Agincare UK Limited

Agincare UK Bristol

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**

Overall summary

This inspection took place on 21 January 2016 and was announced. We gave the service 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

At the last inspection of the service on 8 May 2013 we found the service was meeting the regulations we looked at.

Agincare (UK) Bristol provide support to people who live in the community. The range of support includes assistance with personal care, shopping, activities and appointments. At the time of our inspection Agincare (UK) Bristol provided services to 102 people.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

People's medicines were not always managed safely although they were administered to people as prescribed. There were processes in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding vulnerable adults procedures. However, the provider's policy in relation to managing people's finances was not being followed accurately.

People who used the service said they were safe. The staff team were well trained and had good support from the registered manager and senior staff. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support people needed.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. However for one person an assessment had not been updated following alterations at their home.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. Overall satisfaction with the service was found to be positive. However, some audits had not identified shortfalls to ensure lessons could be learnt to improve the service.

The people we spoke with expressed positive views about the service and spoke highly of staff and the registered manager. People were consulted about their care, needs and wishes. Where people lacked the capacity to consent, policies and procedures were in place in line with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the requirements of the MCA and had received training on the subject.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes.

When meeting with people in their own homes we saw staff treating people with respect and providing assistance in a kind and caring manner. It was evident that people and staff members had cordial and friendly relationships.

Care records provided information to direct staff to deliver people's care and support safely. Records had been kept under review so information reflected the current and changing needs of people.

Staff had a good understanding of people's daily care needs and, where necessary, ensured that people who used the service had access to community health care and support. Health and social care professionals we spoke with gave positive feedback about the service and felt staff were professional and cooperative.

Summary of findings

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

Certain aspects of the service were not safe.

The way medicines were managed needed improvement to ensure the service was safe at all times. However, people received their medicines as prescribed.

The provider's policy in relation to managing finances was not being followed accurately.

There were processes in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. However for one person an assessment had not been updated following alterations at their home.

Is the service effective?

Good

Staff had access to on-going training. There was a system in place to monitor training and ensure that only staff who had completed specialist training were allocated to support people with specific health needs.

People were consulted about their care. Where people lacked the capacity to consent, policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA). Staff understood the requirements of the MCA.

People's needs were assessed to identify the risks associated with poor nutrition and hydration. People were supported at mealtimes to have food and drink of their choice.

People's needs were monitored and advice had been sought from other health professionals where needed.

Is the service caring?

Good

The service was caring.

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

Staff treated people with kindness, warmth and compassion. They respected people's right to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People and their family members had been involved in making decisions about what was important to them.

Summary of findings

People's care needs were kept under review. Staff responded quickly when people needed help in an emergency or when their needs changed.

The management and staff team worked closely with people and their families to act on any comments before they became a concern or complaint.

The service had a complaints procedure which provided people with information on how to make a complaint about the service if they were not satisfied.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There were systems in place for assessing and monitoring the quality of service provided. However, some audits had not identified shortfalls to ensure lessons could be learnt to improve the service.

People were aware of who they should speak with about specific aspects of the service.

Staff were well supported and were complimentary about the way in which the agency was managed.

Agincare UK Bristol

Detailed findings

Background to this inspection

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

The inspection was carried out by two inspectors on 21 January 2016.

Prior to this inspection we looked at all the information we held about this service, such as notifications. These inform us of significant events such as serious incidents, reportable accidents, deaths and safeguarding concerns. Before the inspection, the provider completed 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. We also spoke to the commissioning department of three local authorities.

We went to the Agincare (UK) Bristol office and spoke to the locality manager, the registered manager and four members of staff. We reviewed the care records of 12 people that used the service, training and recruitment records for three members of staff and records relating to the management of the service. With their agreement, we visited three people who used the service at their homes. We spoke with two relatives at one person's home and with two healthcare professionals who were visiting on the day.

After the inspection we contacted by telephone, three staff members, four people and two relatives of people using the service. We asked them for their views and feedback about the care and support people experienced.

Requires improvement

Is the service safe?

