Agincare UK Limited

Agincare UK Bridport

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Agincare UK Bridport is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 97 people. The service was run from an office in the centre of Bridport.

The service did not have a registered manager at the time of inspection. 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 previous registered manager left the post in November 2014 and the current manager started in post in August 2015. The manager had applied to CQC to become the registered manager for the service and this application was being considered at the time of inspection.

When we last inspected the service in April 2015 we had concerns that there were not sufficient arrangements in place to protect people's rights and that the systems and processes for measuring and improving quality were not effective. We asked the provider to take action about these concerns. At this inspection we found that improvements had been made in both areas.

People generally received their medicines as prescribed but we saw that where people had creams, these were not consistently given as prescribed.

Staff did not consistently have sufficient travel time between their visits, this meant that staff were late or that they were not always able to stay for the full length of time.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also had competency checks annually to ensure that they had the necessary skills.

Staff understood how to support people to make choices about the care they received, and encouraged people to make decisions about their care. Assessments reflected that the service was working within the framework of the Mental Capacity Act 2005.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked.

People told us that staff who supported them were kind and helpful and we observed that staff supported people in the way they preferred and were aware of people's likes and dislikes. People told us that they had input into their care plans and we saw that where people had expressed a preference for male or female staff, this was respected.

We observed staff treating people with dignity and respect. We saw that a member of staff knocked and sought the persons consent before entering when they arrived for a visit.

People told us that they received a rota each week letting them know what staff were due to visit at what times. Where changes were needed to visits, or where staff were running late, people told us that the office made contact to let them know.

Peoples care plans were person centred and included details about what people liked and how they wanted to be supported. People told us that they were involved in reviews about their care and we saw that reviews were completed annually, or more frequently if people's needs changed.

Feedback was gathered from people through telephone surveys and service user surveys. Feedback was used to plan actions to improve the service. People told us that they would be confident to complain if they needed to and we saw that complaints were recorded and responded to appropriately.

People, relatives and staff spoke positively about the management of the service. We were told that the office were easy to contact and friendly and that the manager was approachable. Communication between staff and management was positive. Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were regular staff meetings where practice and ideas were discussed.

Quality assurance systems at the service were regular and information received was used to identify trends or areas for development. Where staff had made suggestions, we saw that these had also been used to make improvements and develop the service.

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.

People did not always receive their creams as prescribed.

People's visits were sometimes late because staff did not have sufficient travel time between visits.

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People had their privacy and dignity respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had person centred care plans and were involved in regular reviews about their support.

People were regularly asked to feedback their views about the service.

People were aware about how to complain and where complaints had been received, these had been responded to appropriately.

Is the service well-led?

Good

The service was well led.

Although there was not a registered manager in post at the time of inspection, the manager was in the process of applying through CQC to become the registered manager.

Staff told us that the registered manager was approachable and that they were encouraged to discuss any issues or concerns.

Staff and management communicated well and the office staff were available and responsive.

Quality assurance measures were regular and used to identify trends and areas for development

Agincare UK Bridport

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 announced and took place on 14 and 15 November 2016. Further phone calls were completed on 29 November and 1 December. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector 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 service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with five people in their homes and five relatives. We also telephoned 17 people and relatives to obtain their views about the service. We also spoke with seven members of staff. We spoke with the manager and the area manager. We looked at a range of records during the inspection. These included four care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe.

People were not always supported to take their medicines as prescribed because there were some gaps in how staff assisted people with creams and how these were recorded. We visited one person who had been prescribed a spray cream and they told us that they needed staff to assist them to apply it twice daily. Daily notes written by staff showed that this had been applied three times over the previous four days. There was no MAR in place for this and the manager told us that the person managed their own medicines. We told the manager that staff were assisting with this medicine and one the second day of the inspection, the manager had contacted the district nurses and told us that a MAR was in place for the prescribed cream. Another person had a cream which needed application every morning. There was no MAR in the property for this and the staff member rang the office to request that one was sent out. The person's daily record showed that they had received the cream on four occasions in the last 11 days. The lack of MAR meant that it was not clear whether staff had applied the cream on the remaining days. The person was not able to tell us whether they had received their cream as prescribed. This told us that people were potentially at risk of their skin worsening because their creams were not being given as prescribed.

