Local Care Services Limited

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Inspection report

3 Shibden Head Court
Queensbury
Bradford
West Yorkshire
BD13 2NY

Tel: 01274882456

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Local Care Services Limited is a home care provider offering care and support services to people within their own homes and in their local community. The agency is situated in the town of Queensbury and serves the Calderdale area. The services provided include personal care, assistance with medication, cooking meals and daily activities.

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

The inspection took place between the 19 and 23 September 2016 and was announced. At the last inspection in February 2014 the provider was in breach of one regulation relating to the management of medicines. At this inspection, although some improvements had been made to the way medicines were managed, the provider had not fully complied with legal requirements. A complete record of the medicine support provided to people was not being documented.

Overall, people told us they felt safe using the service. Safeguarding procedures were in place and we saw evidence they had been followed.

Risks to people's health and safety were assessed and clear and up-to-date plans of care put in place for staff to follow. People we spoke with told us that risks such as those associated with moving and handling were well managed by staff. Arrangements were in place to ensure staff acted appropriately in emergency situations.

We concluded there were sufficient staff to ensure people received a safe service. Staff were subject to the required checks on their characters and backgrounds to help ensure they were suitable to work with vulnerable people.

People said staff adhered to infection control procedures and staff reported a plentiful supply of equipment.

Most people told us staff had the right skills and knowledge to care for them. Staff received extensive training on induction and at regular intervals. Staff had a good knowledge of the people and topics we asked them about. Staff told us they felt well supported by the registered manager.

The service was acting within the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they were supported appropriately to eat and drink. Care records showed people's nutritional needs had been assessed and plans of care put in place.

People's healthcare needs were assessed and we saw the service had regular contact with health professionals to help maintain people's health.

People and relatives all said staff were kind and caring and treated them with a high level of dignity and respect. Information had been sought on people's likes, dislikes and life histories to help provide personalised care and support.

The registered manager and staff told us where possible they tried to ensure continuity of care staff. However some people told us that there was a lack of continuity of care workers and they would prefer a smaller team of care staff.

People and relatives told us care needs were met by the service. Care records showed people's care needs were assessed in a range of areas and appropriate plans of care put in place for staff to follow.

Staff were updated on people's changing needs through regular contact from the office and a weekly newsletter.

A range of audits and checks were undertaken on staff and care records to help maintain a high quality service. People's feedback was regularly sought. We identified systems to analyse occurrences within the service such as verbal complaints and any incidents should have been more robust.

The service had not fully acted on the Commission's feedback at the previous inspection or followed the action plan submitted to us, as a complete record of the medication support provided to people was not in place.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Proper systems were not in place to support the safe management of medicines as a complete record of the support provided to people was not documented.

People told us they felt safe using the service. Risks to people's health and safety were assessed by the service and clear risk assessments put in place.

There were enough staff deployed to ensure a safe service. Staff were subject to checks on their character to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Overall, people spoke positively about the skills and knowledge of staff. We found staff had been provided with a good range of training and support from management.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported appropriately with food and drink.

People's healthcare needs were assessed and the service supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Staff spoke positively about staff and said they treated them with kindness, compassion, dignity and respect.

Care plans included information on people's likes, dislikes and personal histories and staff knew people well.

Some people told us that they saw too many different care workers and would prefer a smaller team.

Is the service responsive?

Good

The service was responsive.

Overall, people told us that their care needs were met by the service. Care plans demonstrated needs were assessed and appropriate plans of care put in place.

Overall, we found call times were appropriate from day to day, although a few people told us that they would prefer staff to arrive at more consistent times.

Staff were kept up-to-date with changes in people's needs via good communication from office staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager had not put in places systems to rectify the deficiencies with medicines management identified at the previous inspection in 2014.

People provided mixed feedback about the overall quality of the service. We concluded systems to analyse and collate information about the service such as verbal complaints, or medication errors could have been more robust.

Systems were in place to audit the quality of the documentation such as medication and care records. People's views were regularly sought on the service.

Local Care Services Limited

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also followed up on the compliance action issued at our last inspection in February 2014 to see whether improvements had been made to the way medicines were managed.

