

Direct Health (UK) Limited

# Direct Health (Crewe)

## Inspection report

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01 July 2016

11 July 2016

15 July 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on the 29 June, and the 1, 11, 15, 21 and 26 July 2016. The inspection was announced.

At the time of our inspection Direct Health (Crewe) provided a home care service to people in Crewe, Sandbach, Alsager, and Congleton areas. It is part of the Direct Health Group, which operate a number of agencies around the country. The service is registered with the Care Quality Commission (Commission) to provide the regulated activity personal care. Information provided by the manager indicated that the service was providing personal care for 54 people in total.

Following our last inspection in December 2015 and January 2016 the previous registered manager for the service resigned. The provider appointed a new manager in April 2016 who was in the process of applying for registration as manager of the services at the time of this inspection. A registered manager is a person who has registered with the 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 current manager became registered with the commission on the 25 September 2015.

This comprehensive inspection of the service was a follow up to a previous comprehensive inspection in December 2015 and January 2016 where we found that the provider was not meeting all the requirements for a service of this type and was awarded an overall rating of inadequate. We took enforcement action in line with our enforcement procedures and put the service in special measures.

The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

The provider took action to improve the quality and safety of services provided. Working closely with representatives of the local safeguarding authority and Cheshire East Councils Commissioning Manager an embargo on new placements was agreed and a detailed action plan was developed, implemented, monitored and reviewed. On the 24 June 2016 representatives of Cheshire East Council told the Commission that they had found that the provider had taken all required action to ensure the safety and welfare of the people who used the service and that the action plan had been completed.

On this inspection we also found that the provider had taken effective action to improve the quality and safety of services provided in all areas of service delivery. There was still some room for improvement in a number of areas including risk assessment, monitoring and review, consent to care, continuity of care and

quality assurance. However the new manager demonstrated that they had the required skills, knowledge and aptitude to secure all required improvements and to ensure that they are sustained.

People who used the service expressed satisfaction and spoke very highly of the new manager and staff. For example, one person described the service they received as "excellent". They said: "Everything has improved; they came out and re-did everything. I feel safe now. The new manager is very good; I'm not fobbed off any more. Overall I am very happy with the service they provided." Most of the other people spoken with expressed similar views other than a small number of people who were dissatisfied because care staff either came too early or too late to provide care which had upset their daily routines and did not meet their needs.

We could see that the safety of people who used the service was taken very seriously and the new manager and staff were well aware of their responsibility to protect people's health and wellbeing. All the people spoken with told us that they had positive relationships with their care workers.

We could see that the new manager was very committed to continuous improvement and this was reflected in the feedback forms we saw during the inspection and the comments we received from people. The new manager welcomed both positive and negative comments and treated both as opportunities for improvement of service delivery.

The care staff team presented as confident and competent care workers who were motivated to provide care that met people's needs and ensured their safety and wellbeing. All staff were unanimous in their praise for the new manager. They told us that they were fully supported by the new manager, who listened to them, took their views seriously and involved them in service improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Managers and staff were routinely identifying hazards and responding effectively to minimise risk to the people who used the service. However, there were exceptions where risk assessment and other safety procedures had not always been adhered to. This meant some people were presented with an element of unnecessary or uncontrolled risk.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service but ineffective management of staff rotas meant that some people received calls either too early or too late to meet their needs.

Processes were in place to protect people from abuse. Staff were aware of their duties and responsibilities in responding to abuse.

Suitable arrangements were in place for management of all medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective because the provider did not always act in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

All the people spoken with during the inspection told us that they valued the relationships they had with care workers and expressed satisfaction with the care they received.

Staff had a good understanding of each person in order to deliver

**Good** ●

person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us that their respective care workers always treated them with dignity and respect and endeavoured to do all that was possible to assist them in the time allowed.

### **Is the service responsive?**

The service was not consistently responsive because some people did not receive warning that their care was changed or interrupted for some reason.

People were involved in decisions about their care and welfare and were happy with the content of their care and support plans.