People's care records had clear assessments which identified what level of support a person needed with their medicines and also identified if a person managed their medicines independently. We looked at the MAR(Medicine Administration Record) for two people and saw that there were no gaps and that the medicines in the persons home correlated with the MAR. A relative told us that staff always supported their loved one with their medicines at the correct times. A person told us "they give me my pills in the morning and put in a pot and sit here while I take them and then I have my breakfast". Another explained that staff "put my tablets ready and they wait until I have taken them and then they leave the ones for night".

Some staff and people told us that there was not sufficient travel time between visits. Staff completed a series of visits to people and sometimes had no travel times scheduled in or five minutes between visits. We looked at 2 staff visit lists and saw that one staff member had eight visits but no travel time planned in between three of these. The other staff member had five visits and no travel time between two of these. One staff member told us that to manage their visits sometimes they "have to leave a bit early and arrive a bit late" for people's scheduled visits. Another said "we don't get travel time and we do need it". One person told us that their visits "can be quite late some days as they don't have travel time". Another said that "the visits are not planned very well" and explained that staff were often not kept in nearby areas to make travelling easier. We saw that a staff member arrived late to some of their visits and that they did not have any travel time for one visit which took us nearly 10 minutes to drive. The person was not placed at additional risk by the call being late, however told us that visits were often late. Another person told us that their morning call was sometimes very late from the scheduled time and this was difficult for them because they needed assistance to use the bathroom. The manager told us that they calculated travel time between visits but acknowledged that there was no travel time planned in between some visits. This told us that the service was not doing all that was possible to provide sufficient staff to ensure people received visits at the times planned and which suited them.

Some people needed to have visits at set times, either because of their medicines or to ensure that they were able to attend pre-arranged activities in the community. The manager told us which people required visits at set times and was able to explain what times they were required and the reasons for this. We looked at visit plans for one of these people and saw that their visits were scheduled for the times described.

People were supported safely by staff who knew the risks they faced and their role in managing these. For example, two people we visited were at risk of falls and had a pendant alarm system which they could use if they fell. They told us that staff checked that they had their alarm in place at each visit to manage their risk of falls. A relative told us that they "have peace of mind that they are supporting my loved one safely". Another person we visited had diabetes and we saw that their care record included signs to look for which could indicate their diabetes was not well managed. The member of staff supporting the person was aware of these signs and what to do to raise any concerns if they needed to. One person told us the support "makes me feel more confident" and another said the support "gives me peace of mind". Another explained that they had recently hurt themselves and said that the staff member was "very careful to make sure I am safe".

We saw that people had risk assessments which included actions required where risks identified were high. For example, one person had an assessment tool which considered the risks of them developing pressure areas. The assessment indicated that they were at risk of these and the tool indicated that monthly reviews were needed. The manager explained that the tissue viability service completed monthly checks with the person and provided the service with guidance if any changes were required. Where people required assistance to move, we saw that they had specific moving and handling assessments on file which gave clear instructions about how to assist the person safely. Staff we spoke with explained how they supported people to move in line with their assessments. We observed a member of staff assisting a person to change position in bed, they offered clear guidance and reassurance and supported them to move safely.

Staff understood about the possible signs of abuse and how to report any concerns. One staff member explained some of the physical signs they would be aware of and also told us about the vulnerabilities with doorstep callers and possible financial abuse. Staff received safeguarding training and yearly updates and had safeguarding and whistleblowing policies in place. Staff told us that they would be confident to report concerns.

The manager told us that staff, people and relatives informed them if a carer had not arrived for any reason and they were responsive to this. When we spoke with people they also told us that they received visits consistently and did not have any occasions where a carer had not arrived. This demonstrated that the service was providing a reliable service to people and people were not left without support.