The inspection took place between the 19 and 23 September 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit, to ensure a manager was present within the office to assist with our enquires. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 19 September 2016 we visited the provider's offices. Between the 19 and 23 September 2016 we spoke with people who used the service, their relatives, staff and health professionals over the telephone.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with fifteen people who used the service, fifteen relatives, seven care workers, two care co-ordinators, the medicines co-ordinator and the registered manager. We looked at elements of five people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the service. This included information from the provider, notifications and contacting the local authority safeguarding and commissioning team. We also spoke to four health and social care professionals who have contact with the service.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed in a prompt manner prior to the inspection. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

People we spoke with reported they received the required assistance with their medicines. For example, one person said, "They bring my medicines up to me in the morning so I remember, I forget things these days." A relative told us, "They put cream on his legs and put his eye drops in for him, they do that alright." Another relative told us, "They do [relative's] medicines, we had a few mistakes early on but they were on those quickly and it hasn't happened since."

At the previous inspection in February 2014 we identified a breach of regulation relating to medicines management. There were no records in place to indicate what prescribed medication staff had administered. At this inspection we saw some improvements had been made, however robust recording arrangements were still not fully in place. Following the last inspection, the service had introduced a system of separate Medication Administration records (MAR) for medicines administered from dosette boxes (boxes containing medicines organised into compartments by date and time, to simplify their administration) and those from individual boxes and containers. This had improved the recording of the support provided for some medicines such as creams and ointments.

At the last inspection in 2014, where medicines were arranged in a dosette box, we identified that staff had only signed the MAR once at every visit to indicate "all medication in the monitored dosage system had been administered". There was no information attached to each MAR to confirm what medicines had been administered. It is a requirement to ensure that care providers maintain a complete record of the medicines people have been supported with. At this inspection we found staff had access to an information sheet from the dispensing pharmacist giving an itemised list of what medication was in each compartment of the dosette box to assist whilst administration medicines. However the same issue was still present as at the last inspection in 2014, with staff signing that the dosette box had been administered with no records kept with the MAR of the individual medicines people had been supported with. We spoke with the registered manager who said they had encountered difficulties with local pharmacies in providing itemised information in a suitable format detailing the contents of the dosette box.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had received medicine training, with four staff attending more extensive training to further develop the staff teams' skills and knowledge. Staff we spoke with demonstrated an awareness of how to give medicines safely. For example, they were aware of ensuring any discrepancies were noted and reported to the office. Staff told us they received updates from the office if people's medication changed.

We saw evidence of medicines spot checks and observations carried out by the medicines co-ordinator as well as monthly medicines audits. Audits were also undertaken which checked a range of areas including that MAR charts had been completed correctly and people's visit times were appropriate for the medicines they were receiving.

We saw people signed consent forms to allow staff to administer creams and lotions. Some people administered their own medicines and we saw assessment forms had been completed and signed by the person, reviewed on a regular basis and resigned, with any changes noted. This showed us people were involved in the planning of their medicines support.

The service had a medicines policy in place which included an 'as required' (PRN) policy. We saw one person's MAR contained an indication for an inhaler to be administered PRN and a PRN cream. However, there was no indication on the MAR when these should be administered. We spoke with the registered manager who contacted the senior care worker who was able to give specific details about when these were required. The registered manager agreed to amend the MAR charts to show details of when PRN medicines should be administered.

Overall, people told us they felt safe whilst using the service. One person said, "Oh I feel safe enough with it" and another person said, "I feel quite safe with them." A relative told us, "I think [person] is safe enough and they do text me if anything is wrong." Following safeguarding incidents we saw appropriate liaison took place with the local authority. A low number of safeguarding incidents had occurred. Our discussion with the registered manager gave us assurance they would continue to follow the correct procedure should a concern be identified. Staff had received training in safeguarding and were aware of how to report and act on any concerns. Staff told us when concerns were raised they were taken seriously by the management team.

Care records demonstrated that risks to people's health and safety were assessed and clear risk assessments were put in place. These covered areas such as the environment, moving and handling and any risks specific to the individual. Risk assessments were regularly reviewed, annually or more frequently if the person's needs changed. People and relatives said that risk assessments were followed. They said that moving and handling tasks were completed in a safe and competent manner.

The registered manager told us the organisation was currently fully recruited in terms of care workers. Staff told us there were enough staff to ensure rotas were well organised and not overly demanding. They said they had enough time to attend calls at the required time and ensure that people's care needs were met. Staff told us they were able to work the hours they agreed to and that they did not feel pressurised into working additional hours. On reviewing records of people's care and support, we saw evidence people received regular care, with on the whole, staff attending within the target time window, providing us with assurance that there were enough staff deployed in the right places. People and relatives did not report any recent problems with missed calls. Staff told us it was very rare that calls were missed and they said that two staff always turned up for a double up call to help ensure people were safe.