People told us that the manager contacted them frequently seeking their views about the quality of care provided. We could see that people were actively encouraged to share their views and raise concerns or complaints.

The new manager was able to demonstrate that concerns raised through feedback surveys, questionnaires and reviews were addressed promptly to the satisfaction of the person.

**Requires Improvement** 

### **Is the service well-led?**

The service was well-led.

Significant improvements had been made in the management and leadership of staff which had resulted in the provision of safe and effective care for many of the people who used the service. There was still some room for improvement in a number of areas including risk assessment, monitoring and review, consent to care, continuity of care and quality assurance.

The new manager presented as a competent caring professional who was committed to service improvement and had the support of the staff team. Working together with the involvement of staff and the support of senior managers they demonstrated that they had the required skills, knowledge and aptitude to secure all required improvements and to ensure that all such improvements are sustained.

**Good** 

# Direct Health (Crewe)

## 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.

We carried out an announced inspection of Direct Health (Crewe) on the 29 June, and the 1, 11, 15, 21 and 26 July 2016. The inspection was unannounced. The inspection team comprised one adult social care inspector.

Before the inspection we reviewed the information the Care Quality Commission already held about the service. We contacted the local authority commissioning teams before the inspection and they shared their current knowledge about the agency.

During the inspection we visited the offices of the service on the 29 June, and the 1, 11, 15, 21 and 26 July 2016. We visited the home address of one person who used the service on the 29 June 2016. Telephone calls were made to a further 14 people who used the services to gather their views and where appropriate the views of their relatives regarding the quality of care provided. As part of this inspection we spoke with 11 members of staff including 7 members of the care staff team, the new manager, a care coordinator, the area manager and the provider's human resource manager. We looked at the care and support records for 7 of the people who used the service as well as other records associated with carrying on the regulated activity of personal care.

# Is the service safe?

## Our findings

People spoken with during the inspection told us that they felt safe and many made positive comments about how the quality of care they received had improved. For example, one person described the service they received as "excellent". They said: "Everything has improved; they came out and re-did everything. I feel safe now. The new manager is very good; I'm not fobbed off any more. Overall I am very happy with the service they provide." Another person said " I'm quite happy with the service they are much better now. The staff are very good, polite, prompt, efficient very happy. Yes I feel safe. They treat me with dignity and respect. The manager has been to see me to ask about quality and I told them, like I'm telling you, I'm very happy with the care I receive." Most of the other people spoken with expressed similar views other than a small number of people who were dissatisfied because care staff either came too early or too late to provide care.

At our last inspection December 2015 and January 2016 we found that managers and staff were not responding effectively when people were found to be at risk from hazards presented to them by their condition or the environment in which they lived. We took enforcement action in line with our enforcement procedures and put the service in special measures.

The provider took action to improve the quality and safety of services provided. Working closely with representatives of the local safeguarding authority and Cheshire East Councils Commissioning Manager an embargo on new placements was agreed and a detailed action plan was developed, implemented, monitored and reviewed. On the 24 June 2016 representatives of Cheshire East Council told the Commission that they had found that the provider had taken all required action to ensure the safety and welfare of the people who used the service and that the action plan had been completed.

On this inspection we could see that these deficiencies in service provision were being addressed and we identified many examples where effective action had been taken to ensure people remained safe. For example we spoke with the relatives of one of the people who used the service about the quality of care provided. They spoke highly of the manager and staff and gave an example where the manager had liaised with community based physiotherapist after their relative suffered a fall. They told us that the service took effective action, and said: "Mum was taken to hospital and following the incident, care plans and risk assessments were reviewed and Mum was provided with two Zimmer frames one to be used downstairs and one to be used upstairs to minimise risk".