Recruitment at the service was safe. Staff files included references from previous employers, applications forms and interview records. The service used a to keep a clear pathway of progression for staff and it showed when recruitment checks had been completed and when staff had received the necessary training and shadowing opportunities. Checks with the Disclosure and Barring Service(DBS) were in place before staff started. The manager told us that they had recruitment incentives in place for staff who recommended someone to work for the service. We saw that one person's recruitment file indicated that they had been recommended by an existing staff member as the manager had described.

People were supported by staff who were familiar to them. One person explained " I get some different people(staff) but I've got to know them all". Another said "I have some really good staff, the staff I have now, I am very pleased with". Another person said that "the staff are now regular and they are excellent". A relative told us that their loved one had regular carers and another explained "as much as they can, they try to stick

to the same group of staff". We observed that people were relaxed with the staff who visited them and that at the visits we attended, people did not have to explain what they needed to staff which told us that they were familiar with people's routines and support.

The manager told us that they used a tool for emergency planning at the service. This focussed on how the service would support people in an emergency, for example severe winter weather or a flu pandemic. The service used a 'traffic light' system which indicated if a person would be a 'red' or high priority for support, other people were categorised as an 'amber' - medium or 'green' low support need . This related to the risks the person would face if they did not receive support from staff as planned and took into consideration whether people had other support systems in place. This demonstrated that the service had a system in place to ensure that people who had the greatest support needs would be prioritised in an emergency situation to ensure that they were safe.

Good

Is the service effective?

Our findings

The service was effective. At our last inspection in April 2015 we had concerns that there were not sufficient arrangements in place to protect people's rights and this meant that some people might be having care which was not in their best interests. At this inspection we saw that improvements had been made.

People felt that staff had the necessary skills and training to support them. One relative told us "the regular carers know how his condition affects him". A person explained that the staff knew what they wanted to be done and how they wanted to be supported. Another person told us that staff had the correct skills and said "they all seem quite capable". Another said "I am more than happy with the staff who come. I know one has just been off do to a training course". Four people also told us that staff had lots of experience and this gave them confidence in the ability of staff.

Staff told us that they received sufficient training to support people. One staff member told us that the training was "really good" and explained about a recent update regarding medicines that they had received and how this would be used with the people they supported. Another member of staff spoke positively about their induction when they started their role and the training that they had undertaken. We saw that staff undertook training in a number of areas which the service considered essential. These included moving and assisting, managing medicines, infection control and Safeguarding Adults. The manager showed us how they monitored whether staff were due to update any training and we saw that where updates were required, these were planned in. Some training was face to face and new staff completed three days of training as part of their induction. The manager explained that staff completed the care certificate as part of their induction with Agincare. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The manager showed us other training opportunities for staff which included some condition specific training options including epilepsy, Parkinsons awareness and understanding Stroke. The manager told us that they encouraged staff to undertake condition specific training if it was highlighted as part of their supervision or as part of their ongoing development.

Staff received regular supervision and appraisals and we saw that they also had competency checks annually to look at how they moved and assisted people, how they administered medicines and a more general competency check which included staff presentation, communication with the people they were supporting and whether records were fully completed. We saw that competencies were signed by the staff member also and a copy was kept on their supervision record. Where any concerns were raised, there were clear actions planned. For example, the manager explained that a newer member of staff had not felt confident to manage visits independently and they had therefore planned them to attend visits where the person required the support of two carers. We looked at the staff members visit sheet and saw that they had visits planned with other staff as described.

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.

Staff were aware of the Mental Capacity Act (MCA) and worked within the principles of this. Staff received MCA training as part of their induction and we saw that the assessment paperwork for capacity and best interests was in line with legislation. There were consent forms in place which people had signed to give consent to receive support from Agincare and also if they required assistance or supervision with medicines. Where people were unable to give consent, there were MCA and best interests decisions in place. A member of staff explained how they supported people to make decisions and told us that if they were "concerned someone was unable to make a decision, (I) would ring the office to alert them".