Staff we spoke with told us they were subject to robust recruitment checks and had to attend an interview led by the management director/registered manager prior to receiving a job offer.

We reviewed four staff files and saw a robust and safe recruitment process was in place. This included application forms, identity checks and an interview checklist. Other checks took place such as obtaining positive references and a Disclosure and Barring Service (DBS) check to ensure the staff member was suitable to work with vulnerable people. Such information had been received prior to the person starting work for the service.

A minimum of two care co-ordinators were on duty at any one time during office hours to support staff. The service also operated a management on call system when the office was closed to deal with any emergencies. Staff told us that the on call phone was always answered and they could always speak to

management in the event of an emergency. An on call book recorded information for handovers which was inputted into the service computer system each Monday morning. Emergency procedures were in place for if staff were unable to gain access to people's property. These included checking the back garden, the back door, listening for the radio or TV playing, looking through windows and the letterbox and contacting the management team.

People told us staff always wore personal protective equipment such as gloves and aprons. Staff we spoke with said that there was always a good supply of personal protective equipment available within the office for them to access.

Good

Is the service effective?

Our findings

Overall, people spoke positively about the skills and knowledge of staff. For example, one person told us, "They know exactly what to do" and another person said, "They all seem well trained to me." A third person told us, "They seem to be well trained but some of the new ones, you have to tell them what to do." A relative said, "They all seem to know what they are doing." Another relative said, "They all seem well trained, they all know what to do, I have had to pull them up once or twice because they have missed doing something, but not much, they are well trained." However, some people felt some staff needed more training. For example, one person told us, "They have such a high turnover of staff I don't think some of them know what they are doing and they are so rushed." Another person said, "Well it varies, I wouldn't like to say that they were all well trained, some just stand there and say 'What do I do?'"

One relative explained to us how their relative had very complex needs and a complex care regime that had to be precisely followed. They explained due to the complexities of the task, the same two care workers visited each day who had been provided with specific training in how to follow a detailed plan of care. They told us the care workers were excellent at meeting the person's needs. This provided us with assurance that arrangements were in place to ensure staff had the right skills and knowledge to care for people with more complex needs.

We reviewed the staff training file and saw training was generally up to date or booked. Training was provided by an external training provider with the majority being face to face, with some training including home study packs. Training included key subjects such as basic life support, moving and handling, first aid, safeguarding, food hygiene, infection control, medicines administration, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and risk assessments. We saw small laminated cards were provided to staff on administration of medicines as well as fold out cards containing information on the MCA to complement their training and act as an 'aide memoire'.

The service had a robust induction programme which consisted of initial induction training by an external training provider followed by 80 hours shadowing staff, further field training, supervisions and observations. New staff members were subject to a probationary period of three months during which an induction checklist was completed, including reading of service policies and procedures. New staff were required to complete the Care Certificate which is a nationally recognised study plan for people new to care. We spoke with a new member of staff who had not worked in care previously. They told us they received a full induction including 5 days training and a medication course. They said they were provided with plenty of support and at first the manager had been through each of their planned calls to see if they were comfortable with the care and support tasks. They said they had been allowed to do further shadowing of the calls they were not 100% sure about.

Staff told us they were provided with the required training and support to undertake their role. They told us they completed face to face training and workbooks. Staff made the following comments "The support is good, if we get stuck there is lots of support and they answer the phone" and "New staff don't go out until fully competent." Staff we spoke with demonstrated a good knowledge of the things we asked them about.

Supervisions and spot checks were held on a regular basis and appraisals were held annually. We saw these were up to date. We spoke with the medicines co-ordinator who said they carried out regular medicines competencies and we saw evidence of these in people's staff files.

Overall people reported appropriate assistance was provided at mealtimes. One person told us, "They do my meals, breakfast lunch and tea." Another person told us, "I have microwave meals, no cooking, one of the ladies shops for me and brings it in, she just brings me a choice." A third person told us, "They do my breakfast and sometimes my tea, I have ready meals, so I just tell them what I want." One relative told us there had been problems with staff encouraging their relative to eat and drink enough but said, "It is better now, but I have to keep an eye on things." People's nutritional needs had been assessed and care plans put in place for staff to follow. Information on people's culinary likes and dislikes was present to assist staff in providing personalised care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection.