Senior staff including a care coordinator and those involved in carrying out assessments of each person's care needs told us that they had received training in health and safety and were conversant with hazards analysis and risk assessment. They told us about a new approach to dealing with potential hazards they called 360° which the new manager had introduced. They explained that whenever a hazard to any person was identified that they worked together, involving the person, their advocates including where appropriate their health and social care professionals to find the best possible solution. We could see that the actions taken by the provider and the new manager to ensure the safety and wellbeing of people who used the service were having desired outcomes. However, we also identified that there was still room for

improvement.

Another person spoken with told us that they had suffered an accident when staff were assisting them with their mobility and they had been tipped up falling out of their wheelchair. We looked closely at how this incident had been addressed and found that whilst effective action had been taken to eradicate the cause of the accident the person's risk assessments and care plans had not been reviewed or revised to ensure the person was safeguarded from further harm. The cause of the accident was investigated by a community based occupational therapist. They concluded that the accident was caused because the person's needs had changed rendering the equipment they used as unsuitable but no arrangements had been made to ensure that staff monitored changes in the person's condition to prevent a recurrence. The provider required managers and staff to check each person's mobility equipment to make sure that it had been checked and serviced in accordance with the manufacturer's instructions. The records of this person's mobility equipment check indicated that their equipment had not been serviced since 2014. The manager advised that this person's mobility equipment had been serviced annually but the records had not been updated because the person's care plans had not been reviewed in accordance with the provider's policy and procedures. Failure to review this person's care file and risk assessment and failure to learn from experience increased the risk of a further accident. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The registered persons were not doing all that is reasonably practicable to assess and mitigate risks to the health and welfare of the people who used the service.

We could see that the incident referred to above happened in September 2015 before our last inspection and before the new manager started work with the agency. The new manager acknowledged that these omissions should have been identified through the service's care monitoring and quality assurances procedures and took action to address these failings during our inspection. This showed us that whilst the new procedures which the new manager and the provider had put in place to ensure the safety and wellbeing of the people who used the service were effective further work was required to make sure all potential hazards presented to the people who used the service were assessed and as far as possible mitigated.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The staffing rota showed that there were a sufficient number of staff available to meet the needs of the people who used the service and staff spoken with told us that ordinarily they were given sufficient time to travel to and carry out their duties in a caring and effective manner. Most people spoken with told us that they could rely on care staff to turn up on time and stay the correct amount of time but a small number of people spoke of their dissatisfaction. They told us that this disruption upset their daily routines and meant that the care provided did not meet their needs.

The registered provider operated a call monitoring system which was used to monitor care provided for all the people who used the service. Staff were required to dial in at the start of a visit and dial out at the end of a visit. This provided vital information by which the manager and senior staff were able to monitor calls to ensure people received the care they needed when they needed it. At a glance the manager could see that calls were provided in accordance with the time agreed with the person and stipulated in their respective care plans. However, close scrutiny of the call monitoring system identified that the care coordinator had on occasion changed the planned call times by as much as an hour, without informing the person that they could expect to receive their care an hour earlier or an hour later than expected. The manager explained that this practice was contrary to the services policies and procedures and gave assurances that there was a sufficient number of staff available to meet the needs of the people who used the service. Further discussion with the care –coordinator confirmed that the changes were made for convenience of staff rather

than to meet the needs of the people who used the service. The manager and area manager present at the time of the inspection took action to ensure this practice ceased.

At our last inspection we found that the provider operated robust recruitment procedures to assess the suitability of staff. There had been no new recruits since our last inspection.

At our last inspection of the service we found that the provider had not always responded appropriately when it was suspected that abuse had occurred including notifying the local safeguarding authority and the Care Quality Commission. As part of this inspection we spoke with a representative of the local safeguarding authority who told us that managers and staff reported any evidence or allegations of abuse promptly and worked in partnership with them to ensure vulnerable people were protected from abuse or risk of abuse.