Staff communicated well with people and understood that people had different communication needs. For example, we saw that staff held relaxed, informal conversations with people and chatted with them about areas of interest to them. Where we visited people who lived with their loved ones, we saw that they were also comfortable with the staff in their home and involved in communication about their loved one. Where someone had limited verbal communication, we observed staff asking appropriate questions to enable the person to be able to respond.

People were supported to have enough to eat and drink by staff who understood what support they required. We observed a staff member asking a person what they wanted to have for their meal and preparing their food in the way the person described. They also offered choices of drinks and ensured that people had drinks available when they left their homes. A staff member explained that where people were not able to tell them whether they had eaten or had a drink, they monitored and checked that meals had been eaten and ensured that additional drinks were given if the person was not able to make these independently.

People were supported to access healthcare services when needed. Staff told us that they alerted the office if a referral to a healthcare professional was required. A staff member explained that they would let the office know if someone was unwell but would contact their GP and emergency services if the person required this. People had a grab sheet in their records which was designed to be taken with them if they needed to go to hospital to share key information. It provided basic details including contacts who were important to the person, allergies and any communication needs.

Good

Is the service caring?

Our findings

The service was caring. People told us that staff who supported them were kind and helpful. One person said "I could not wish to have any better. They do anything, ask if there is anything I need". Another said staff were "very good, very caring". A relative said that staff were "cheerful, helpful and kind" and that staff "make a personal connection" with their loved one which they felt was important. People gave examples about why they felt that staff were kind. These included staff offering to bring something in for a person when they had hurt themselves and staff offering to post letters on their way home. A person also told us that they felt staff were kind because they were not judgemental, recognised that they were not well and were thoughtful. A relative also told us that staff "do everything they can to support me as main carer". We observed staff supporting people in a way which was caring and in a way people preferred.

People told us that staff knew what their preferences were and how they liked to be supported. We observed that staff knew the details of how people liked to take their drinks and knew what was important to them. Where a person had expressed a preference for how they wanted to be addressed, we saw that staff spoke with them in the way they preferred. In another person's home, the staff member wore shoe covers as it was important to the person and their family for the flooring in their home to be protected. A relative explained that staff spoke with their loved one about interests they had. Two further relatives explained that their loved ones preferred male carers and that this had been respected. We looked at the planned visits for these people and saw that male members of staff were booked to visit in line with the people's requests.

People were involved in planning their support and had input into their care plans. Two people had recently started receiving support from Agincare at the time of inspection and we saw that the fieldcare supervisor had visited them and discussed what support they wanted to receive. A handwritten care plan was used in cases where people needed support to start as a priority and ensured that staff had sufficient information to provide support initially until the full support plans for people were produced. This demonstrated that the service was actively involving people in making decisions about their care and support.

We observed that people were encouraged to make choices about their support by staff. For example, one person told us that staff always offered them a choice about whether they wanted support to get up and dressed. Another chose an evening to receive some support as this suited them better and the agency provided the calls at the time the person wanted. Another person explained " I choose what I wear and what I have to eat". We observed staff offering people choices in the way people had described.

People's preferences were listened to by the service. Care records included whether people had a preference about whether they had a male or female carer and people we spoke with said that their preference had mostly been respected. In cases where this had not been respected, people told us that they had highlighted this with the office and changes had been made to ensure preferences were respected. The manager also explained that where people had requested not to have certain staff members, this was recorded on the system and meant that the staff member could not be booked to visit that person. People told us that where they had requested not have a staff member, this was respected as the manager had explained. A relative told us that they had asked not to have certain staff and said "they honoured that and

didn't send them". This demonstrated that the service listened to the preferences of people and acted upon their requests.

We observed staff treating people with dignity and respect. We saw that a member of staff knocked and sought the persons consent before entering when they arrived for a visit. A relative told us that staff were respectful and always left their home clean and tidy when they left. A staff member explained that they were "respectful of people's own homes". A person explained that staff left the bathroom to respect their privacy and another explained that when staff supported them with intimate care, they turned away until the person said that they were ready to respect their privacy. People told us that staff kept people's information confidential and did not discuss other people, or staff with the people they visited. For example, one person told us that staff didn't talk about anyone else and said "I don't know who they are, or who they visit". This demonstrated that staff respected people's privacy and dignity and kept their information confidential.