We found no people were currently subject to DoLS. The manager demonstrated a good knowledge of the MCA and assured us the correct best interest process would be followed should a decision need to be made for a person lacking capacity. People's ability to be involved in decisions relating to their care and support was assessed in their assessment of needs document. Care records provided evidence that people and signed and consented to their plans of care. Staff said they had received training in the MCA and demonstrated they knew how to act appropriately within the Act. Information was present within people's care files demonstrating people's ability to make decisions for themselves had been assessed. People had signed to consent to their plans of care.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring and treated them well. Comments included "The girls are very nice, very kind and polite", "So kind, they go above and beyond what they should do, I can't fault them", "They are OK, some are better than others but they are polite", "The girls are lovely and will do anything for you" and "They are all nice, they go out of their way to be helpful, if I have run out of milk they'll say 'you haven't enough to last until morning shall I go to Morrison's and get you some' and they will, right away, they are dead kind."

Staff we spoke with demonstrated a dedication to providing a kind and compassionate service and their responses to our questions demonstrated that they cared for the people who used the service and routinely acted in their best interests. Staff were knowledgeable about the people we asked them about. We saw information on people's likes, dislikes and preferences was recorded within people's care files, including their preferred call time as well as information about the person. This demonstrated the service got to know people and helped ensure person centred care

Care plans focused on ensuring people were treated with dignity and respect at all stages of their care and support. This information reminded staff to treat people well and showed the organisation recognised the importance of ensuring people were treated in a kind and respectful manner. We asked staff about care and dignity. Answers demonstrated staff were aware of the key principals involved in providing dignified care and ensuring people were treated well and listened to.

The registered manager told us wherever possible, they tried to ensure the continuity of care staff going into each person to ensure they received care from familiar faces. Staff we spoke with also told us they generally had set runs and on the whole saw the same people, although this could change to cover for sickness and holiday. Some people we spoke with did raise concerns about the lack of continuity of care staff. One person told us, "I don't know who is coming there are lots of different ones, I might get the same lady twice in one week." Another person told us, "It's holidays so they are lots of different people, I do get some regulars but there are so many you don't get to know them." Another person said, "I don't know who is coming, it's all different ones, my Saturday girl is usually the same one but the rest is just anybody." A relative said, "We know more or less whose coming, but it would be better if we had regular carers as we get all sorts, but they(management) say it can't be done." Other people told us they received a greater level of consistency, and others said that whilst they saw a number of different care workers it was the same core group so they got to know them all. Staff told us if they were going to see a new client, they phoned up the office or staff more familiar with the person to find out a bit about them which helped ensure a more personalised level of care.

People told us staff listened to them and valued their opinions. For example, one person said, "They always ask me what I want." Care planning emphasised the importance of giving people choice and control over their daily lives and ensuring their opinions were sought. For example, care plans reminded staff to ask people what they wanted to eat and drink. We saw it was recorded in care records that staff had offered choice to people and respected their right to refuse specific elements of their care and support. This

demonstrated the service valued people's opinions and listened to them. People were also able to raise views about their care and support through contact with the management team, questionnaires and care reviews.

The registered manager gave us examples of how they communicated to good effect with people who used the service and their relatives. They explained how some people preferred verbal or telephone communication and others preferred to be contacted using email. For instance, a new person had requested an email detailing a list of the care staff who would be attending the following week. The registered manager sent this and asked if they would like this sending on a weekly basis which they said they would. As a result, the registered manager sent this list every week. This showed us the service was responsive to different communication methods preferred by people who used the service.

A number of relatives we spoke with told us the service had offered them emotional support in coping with being a carer of someone with complex care and support needs. They said staff were emphatic and went out of their way to help them.

Good

Is the service responsive?

Our findings

Overall, people said that the service provided responsive care that met their individual needs. One person described the care as, "Brilliant, absolutely brilliant. " A relative told us, "Brilliant, absolutely superb, highest level of care, they go beyond where they should be." They went on to tell us how their relative had a 20 step care plan which was always followed to precision by staff. People told us staff completed the required care and support tasks at each visit.