Our findings

We looked at the systems for medicines management. One aspect of the way medicines were managed was not consistent with best practice. We looked at 10 samples of completed Medicine Administration Records (MAR) sheets. Records showed that MAR sheets were handwritten by staff. However, handwritten entries on MAR sheets were not dated or signed. The provider's policy stated that hand written medications must be checked and signed by the person and a second member of staff; the MAR charts examined showed this was not happening. This posed a risk that medicines could not be administered without errors.

People confirmed they received their medicines as prescribed. People's support plans contained information for staff to follow about their prescribed medicines including what, when and how these should be administered. MAR sheets showed staff had always signed when administering people's medicines or used a code to indicate why medicines had not been given. This enabled the agency to ascertain whether people had received their medicines on these occasions.

We saw audits of the medicine arrangements were regularly conducted. The last audit was on 15 January 2016. The medication policy and procedure in place at the office covered areas such as the ordering, receipt, storage, administration and disposal of medications. Records were clearly signed. Specific plans of care had been developed in relation to people's medication needs, including situations where people were prompted to take their prescribed medication, rather than staff administering it for them. These were supported by assessments that identified any potential risks and outlined strategies which had been implemented to protect people from harm. Records showed that all staff had received medication training and competency assessments were periodically conducted.

The registered manager told us how they had responded to a serious incident involving financial irregularities by a staff member. They had reminded staff of the correct procedure to follow and had introduced weekly finance audits and spot checks. The registered manager explained that they had identified a further training opportunity for all staff, with training sessions starting as soon as possible.

Some aspects of the provider's policy in relation to 'handling service users finances' had not been followed correctly. For example, three people were receiving support with shopping and we looked at their financial transaction records. The forms had a column for the service user to sign, but these had not been signed. Two people had not signed their forms during October, November or December 2015. There was no documented evidence to indicate if the people were unable to sign. The forms had also not been signed by the registered manager to indicate they had checked and audited the content of the forms. This meant there was a risk that people who used the service could not be assured that their money was being handled safely. We discussed this with the registered manager during the inspection. They told us they would ensure that all forms were completed and audited correctly in line with the policy.

Information was also available in the policy for people who used the service and staff members on how to safeguard against financial abuse. For example, it stated: 'Do not give care workers your PIN (personal identification number). Do not request staff to withdraw money and do not ask them to get involved with anything other than shopping'. In one person's care plan it stated "(Name of person) will give carers a set amount of money and they are to bring back the change plus a receipt. Money given and change brought back should be documented on a financial transactions record sheet".

One staff member we spoke with said they assisted one person with their shopping. They said "I go to particular place and they give me a set amount of money for the person. I then take them shopping and keep the receipts. The receipts go to the office and get written onto the form as money in and money out". One relative told us "Although staff go shopping with mum, staff don't handle her money. Mum does her shopping herself and this is her choice".

The provider had policies and procedures in place for dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. However, one member of staff who dealt with people's finances said they had not received any specific training on how to do this. The registered manager told us they would ensure all staff dealing with people's finances completed refresher training. Staff were all able to describe the different forms of abuse. They were confident if they reported anything

Is the service safe?

untoward to the registered manager or the person on call when the office was closed, this would be dealt with immediately. In our discussions, staff told us they were aware of the agency's whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. Care plans contained health and safety risk assessments and assessments relating to the environment, fire safety and lone working. These had all been reviewed at least annually. There were also risks assessment in relation to the health and support needs of the person. There was information about action to be taken to minimise the chance of harm occurring. For example, where people using the service had specific needs in relation to moving and handling, a full assessment had been undertaken and comprehensive care plans were in place. These provided care staff with information in relation to the equipment required (hoist and sling) to enable staff to move people safely. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and to their bed. Some people we met with in their own homes had hoist equipment in place and this had been serviced.

In one person's home, alterations had been made to accommodate a lift. The person also required the use of a hoist. The risk assessment for the equipment (hoist) had been updated. However, there was no risk assessment of the installed lift. The registered manager told us the lift was already installed before the person started receiving care from Agincare (UK) Bristol. There was no evidence that staff supporting this person had information available in their care plan on how the person was to be safely moved to the bedroom using the lift.

