

Pasand Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 19 September 2016 and was announced. The provider was given four days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in November 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Pasand Care provides domiciliary care for people of all ages and abilities who live in their own home. The service is part of a larger organisation, Home Instead Senior Care UK Ltd, and operates as an independently owned and operated franchise office. Most people received personal care and support through several visits each day. On the day of our inspection visit the service was providing personal care and support to 39 people. Other people the service supported only received domestic support.

The service had a registered manager, who was also part owner of the service. 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. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There was enough staff to deliver the care and support people required. People told us staff were kind and knew how people liked to receive their care. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The manager understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Care records were up to date and provided staff with accurate information on how they should support people, according to their preferences. Care reviews were undertaken each year, or when people's needs changed to continue to meet people's care and support requirements.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff.

People told us the manager was approachable. Communication was encouraged and identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was readily available for people. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on. The provider monitored complaints and feedback to identify any trends and patterns, and made changes to the service in response.

Quality assurance systems were in place to assess and monitor the quality of the service. There was regular communication with people and staff whose views were gained on how the service was run. The provider and manager sought advice from experts in their field, people and staff on how to make continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with staff. Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks relating to people's care and supported people safely. There were enough staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process to ensure staff were of a suitable character.

Is the service effective?

Good ●

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The manager and staff understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs received assistance from staff to prepare food and drink. People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by a consistent team of staff who knew them well. People considered staff kind and caring. Staff respected people's privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the provider analysed feedback and complaints,

and acted to improve their services.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said the manager and staff were approachable. People, stakeholders and staff were encouraged to provide feedback to the management team, and raise any areas of concerns. The manager provided good leadership and regularly reviewed the quality of service provided. Improvements were made to the service following feedback.

Pasand 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 check whether the provider was 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 visit took place on 19 September 2016 and was announced. This service was inspected by one inspector and an expert by experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. The provider was given four days' notice of our inspection visit because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we contacted people via questionnaire to obtain their views of the quality of care. We wrote to 50 people who used the service and 39 members of staff. We received responses from 22 people and 19 responses from staff. We also wrote to 50 family members or friends of people and received 3 responses. We wrote to 9 health professionals who were in regular contact with people and the managers of the service, we received 2 responses. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager, a director, two training advisors, the head of care, the head of operations and one member of care staff. After our inspection visit we spoke by telephone with six people who used the service and four people's relatives.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

All of the people we received questionnaires from told us they felt safe with staff, as did all the people we spoke with. One person said, "I trust my carers totally." Another person said, "If I didn't feel safe I'd probably speak with the person who comes to do my review every three months."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team when an investigation was required.

The provider's recruitment process ensured risks to people's safety were minimised. The provider's recruitment procedures reviewed the character and values of staff, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. One person said, "I have to use a sliding sheet to move on the bed. They are so careful with me, it is appreciated." A relative told us, "[Name's] condition is such that they can be quite unsure on their feet but their carer will carefully follow them wherever they go in the bungalow, to prevent them from having a fall."

In one person's care records we saw they were at risk of developing damage to their skin, because of their health and mobility. Risk assessments were in place to instruct staff on how they should monitor the person's skin, and when referrals should be made to health professionals. We spoke with one member of staff who provided support to the person, they explained the records detailed the information they needed. They had also received specialist training in how to recognise skin damage to help manage the risks.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or flood were planned for; there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

Ninety-five per cent of the people who responded to our questionnaire told us staff always arrived on time

and stayed for the correct amount of time. All of the people we spoke with said the same. People told us there were enough staff to meet their needs as staff always attended their scheduled calls. Some of the comments we received included, "I don't know how they keep to the timings with the traffic around here... they always stay for the full hour", "They are never later than 5-10 minutes and always stay for the full time", "Considering the traffic, it's the biggest miracle they get to me in the timely fashion that they do" and "I never have to worry about whether somebody will come."

The manager and head of care, responsible for scheduling calls, confirmed there were enough staff to cover all the calls people required. No temporary staff were used at Pasand care to cover staff sickness or vacancies, as there were sufficient staff to cover extra calls in emergencies. The manager stated, "Our focus is in providing quality care. We only take on people's care packages where we are confident we have the right resources in place to support them."