Heath and social care professionals praised the service and said it was responsive to people's needs. For example one professional told us, "I've found them to be extremely person-centred. Staff and management have been very flexible and responsive and with one case they went above and beyond." Another health professional told us, "In my experience the care they provide is very good and the team are reflective and respond well to the needs of their service users. Staff really do seem to care about the individuals and families they support, whilst maintaining professional boundaries."

Prior to commencement of the service, a member of the management team undertook an assessment of people's needs to ensure the service could meet their individual needs and requirements. Documentation showed this assessment of needs was thorough and covered a wide range of areas including personal care, nutrition and social and cultural needs. This included information on people's individual preferences and likes and dislikes for example with regards to food or how they liked their care to be delivered. From this assessment of need, a more practical care plan was developed for staff to follow. This provided staff with step to step guidance on the care and support to be delivered at each visit, the time of the call and the length of the call. There was a good level of person centred information included within this plan including information about any medical conditions which staff needed to be aware of. Staff we spoke with told us there was a copy of the care plan in each of the homes they visited.

People's social, religious and cultural needs were assessed as part of initial care planning. Care plans focused on the need to engage with people in conversation as well as providing companionship. Some care packages included taking people out into the community to reduce the risk of isolation. This was appropriately planned by the service through the care planning process.

Prior to commencement of the care package, a time window was agreed with people. We reviewed call times to people to check they were receiving care at appropriate times that met their individual needs. People provided mixed feedback about the timeliness of calls. One person told us, "They do try to be on time but sometimes they are a bit late." Another person told us, "The girls come on time more or less, but not at weekends, then it is all muddled up." A third person said, "They are on time-ish." A fourth person said, "They come more or less on time. They come on time 9 times out of 10." A fifth person said, "They are pretty much on time, they turn up at all times." On reviewing call times within daily logs of care and the electronic call monitoring system we identified that the majority of calls took place at appropriate times and were appropriate in length. Staff also told us they were able to get to the majority of calls on time and were only late if there was an unforeseen delay. Many people who used the service were signed up to the Individual Service Fund. A feature of this service was that call length was robustly monitored and the time deficit

created from unwanted or shorter calls could be 'banked' for use at a later time for example for social activities. This allowed greater flexibility of the service.

Some people said they had been involved in care reviews, others could not remember. On reviewing documentation we were assured that people received an annual care plan review or more frequently if their care needs changed. One person told us "I get a review once a year, they come and go through everything and I sign."

Staff received a weekly newsletter which helped ensure responsive care and support. This provided information on any changes in people's care and support needs. For example, changes to their preferred call time. We looked at a couple of examples and saw staff had adhered to the instructions regarding the new call time. Staff told us the communication about changes in people's needs or circumstances was a particular positive feature of the service and the newsletter was complimented by phone calls and text messages.

We saw the service had a complaints policy although no formal complaints had been documented since October 2014. The registered manager told us they took complaints seriously and investigated thoroughly. We saw this had occurred with the 2014 complaint. A complaints questionnaire had been sent to staff in 2015 to check their knowledge of how to complain, raise an alert and ensure complaints were taken seriously. The registered manager and staff told us care co-ordinators spent most of their time out in the community, checking care and support was being provided to a good standard. People said they knew how to complain. People provided mixed feedback about the service's response to complaints. One person told us, "I have complained once or twice about the times they turn up. They said they would sort it but they don't." Another person said, "If I ring up they are nice enough but they don't change anything"" Other people and relatives said any issues they had raised had been resolved. We saw evidence in two cases, that complaints about call times had resulted in changes to the care and support package and call times which were more suited to the person's needs. Positive comments included, "If I had a complaint I just ring the office and they sort it pretty quick," and "They are pretty quick to put things right" and "We complained once , they sorted it out for us." Although the registered manager told us details of any communication with people including verbal complaints or concerns were logged on the computerised system, there was a lack of collation of this information to look for any themes or trends.

We saw the service had received numerous compliments, either by email or by cards received at the office. These had been received from people who used the service, relatives, healthcare professionals and former staff members. Comments included, "I would like to place on record to you my thanks to you and all your team. I know [name] has always been very appreciative of the care [person] has received", "Can I just say as well,[name] that your team have done a fantastic job with supporting [name] and keeping [person] in [person's] own home for as long as they have," "Heartfelt thanks and gratitude for the help, care and respect," and, "The service [name] is receiving is marvellous – very reliable and all the ladies are lovely."