All staff spoken with told us that they had received training on safeguarding vulnerable adults and the services record systems supported this. Records showed managers and staff responded promptly and effectively when there was any evidence or suspicion of abuse. Staff had access to the provider's and the local safeguarding authority's safeguarding vulnerable adults policy and procedures including telephone numbers should they need to make a direct referral. All staff were familiar with the term 'whistle blowing' but some did not know that "Whistle-blowers" honestly reporting evidence or suspicion of abuse were protected under the provisions of the Public Interest Disclosure Act 1998.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so and the support they needed was detailed in their care plans. Where people needed assistance with their medicines their needs were assessed and the care they needed was agreed with them and detailed in their care plans. Records of the administration of medicines were maintained on a MAR (medicines administration record) at the back of the daily note book and audits were carried out monthly. All staff involved in the administration of medicines had received training within the last 12 month period and spot checks to assess their competence were carried out regularly. This will help to ensure that people receive their medicines as prescribed by their doctor.

The registered provider had a system for reporting accidents and incidents. Records were detailed, concise and up to date.

## Is the service effective?

### Our findings

Most of the people spoken with during the inspection told us that they had seen significant improvements in continuity of care. One person said, "I am happy with the care staff, they provide a good service which meets my needs, and yes they come on time and stay the correct amount of time". Another person said "I am very happy, perfectly happy with the times they come I feel safe with them. They told us they had come to know the two staff members who provided care for them and naming them said "they both do a perfectly good job. I was aware that the agency needed to improve but as far as I am concerned they have always done a good job". Another person said: "I was ready to pack them in but now it is all sorted". A further person said: "I like the girls they do a good job I rely on them they come on time and stay the correct amount of time yes they are better at that now". Similar comments were received from all people we spoke with the exception of two people who told us that they could not rely on staff because they consistently came too early or too late, which upset them and put them at risk of their needs not being met.

The manager told us that she had made a concerted effort to ensure continuity of care for all people who used the service and was unaware that two people were dissatisfied. The registered provider operated a call monitoring system which was used to monitor care provided for all the people who used the service. At first glance this system indicated that all people were receiving their calls within a reasonable margin. However on closer scrutiny it was found that the staff rota was being mismanaged. Calls were being re-scheduled without prior agreement or giving notice to the person. The manager told us that this practice was contrary to the provider's policies and procedures and took action to ensure people received care and support in accordance with their assessed needs and as detailed in their care plans.

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.

When we carried out our last inspection of the service we found that managers and staff lacked knowledge and understanding about this fundamental aspect of care. This had meant people who used the service were at risk of not getting appropriate levels of support to assist with their decision making when required.

All staff spoken with had received training or refresher training on the MCA since our last inspection and all had gained a good working knowledge of the act and how to support people who needed assistance with decision making. However, we found further instances where staff had failed to act in accordance with the MCA and therefore people did not always get the right type of support to assist them with their decision making. For example one person had been assessed as having capacity to make decisions but was denied the right to cancel calls should they choose. A note on their records stipulated calls could only be cancelled by a family member. There was no mental capacity assessment or record of a best interest decision regarding why this person was not deemed to have the capacity to make such a decision. The same person was deemed to be at risk should they have unsupervised access to their medication which was stored in a

place out of their reach. There was no mental capacity assessment or record of a best interest decision regarding why this person was not deemed to have the capacity to have unsupervised access to their medicines. We found a further example where staff had placed a restriction on a person having access to their medicines. Staff told us that the person had agreed with the restriction but there was no record of this and care coordinator told us that they had doubts whether this person had capacity to agree to the restriction. The above comprises a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In providing care and treatment of service users the registered person's and staff did not act in accordance with the Mental Capacity Act 2005.

Given that all staff spoken with presented with a good knowledge of the MCA and were aware of the importance of ensuring people were supported to make informed decisions in their best interest we were puzzled as to why the service continued to experience problems in this regard. On further discussion with the manager and other senior staff including the provider's Head of Human Resources we found that the provider's documentation did not support assessment of mental capacity in accordance with the MCA. We were given assurances that the service's documentation would be re-designed to ensure staff were given the required tools to support people to make decisions in their best interests, where required.

