments "The regular carer [name] was amazing and certainly in the job for the right reasons. [name] had established a really good relationship with my Mum." and "The carers are efficient, caring and extremely pleasant."

We saw that people were assessed for care and support needs as part of the referral to the service. A care plan and assessment was completed by the local authority and the service used this document and their own care planning document plan people's care. Staff we spoke with could describe peoples care needs

and one staff member told us that they had reported concerns to the registered manger about a person's deteriorating mobility. The registered manager confirmed this and we saw that a referral had been made to the moving and handling assessor and the person was reassessed for moving and handling equipment. This meant the service was acting on people's changing needs and seeking the appropriate support.

We saw there were regular reviews of care plans and risk assessments and people told us and we saw a telephone review was held with people or their representatives and recorded. One relative told us "I get asked now and again about the care plan." The registered manager and staff members told us that when the care plan was updated, staff were informed and it was sent out to people's properties by the following day. We saw that one person required regular repositioning on visits from staff members; this was documented in the care file.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 where we found was a breach in the last inspection that the provider did not have quality checks on operational areas such as recruitment, medication administration records, care plans were not sufficiently robust to provide adequate oversight of the care and support delivered to ensure people were protected from harm. We saw at this inspection that improvements had been made and this regulation was now being met.

We looked at the service's quality assurance systems to ensure they effectively assessed and monitored that the care and support delivered was safe and effective. We saw that there were systems in place to monitor people's daily records, the checking of medication to ensure it was being safely administered and audits of care plans. There were unannounced spot checks of staff to check they were conducting what was expected of them and we saw there had been improvements to the quality of recruitment audits which checked all the necessary checks had been completed. At this inspection, we found quality checks to be appropriate to the service

People we spoke with were complimentary of the registered manager, one person told us " [Registered manager] is very approachable, everything we have asked for has been accommodated." Another person told us, "Yes, I thinks the manager is approachable and would contact the office but I haven't had to." The registered manager had been in post since 2013 and relatives told us that they felt listened to and feel satisfied with how matters are dealt with.

We asked people if Age Concern sought their views on the care and supported provided. People told us that questionnaires were sent out. One person told us "Yes, I get sent a questionnaire every so often." We saw that questionnaires were usually sent out annually and on the last occasion, 118 questionnaires were sent to people and 39 returned. We found the questionnaires had been analysed and 87 percent of people said they were satisfied with their care and 13 percent were sometimes satisfied. 92 percent of people said they were satisfied with their carer, three percent said they were sometimes happy and five percent didn't respond. 99 percent of people said the office staff were helpful and comments included, "All your staff have been helpful and polite and very good" and "We have been pleased with the care we have received" and " I find the help I get from my carer is very good, she works quickly and efficiently, she is very pleasant and cheerful and as always, we appreciate the service you provide." Furthermore, one person said the "The office now ring me if the staff are running late."

We saw that as a response from the questionnaire and comments regarding late calls, the service was implementing "People planner". People planner offers mobile and electronic monitoring for missed and late calls and well as rota management. The software will be accessed by staff via a smart phone and can help identify staff members to support people based on continuity, skills, locations and distance. The registered manager told us that people planner was already set up and working well in other parts of the organisation and the process of submitting data to the planner had already begun. We will review this at our next inspection. This meant the service was reviewing the feedback from people and aiming to improve the

service they offered.

The registered manager told us that she feels well supported and received regular supervision. Staff we spoke with told us they found the registered manager approachable and always willing to listen. One staff members told us " [Registered manager] and [Deputy manager] are doing a good job to be fair." And another staff member told us, "They are all lovely and easy to talk to."

We found the registered manager completed regular supervision with staff members and training needs were identified through supervision and there were regular staff meetings held. We saw that when a communication was needed to be passed to staff it was by letter when staff had to come into the office to collect their rota. Staff also signed to say they had received and understood the communication.

We saw that staff had their medication competency checked every three months and the deputy manager had put together a medication training package using a Monitored Dose System (MDS) and coloured sweets to show staff how to use and administer from a blister pack as well as using practice medication administration records (MAR) to ensure staff members understanding.

We saw that there was a business continuity plan in place. This confirmed what to do in the event of extreme weather, loss of communications.
There were policies and procedures in place in relation to safeguarding, whistleblowing, mental capacity, recruitment, infection control, medication and end of life. We saw that staff were given a copy of the policies as part of their induction and although policies were generated from the central organisation, they were regular reviewed and valid.

We saw that the registered provider ensured statutory notifications had been completed and sent to Care Quality Commission (CQC) in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to CQC. The registered manager kept a file of all notifications sent to CQC.

We saw that the service had displayed their most up to date CQC rating within the premises of their office. This is a legal requirement for every premise where a regulated activity is being delivered.