Requires Improvement

Is the service well-led?

Our findings

The service had not taken appropriate action to address the compliance action issued for medicine management in 2014. The provider had not fully acted on our feedback and ensured a complete record of the medicine support staff provided to people was in place. This was despite the action plan completed following the 2014 inspection stating that this would be put in place.

Systems to assess and monitor the service were in place. For example, medicines audits took place monthly and included a section for actions taken as a result of the audit. An electronic call monitoring system was in place. At the start and end of each visit staff were required to log in, which provided real time information to the office on the length and timeliness of calls. This was monitored by the management team and allowed them to report on their performance on a monthly basis in terms of staff timeliness. We reviewed recent reports and logs which showed overall an acceptable consistency with regards to call times. The service also audited care records, with eight sets of daily records audited on a monthly basis, and eight spot checks on staff practice undertaken which looked at a wide range of areas including uniform, documentation and completion of care tasks.

Overall, we received positive feedback about the quality of the service although responses were mixed with a number of people speaking negatively about some aspects of the service. Of the 30 people or relatives we spoke with, 19 people said they were overall happy with some of these people having minor concerns about some aspects of the service. The other 11 reported problems with the service with timeliness of carers, and lack of continuity of care workers as the main themes. Comments included "Really, really good, no issues," "Brilliant, absolutely superb, highest level of care, they go beyond where they should be", "Oh it's fine we are satisfied with" "Overall I would give it 5/10, we have thought about moving but its better the devil you know," "It's alright as long as you keep an eye on things", "I don't think there are any regular carers which would be better" and "Oh it's very good by and large" and "I would recommend it to anyone."

When we spoke with the management team and staff they said they thought people were very happy with the service and were not aware of any concerns. We concluded that systems which sought and analysed feedback from people about the service could be improved. Details of phone calls made to the office were logged on the computerised care management system. However verbal concerns were not collated or analysed as complaints to help inform the overall quality of the service. The complaints folder showed the last complaint was in 2014, however speaking to people we concluded concerns had been raised since. It was also the case that incidents such as medication errors, safeguarding concerns or late calls although recorded on the electronic care management system, the service was unable to interrogate the system to determine the number of these types of incidents in any one period to analyse for themes and trends. We raised this with the registered manager who agreed to look at the way the system was organised.

We saw people had received annual satisfaction questionnaires asking them about the quality of the service. Most of these were very positive. We saw the service sent out regular questionnaires to people to check the quality of care and support and the responses we saw were positive. Comments included, "Great girls", "Excellent service, no complaints," and, "Totally satisfied with the help."

A registered manager was in place. The registered manager had extensive experience of managing a domiciliary care agency and demonstrated a clear passion to operate a high quality service. The registered manager also told us how they were proud of the service and its high standard. They told us, "We have strong family values which leads to a commitment, passion and strong work ethic", I think we are proactive rather than reactive, It's how passionate we are about care. I have very high standards. I have a close working relationship with all my care team. We can listen to staff feedback and client feedback and act on it." Health and social care professionals spoke positively about the service and how it was operated. One professional told us, "Management oversight seems very stable and communicative."

A well-defined organisation structure was in place with care co-ordinators reviewing care and addressing any queries which arose. A medication co-ordinator was in place which allowed greater scrutiny of the medicines management system and an external nurse consultant provided additional guidance and advice. A minimum of two care co-ordinators were on duty at all times to help ensure appropriate management presence and support for staff. People confirmed that regular visits from management took place. For example, one person told us, "Someone pops out from the office sometimes, I think they keep their eye on me, I am happy with it." Overall, people spoke positively about the management team. For example, one person told us, "I would ring the office if I needed to, they are very kind and helpful" and "They are alright in the office if you ring them, if I had a problem I would just give them a shout."

Staff spoke very highly of the service and how it was managed. They said that they received rotas well in advanced, and communication and support from management was particularly positive. Three staff we spoke with said they had worked elsewhere and found the service was particularly high quality compared with other services they had worked in. For example, one staff member said, "This is my third care company, and definitely the best one".

We saw staff meetings were held regularly and well attended. We reviewed the minutes of the last meeting and saw topics covered included staff related information, medication, CQC, MCA, client updates and any other business.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Safe care and treatment was not provided because: Medicines were not managed in a proper way.