Staff were knowledgeable about manual handling techniques. One staff member said "If I got to someone's house and wasn't sure how to move someone safely, I would contact the office for advice. I wouldn't try and move someone without knowing what I was doing".

People who used the service told us they felt safe. One person told us, "I absolutely feel safe." Another person said, "I have no concerns about safety." Whilst another person told us, "I do feel safe with the carers but it would be better if we always have people who have been here before."

We looked at how the service was being staffed to make sure there were enough staff on duty at all times to support people. We looked at duty rotas and spoke with the registered manager about staffing arrangements. The registered manager explained that staffing levels were determined by the number of people who used the service and their individual needs. The registered manager explained that Agincare (UK) Bristol employed 31 members of staff (including office staff). Staff members who provided care and support worked alternate weekends and covered a variety of shifts between the hours of 07:00 and 22:00. Our findings showed there was an effective system in place for allocating staff to people who used the service to ensure their needs were met.

The registered manager told us that some of the staff lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The registered manager informed us that if staff were unable to attend an appointment they informed the office staff in advance. Cover was then arranged so that people received the support they required. We were told that if staff were running late the person who used the service was informed by the office staff. People we spoke with told us staff were always on time and they hadn't missed any visits.

We spoke with the registered manager about how the service ensured continuity of care for people who used the service. The registered manager told us that people who used the service were provided with a rota that detailed which staff would be attending and when. There was evidence that rotas were provided to the three people we visited in their homes.

The registered manager also told us the service was actively recruiting staff to give better coverage especially at the weekends. The registered manager told us that where people had concerns about the number of staff visiting them, they would work with the person to accommodate their wishes and preferences wherever possible. One person we visited and one person we spoke with on the phone confirmed this had happened.

We looked at the recruitment and selection procedures in place to ensure people were supported by suitably qualified and experienced staff. Staff had completed an application form. The form ensured a full employment history was sought. For two staff members the gaps in employment history were explored and explained for each

Requires improvement

Is the service safe?

person. References were obtained before people started work and one always sought from the last employer. This meant that staff were properly checked before they started work.

Disclosure and Barring Service (DBS) checks had been undertaken before staff had started work. A DBS check provides information about the criminal records of potential employees which helps providers to assess their suitability for working with vulnerable adults.

Good

Is the service effective?

Our findings

The feedback we received from people in relation to the effectiveness of their care and support was positive. People told us they felt staff members understood their needs and said they received a good level of care and support. One person commented, "The staff that visit me know me so well. They are all confident and know what they are doing." Another person told us "The staff are brilliant. They know what they are doing."

Staff had the knowledge and skills they needed to carry out their roles. Staff said they had attended training on topics such as moving and handling, safeguarding, dignity and infection control. Newer members of staff said they had attended a four day induction programme before completing shadow shifts with other members of staff. All said they felt they had been provided with the training needed to do their jobs.

The Care Certificate had been introduced and was being undertaken by new staff. This is a recently introduced set of standards that should be covered as part of the induction training of new care staff.

There was a training and development programme in place for staff. This helped ensure they had the skills and knowledge to provide care for people who lived in their own homes. The registered manager showed us the provider's electronic system where training needs were logged. The system alerted the registered manager when a staff member's training had expired. They said that when this happened the staff member was unable to perform that aspect of their role until they had attended further training. For example, if a staff member's medicines training expired, they would be unable to attend a home visit for a person who required support with their medicines until the training was completed. The system helped to ensure that people were safeguarded from receiving care from untrained staff.

Where specialised knowledge was required to support people, the registered manager told us they ensured staff received training during the induction to meet these needs. For example, some people who used the service required catheter care and percutaneous endoscopic gastrostomy (PEG) feeding.

The service had policies in place in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

Suitable arrangements were in place to enable staff to assess people's mental capacity, should there be any concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. When we spoke with staff about this training, they demonstrated a good knowledge of how mental capacity related to consent to care. Staff told us they respected people's right to make informed decisions. Where people lacked capacity to make specific decisions about their care and support, their representatives and other care professionals were involved in making these decisions in people's best interests. Staff supervision records showed that staff knowledge of the Mental Capacity Act was routinely discussed with them.