All staff spoken with during the inspection presented as well informed, well trained and motivated to provide good standards of personal care. They told us that they were well supported and received regular supervision from the new manager, including routine spot checks on their competency and staff meetings. They told us and staff training records confirmed that they had completed training on a range of relevant topics including safeguarding vulnerable adults, moving and handling, food and nutrition/hydration, basic food hygiene, emergency first aid, and medication.

## Is the service caring?

### Our findings

People spoken with during the inspection were unanimous in their praise for the standard of care they received. For example one person said "the staff can't be faulted" and named the three staff who ordinarily provided care for them. "They treat me with respect, they are very good really, and yes they come on time and stay the correct amount of time. Overall I am very happy with the care the staff are skilled and I feel safe with them". Another person said, "I'm quite happy with the care staff, they come on time and provide an effective service. The care staff are very good, very polite, prompt, efficient, I'm very happy and feel very safe with them they all treat me with dignity and respect."

Relatives praised the caring attitude of staff. One relative said, "The girls are lovely, mother is happy, I feel that she is safe with all the care workers they treat her with dignity and respect. Another relative said "my Mum receives an effective service that meets her needs and I know that she likes the care staff they treat her with respect".

Staff training records showed that most if not all staff had received training on Equality, Inclusion & Communication, Equality and Diversity or Dignity awareness as part of their induction and ongoing training.

The care staff team presented as confident and competent care workers who worked together with the benefit of shared values, aims and objectives. They told us that there had been significant improvements in the way they were managed since the last inspection which had helped them to keep people safe and provide good standards of personal care.

We asked care staff how they promoted dignity and respect within their work. They gave practical examples how dignity and respect were promoted and maintained and recognised how their attitudes and behaviours had a positive impact on the people they cared for.

Staff told us how the new manager had promoted a caring ethos and they were acutely aware of the role they played in keeping people safe and promoting their well-being. One staff member told us how better management had meant that she was working consistently with the same group of people, enabling her to understand their needs better and develop positive relationships with them. This promoted continuity of care and created satisfaction. Eighty five percent of people spoken with told us that they received care from a consistent group of staff so relationships could be developed. Care staff also told us that they were afforded sufficient traveling time and had enough time to carry out tasks in an unhurried and effective manner.

The provider had developed a range of information, including a service user guide for the people using the service. This gave people information on such topics as medicine arrangements, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

## Is the service responsive?

### Our findings

Most of the people who used the service and relatives told us care provided was personalised and responsive to individual need. One person said, "I am very happy with the care provided. They always treat me with respect. All the staff are well trained and excellent really and they do things the way I want them doing like the way I like brown bread and butter for breakfast I have nothing to complain about." Another person told us that the new manager and staff understood that their needs can change and explained that call times could be rearranged so they can take part in other activities such as shopping. A relative told us that they had a problem with staff at first because they did not seem to understand their relative's needs. They explained that it was no use raising your voice at a person who was deaf, it only made things worse. They told us that they raised their concerns with the new manager who visited and addressed the matter promptly without any fuss. Their relative's care plan was updated and since then staff have always spoken calmly and slowly which has helped them communicate effectively.

Two people spoken with expressed dissatisfaction because they could not rely on staff because they consistently came too early or too late. They told us that this disruption had upset them and put them at risk of their needs not being met. One of these people told us that they had complained to staff about this but staff had not listened to them and the problem had persisted. As detailed in previous sections of this report discussion with the manager and scrutiny of the automated call system identified that these people had consistently received poor continuity of care because the staff rostering system had been mismanaged. However, the manager had not been made aware of these problems and there was no record of the person making a complaint in the service's complaints recording system. We were encouraged to see that the new manager took immediate action to address this issue and the matter had been resolved before the end of the inspection.

We looked at care records belonging to seven of the people who used the service. We saw evidence pre-assessment; checks took place prior to a service being provided. People told us that they had been involved in the development of their care and support plans as did two of the relatives spoken with. Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines.

Whilst improvements were required in the way staff assisted people with their decision making we could see that people's consent was sought throughout the care planning process. Care plans were person centred, generally detailed and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety.