People were supported to be as independent as possible by staff. We saw that one person's care record highlighted that it was important to them to be as independent as possible. A staff member explained that they encouraged people "if they can, to do as much for themselves as possible".

Good

Is the service responsive?

Our findings

The service was responsive. People told us that they received a rota each week letting them know what staff were due to visit at what times. They told us that the rota's were accurate and generally the times reflected people's preferences. People told us that they were informed of changes to their visits.

Care plans were in the process of being changed when we carried out this inspection and we looked at the new paperwork which was being used for any new people who were starting to receive a service. There was a plan in place for the new paperwork to be implemented for everyone who received a service and we saw that this was in progress with some people's care plans on the new format. The new care plans were person centred and included details about people's likes, dislikes and preferences. Information included a 'pen profile' which gave details about people who were important to them, their strengths and family history. This meant that staff were able to engage with people about topics and subjects in which they had an interest.

Reviews were planned annually and people and relatives were involved where this was the persons wish. People we spoke with all told us that they had had a review and that they had been involved in discussions about the support and any changes that were needed. One person said that they had been asked at the review "If I was happy and if I needed any more care". Another told us that they had a review to "check all was right, and they looked at the book". Another said that at the review they had "talked about how things were" and whether any changes were needed. The manager explained that reviews were mainly undertaken by the field care supervisor and some by the manager. Two relatives told us that they had been involved in the reviews with their loved one.

People and relatives told us that they would be confident to complain if they needed to. A relative told us "If I wasn't happy, I would go to the office". Another relative said that they had complained that they hadn't been told when a visit was going to be late. They said that Agincare had been responsive and following the concern, had always let them know if visits were going to be late. There was a complaints policy which people had a copy of in their home. Most people told us that they had copies of the complaints policy in their home and people told us that they were confident to raise concerns or complaints if needed. We looked at complaints records and saw that where complaints had been received, they were clearly recorded with details of any investigations undertaken and outcomes from these.

Feedback about the service was gathered through monthly telephone surveys with people and from service user surveys. The manager explained that they office rang ten people each month and requested feedback about areas of the service including whether people received a regular visit schedule, whether support was provided in the way people wanted and whether there were any changes to the persons care needs which Agincare needed to be aware of. The information was recorded and actions identified with target dates for completion. For example, a person feedback that they did not want a particular staff member and we saw that this was highlighted as an action and the date added when it had been completed.

Good

Is the service well-led?

Our findings

The service was well led. At our last inspection in April 2015 we had concerns that the systems and processes for measuring and improving quality were not effective and that information about key aspects of the service were not routinely gathered or used to improve the quality of the service. At this inspection we found that improvements had been made.

There was no registered manager in post at the time of inspection. 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 previous registered manager left the post in November 2014 and the current manager started in post in August 2015. The manager had applied to CQC to become the registered manager for the service and this application was being considered at the time of inspection.

Staff received recognition through an employee of the month system. Staff could be nominated for this for any reason and nominations were made by other staff and also people who used the service or relatives. The manager told us that they decided who received the employee of the month from the nominations they received and the successful staff member received a voucher to spend. One person told us they had nominated one of the staff who visited them and said "I have received a newsletter, perhaps with my rota, and who to contact". Another told us that they knew that they could "phone up the office and nominate. I can also go online to do it". However, eight people we spoke with didn't know about the scheme or how they could nominate staff for this. We did see that the Autumn 2016 newsletter sent to people included details about the employee of the month award. The feedback from people therefore told us that the service needed to continue to work on improving people's understanding and awareness of the award to ensure that it worked effectively to recognise and value staff.

People, relatives and staff told us that they were able to contact someone in the office during the day out of hours if needed. One person told us the office was easy to contact and said "you just ring up the office, they are very friendly". Another explained that they were able to contact someone from Agincare "24/7. I can text, email, leave a message. They are very friendly". A relative said that "the office are always very helpful. They listen and act on issues raised". Staff told us that they were able to seek guidance or contact someone from Agincare out of hours if needed and that if they left a message, they were called back.