People had the opportunity to give feedback about how staff went about their work. Records show that they were asked for their views during telephone surveys that were undertaken on a three monthly basis.

The provider's policy on supervision, appraisal and support stated that those staff involved in care work should receive four sessions of supervision each year. The policy stated that this support could be provided as part of a formal one to one supervision session, a competency assessment, a team meeting or an annual appraisal. Three of the four staff files we looked at showed that the staff had received support in line with the provider's policy. For one member of staff, their file only contained notes from one 'spot check' in 2015. The registered manager's system showed the staff member had been booked for another date in September 2015 although this had not been documented in the person's file. The staff member when asked said their last supervision session was "a couple of months ago". This indicated that staff had received support and supervision throughout the year.

Other staff told us they had regular individual supervision meetings and annual appraisals with the registered manager. Notes from staff supervisions showed that areas for further training and support were discussed. Staff said they felt well supported and felt confident to discuss any training or support needs they had with the registered manager.

Good

Is the service effective?

Staff members held meetings with the registered manager. Staff told us these meetings were held so the staff team could get together and discuss areas of interest in an open forum. This also allowed for any relevant information to be passed on to staff members. Records confirmed meetings had taken place. Staff told us their views were considered and they felt supported in their roles. One member of staff told us, "Anything I need, any questions I have or answers I need, I can always approach the manager." Another member of staff told us, "The staff in the office are good. Any queries or anything we want to report they will sort it out."

People were supported at mealtimes to have food and drink of their choice. They made their own choices around food and nutrition supported by their family and care staff. When staff were involved in preparing food for people, there was guidance within the person's care plan relating to their food and drink preferences. For example, there was information in one person's plan about what they preferred to eat for breakfast and lunch. We observed a member of staff preparing this person's breakfast in accordance with the plan.

Staff we spoke with told us they would prompt and promote healthy eating and drinking when required. We noted from their care plan that one person had a medical condition. The care plan had information about the person's food and drink preferences. Clear instructions were available to support the person to manage this condition.

Staff had received training in food safety and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. One staff member said "I always make sure that I leave food and drink within easy reach before I leave the person's house".

People had access to healthcare services. There were notes within people's care files which showed where staff had liaised with other health professionals such as the district nurse team. For example, in one person's plan, staff had contacted the district nurse in relation to the person's skin condition. The district nurse had visited to assess the person and the outcome of this was documented within the care file for all staff to see.

People who used the service and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in people's care if their health or support needs changed.

People's plans were reviewed annually or more frequently if their needs changed. One staff member said "If people's needs change I inform the office. They then liaise with other people to see if we can get a reassessment earlier than planned in order to change the type of support they received from us".

Whilst visiting one person at their home, the occupational therapist and the physiotherapist called to provide treatment. Feedback from both professionals was positive. They told us relationships with staff from the service were supportive and they were confident that any referrals regarding a person's health would be made. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. The registered manager told us that where staff had more immediate concerns about a person's health, they called for an ambulance to support the person and meet their healthcare needs.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Caring, kind, friendly and compassionate." One person told us, "The staff respect me and take care of me. I am happy with my care. They are more like family members". Further comments included, "Staff are very caring, very kind. They are very respectful and very compassionate." Another person told us, "I am very happy, the staff are like family. They are very good." One relative told us "I am happy with mum's care. Staff are very caring and good to her. I feel quite relaxed knowing that they are there".

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of people's individual choices, wishes and support needs. All staff were respectful of people's needs and described a sensitive and caring approach to their role. Staff told us they enjoyed their work because everyone cared about the people who used the service. One staff member said, I'm very happy, I love my job" and another said "I do believe we give good care". One staff member told us "I have my regulars which is great for continuity. I don't think of this as work, I'm just popping in to see people; we get time to know the people we visit, to know how they like to be treated."