Staff spoken with gave examples as to how they promoted independence and where appropriate people's care and support plans detailed their abilities as a means to promote independence, wherever possible.

We could see that the new manager fostered joint working. There was evidence of involvement with relevant health and social care professionals and relatives wherever appropriate, within the care plan.

Quality assurance process had been instigated to ensure the new manager and senior staff were aware as to when people's care and support plans required review and revaluation and most care plans, assessments and risk assessments were up to date.

Daily notes were completed for each person in relation to care provided. Care notes were audited by management and we could see that any concerns identified within care records were discussed with staff.

The registered provider had a complaints policy and procedure to record and respond to any complaints, ensure that concerns were addressed within given timescales and ensure that effective action was taken to improve the service, where necessary. When we carried out our last inspection we found that complaints had not always been responded to in an appropriate way. On this inspection we found that the new manager was proactive and fostered a positive approach to receiving and acting on complaints. People's views as to the quality of care and the conduct of staff were actively sought through the services quality assurance procedures. People spoken with were able to give examples as to how they had been listened to and their concerns and complaints acted upon and taken seriously. Formal complaints were dealt with in a timely manner, in line with the organisation's complaints procedure. Staff told us they were aware of the complaints procedure and would inform the care coordinator and new manager if people complained or raised a concern.

# Is the service well-led?

## Our findings

When we carried out our previous inspection of Direct health (Crewe) in December 2015 and January 2016 where we found that the provider was not meeting all the requirements for a service of this type and was awarded an overall rating of inadequate. We took enforcement action in line with our enforcement procedures and put the service in special measures.

The provider took action to improve the quality and safety of services provided and changes were made to the management structure including the appointment of a new manager. Working closely with representatives of the local safeguarding authority and Cheshire East Councils Commissioning Manager an embargo on new placements was agreed and a detailed action plan was developed, implemented, monitored and reviewed.

On the 24 June 2016 representatives of Cheshire East Council told the commission that they had found that the provider had taken all required action to ensure the safety and welfare of the people who used the service and that the action plan had been completed.

On this inspection we also found that the provider had taken effective action to improve the quality and safety of services provided in all areas of service delivery. There was still some room for improvement in a number of areas including risk assessment, monitoring and review, consent to care, continuity of care and quality assurance. However the new manager demonstrated that they had the required skills, knowledge and aptitude to secure all required improvements and to ensure that they are sustained.

People who used the service expressed satisfaction and spoke very highly of the new manager and staff. For example, one person described the service they received as "excellent". They said: "Everything has improved; they came out and re-did everything. I feel safe now. The new manager is very good; I'm not fobbed off any more. Overall I am very happy with the service they provided."

We could see that the safety of people who used the service was taken very seriously and the new manager and staff were well aware of their responsibility to protect people's health and wellbeing. All the people spoken with told us that they had positive relationships with their care workers.

We could see that the new manager was very committed to continuous improvement and this was reflected in the feedback forms we saw during the inspection and the comments we received from people. The new manager welcomed both positive and negative comments and treated both as opportunities for improvement of service delivery.

Whilst we could see that quality assurance processes were being used effectively to drive service improvement and development we identified opportunities for further development.

Medication audits were carried out on a monthly basis but these did not include an effective assessment of the safe storage of medicines. This is particularly important where people have been assessed as at risk should they gain unsupervised access to their medicines.

Reviews of each person's care package were carried out on an on-going basis often involving a telephone call and a follow up visit to the person's home. However, these did not always include an assessment of continuity of care which is so important for many of the people who use the service. There were no checks carried out on the automated staff planning system to ensure that arranged visits reflected the agreements reached with and needs of the people who used the service.

The care staff team presented as confident and competent care workers who were motivated to provide care that met people's needs and ensured their safety and wellbeing. All staff were unanimous in their praise for the new manager. They told us that they were fully supported by the new manager, who listened to them, took their views seriously and involved them in service improvement.