Communication between staff and management was good. Staff dropped in to the Bridport office at least once every week to collect their rotas and this meant that there were regular opportunities for staff to see the office staff and manager and update about how things were going. The manager told us that they had an open door policy and we observed that several staff popped in to the office during our inspection and chatted with the manager and other staff. The manager was encouraging when he spoke with staff and eager to tell us about how hard staff worked. They explained that because the service provided support to people living in the community, they relied on staff to communicate about what they saw and heard when they visited people. A staff member told us about an issue that they had raised with the manager and when

we spoke with the manager, they had dealt with the issue promptly. A relative told us that the office and staff who visited "communicate well with each other".

Staff told us that there were staff meetings which were planned at two different times to try to ensure that staff were able to attend. A member of staff told us that meetings were used to share and discuss information. Another told us that they received minutes of meetings if they were unable to attend and had the opportunity to raise ideas and suggestions. The manager explained that they also produced memos for staff when they needed to ensure that information was shared. For example, we saw that the manager had sent the Agincare gifts and legacies policy to remind staff about what they should do. People and staff also received regular newsletters from the service. For people, these included updates about staffing changes and information which may be of interest. For example, NHS advice about keeping homes warm in winter. The staff newsletters included recognition for the service staff provided to people and information of interest. For example, the newsletter from Summer 2016 included information about the 'care value base' and how this should be used to improve people's quality of life.

People, relatives and staff spoke positively about the management of the service. People we visited had met the manager and knew them by name. The manager explained that they routinely undertook visits to support people and chose to lead by example. This enabled them to form close working relationships with people who were able to put a 'face to the name' and meant that the manager had an excellent knowledge of the people receiving support. For example, they were able to tell us what support a person needed, their preferred name and their support networks. Two people told us that the manager was approachable and that they had visited and provided support at weekends sometimes. People spoke positively about seeing the manager and said that they listened if they had any issues. A relative also said that they had met the manager when they had provided support for their loved one.

Staff told us that the manager was approachable and listened to them. The manager told us that they encouraged staff to make suggestions about how to improve the service. For example, staff had made suggestions about rearranging some visits in one of the local areas. This had been actioned and the visits were now planned as staff had suggested. Other staff had suggested longer times between calls for staff who did not drive. This was listened to and the office arranged for some staff who did not drive to travel with another carer for people who required two staff to support them safely. Two staff we spoke with who didn't drive told us that they had enough time between visits.

The manager told us that they received supervision and support from the area manager who visited the Bridport Branch weekly. They also attended the south west managers meeting and full management meetings which gave opportunity to discuss issues and share best practice. The manager also attended local framework provider meetings with the local authority and attended partnership meetings with Skills for Care who are a national registered charity whose focus is creating a better-led, skilled and valued adult social care workforce. The manager explained that the meetings were provided for new managers and included presentations from guest speakers and opportunity to learn and develop in the management role. The manager was also part of a local hub called 'I care' through Skills for Care. They became an ambassador and attended local careers fayres and fetes to explain and inform people about care support and also to encourage people to work in the care sector. This demonstrated that the manager was using a range of opportunities to discuss and develop best practice.

Quality assurance systems at the service were regular and used to identify trends or areas for development. Audits were completed in various areas including accidents and injuries, medicines and complaints. Information from these were used to identify areas for improvement and actions required. For example, an audit of medicines had found gaps in the MAR for some people. We saw that additional training had been

arranged for staff in medicines administration and had been sent out in a memo to staff along with an explanation about why the training was needed and the importance of accurate recording. Other audits were completed by the regional manager who used a sample of peoples care records and other information to populate an audit of the Bridport service. We saw that the audit carried out in October 2016 highlighted areas for improvement and included a rolling action plan of tasks and target dates for pieces of work to be completed. This demonstrated that audits were used to improve and drive up standards at the service.