All the staff we spoke with said their weekly rota rarely changed and that this added to their job satisfaction. One staff member said "I get my rota on a Thursday and it pretty much stays the same". Staff said they knew people well, and understood their needs, which meant they were able to provide the care people wanted. One staff member said "At the end of the day we care about what we do here".

During one of our visits to people in their own home we saw the member of staff treat the person with respect and provide assistance in a kind and caring manner. It was evident that the person and the member of staff had an easy and friendly relationship.

Care records and other associated documentation were detailed. There was evidence that people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence which demonstrated people's care plans were reviewed with them and updated on a regular basis. This ensured staff regularly sought people's views on how they wanted their care delivered. One person told us, "They do things the way I want. It is reassuring."

The service had policies in place in relation to privacy and dignity. Staff told us their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person and got to know how they liked to be treated. One staff member told us, "We visit people in their own homes. It is important we treat each person as they would want to be treated."

People told us staff were very polite and always maintained their dignity whilst providing care. One staff member said they made sure that the windows and doors were closed while supporting someone with having a shower of or bath. We were told, for example, "One person is able to shower independently so I support them to get into the shower and close the door and stand by the steps. When they are ready they will call me and I go back and help them. That's how they want it." One person told us, "The staff are friendly. I feel comfortable with them. When I am having a shower the staff are very respectful".

Good

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes. This was to enable them to make informed choices and decisions about their care and support. For example, about what days they wanted a bath and what their food preferences were. People's objectives and desires were identified as part of their plan of care. For example, to promote independence or maintain a balanced and nutritious diet.

The care plans showed the level of care and support that people wished to receive. For example, in one plan it was noted that the person's partner assisted them with their medication and that staff were needed to provide support for personal care. People's preferences in relation to male or female care staff were also recorded. The care plans showed that where possible people were involved in the care planning process. Where they were unable to, a relative was involved. Plans were signed to indicate agreement with the plan and consent to care.

People who used the service had varying needs. While some people required assistance with personal care, others required assistance for a variety of activities, including assisting with computer related tasks, or shopping. The plans provided details for care staff to follow in order to meet people's needs. In one person's care plan staff had documented "Prefers a type of body spray" and "Likes to use the hairdryer in the front room". In another plan, there was detail regarding the person's skin integrity. The person was at risk of developing pressure ulcers due to immobility. There was a clear plan in place that informed staff how to prevent skin damage. This included details of how to protect the person's skin when moving them as well as positioning guidance.

Staff said they had time to meet people's needs. One staff member said "It's better when you get to know people and their preferred routine, then there's plenty of time". People said that staff provided the care and support that they wanted. Telephone surveys that were undertaken every three months with people included the question "Have there been any changes in your care requirements that we should be made aware of which are not in your current care plan?" The feedback was positive and meant that people were given the opportunity to discuss any changing needs they had.

Care plans were reviewed annually and we looked at several plans that had recently been updated. For example, in one plan it was documented that the person wanted the length of visit on one day changed and the day of the week changed. This had been acted on.

The registered manager said they had a care plan review calendar so that it was easy to identify which plans needed to be reviewed and when. The care plan audits undertaken by the provider assessed whether plans had been reviewed according to the provider's policy. The audits we looked at for September 2015 and December 2015 showed that no action was required.

The service had a complaints procedure which was made available to the people being supported and to their family members. This was included in people's care files which they kept in their own homes. We looked at the complaints log for 2015. Four complaints had been received and all of these had been dealt with in accordance with the provider's policy. There was evidence within the log of actions and investigations and how the complaint was resolved. There was also evidence of how learning from complaints had been discussed with the care staff. Complaints were audited as part of the provider's quality assurance programme. People using the service said they knew how to make a complaint. One person told us, "I can't fault the staff. I've not got any complaints."

Written surveys were also sent to people and the feedback from these had been positive. For example, during the 2015 survey, 73% of people using the service were satisfied with the level of privacy and respect that staff showed them; 27% of people said that their expectations had been exceeded.

People we spoke with told us the service was responsive in changing the times of people's appointments. It was also quick to respond if people needed an extra visit because they were unwell. One person told us, "I was really unwell and needed help. I phoned the office and two of the staff came straight out."

People and their relatives told us they had regular contact with their care worker, the office staff and the registered manager of the service. They felt there was good communication with the staff at Agincare (UK) Bristol and there were opportunities for them to give feedback about

Good

Is the service responsive?

the service they received. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior staff and the registered manager if they had any concerns.

Requires improvement

Is the service well-led?

Our findings

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. These included accidents and incidents audits and audits relating to medication, care records and people's finances. We looked at completed audits and saw that action plans had been devised to address and resolve any shortfalls. This also included quality monitoring audits which were undertaken on a quarterly basis by the locality manager. The latest audit had been completed on 4 December 2015. Actions had been identified with dates set for completion. The actions included arranging safeguarding training for the registered manager, medication audits to be completed in people's homes, and for staff training and performance management to be kept up to date. The audit document had columns where details were recorded in relation to progress being made against targets.

However the audits, including the quarterly audits, had not identified the shortcoming we noted in 'handling service users finances'. For example, the recording of people's financial transactions which was not consistent with the provider's policy. In addition there was no record of lessons learnt in relation to financial irregularities by a former member of staff.

Furthermore, the last medication audit was undertaken on 15 January 2016. The audit had not identified that one aspect of medicines management was not in accordance with the provider's policy. The audit showed that further training was being arranged for staff to ensure accurate documentation. This meant that although there were systems in place to regularly review the service, people who used the service could not be confident that these were effective in improving the quality and safety of the service they received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previous audits showed that progress was monitored routinely in line with the way the service should be run. Care file audits were undertaken and no shortfalls were identified in the last two audits that we looked at. Staff file audits were undertaken. The latest audit on 16 December 2015 had identified one action in relation to a shadowing and probation form. This action had been completed.

All the people we spoke with told us they thought the registered manager could be contacted and was approachable. They told us they had good communication with the staff and always thought they were listened to. One person told us, "The manager is lovely. I don't really know her well but I have no problem talking to her".

All the staff we spoke with told us they were committed to providing a good quality service for people who used the service. Staff were aware of who to go within the service if they had a concern or needed to pass on some information. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the registered manager as very supportive. One member of staff commented that she had been well supported by the registered manager not only about work related issues but personal ones too. Another member of staff told us, "I feel well supported and valued". Other staff members said "The manager is lovely, more approachable than our previous managers" and "Our manager is brilliant and more approachable than the ones we had before. Because they are local they can go and see the service users and deal with any concerns immediately".

The provider had other systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported through satisfaction surveys and care reviews with people and their family members.

Feedback from the surveys showed that people were satisfied with the care and services they received from Agincare (UK) Bristol. There was also a record of compliments received at the service. These included 'High quality of service' and 'Nothing was too much trouble and the staff were prepared to spend time attending to Dad's needs as long as it took; not in and out the door as quickly as possible'.

People were asked a number of questions in the survey; these included questions about whether the care worker spent time on things important to them, if they were happy with the service, did the carers arrive on time and were properly dressed. We noted that all responses were positive. Within the client reviews we saw that any comments, suggestions or requests had been acted on by the registered manager. This meant people who used the service were able to have choice and control about how the service was run.

Requires improvement

Is the service well-led?

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Senior staff undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were at a person's home to observe the standard of care provided. They also called people on the phone to obtain feedback from the person who used the service or their representatives.

The spot checks included reviewing the care records kept at the person's home to ensure they were completed. One person who used the service told us, "They come to see us from time to time to make sure we are alright." Staff told us senior staff frequently came to observe them at a person's home to ensure they provided care in line with people's needs and to a good standard. One staff member said "I get loads of spot checks" Staff told us that any feedback from the spot checks was discussed at supervisions and if any concerns were identified during spot checks the registered manager advised them of any changes they needed to make.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Records of people's financial transactions were not always completed fully and in line with the provider's policy. Audits were not always effective in identifying shortfalls and where action was needed to improve the quality of the service. Regulation 17(2) (a) (b) and (c)