The manager operated a call monitoring system which meant care staff logged in when they arrived at people's home, and logged out when they left. This system alerted the manager when staff had not arrived at a person's home within 5 minutes of their agreed call time. The manager was therefore able to monitor where staff were, and arrange alternative care staff to attend people's homes if staff were running late. The manager scheduled travelling time between calls to minimise the risk of staff arriving late to attend calls.

We looked at how medicines were managed. Most people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received their prescribed medicines safely.

Staff told us they administered medicines to people as prescribed. They received training in the effective administration of medicines. This included regular checks by the trainer on staff's competency to give medicines safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

All the people we spoke with told us staff had the skills they needed to support them effectively. One person said, "I couldn't fault the training. Certainly, in relation to what I need doing I've never had any problems whatsoever." Another person said, "I think they are trained very well."

One person told us that staff having the right training made them feel safe, "I have to be hoisted and I hate it, but my two carers are lovely and because I can see that they know exactly what they are doing, I don't feel quite so anxious every time we have to move me."

Staff told us they were offered a recognised induction programme and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The 'Care Certificate' offers staff a recognised qualification at the end of their induction programme. A training advisor commented, "All staff are trained in the 'Care Certificate'". Staff can see the benefit of this training, as it includes observations of their practice and provides reflection time on their performance as part of the induction."

We spoke with two training advisors during our inspection visit who were training staff in an on-site training room. We saw facilities included equipment for practical demonstrations as well as on-line training modules to support staff with their learning. One training advisor explained staff were not only given classroom training when they started work at Pasand Care, but were offered training to use specialist equipment for each person they supported in their homes. Staff told us they were also encouraged to complete a nationally recognised qualification in care to increase their personal development.

Staff received management support to make sure they carried out their role competently and effectively. Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for six months and continued until staff were competent in their role. Checks on staff's competency were completed every three months to ensure they continued to have the right skills and attitudes. Staff told us they had regular meetings with their manager to make sure they understood their role. Regular checks on staff competency were discussed at these meetings, and staff had an opportunity to raise any issues of concern. Staff had an annual appraisal to review their performance, discuss their objectives and plan any personal development requirements.

The manager kept a database of staff training, which alerted them when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as multiple sclerosis and Parkinson's disease. This was to ensure people received care from staff that understood their medical conditions.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

No one had a DoLS in place at the time of our inspection visit. The manager understood their responsibility to ensure anyone being deprived of their liberty should be referred to the local authority to ensure their rights were protected.

The manager understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, for example a relative or advocate. Some people had set up a power of attorney authorisation for their relatives to make certain decisions on their behalf. The manager worked with health professionals and people's representatives to make decisions in their 'best interests'.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did. One person told us, "My carer will always ask me if I'm ready for my shower before she runs the water to get it warm."

People had choice and flexibility about the meals they ate. Some people received support from staff to do their shopping, according to their wishes. Person told us this enabled them to make choices about what they wanted to eat, one person said, "My carer does my food shopping for me each week. I give them a list and some money and they bring back the shopping with my receipt and change. They then unpack it and we both sign the paperwork. They are very trustworthy and reliable. I make my own choices about what I need."

Most people were able to cook and prepared their own food, however some people required staff to assist them with this. Everyone who had assistance from staff to prepare their meals were satisfied with the service they received. One person told us, "My carers make all my meals for me. They spend an hour with me at breakfast, dinner and tea time. It means that within reason I can have whatever I really fancy to eat. My regular carer is a good cook and never minds preparing what I like." Another person said, "I have my breakfast prepared every day. Staff usually does cereal and toast, but they never mind doing some eggs or tomatoes on toast as a change. They always clears the kitchen up beautifully, you wouldn't know they've been there."

Staff and people told us Pasand Care worked well with other health and social care professionals to support people. Referrals were made to health professionals such as doctors, speech and language therapists, and the district nursing team where a need was identified. We spoke with a member of staff regarding one person's care, as they sometimes developed skin damage. A staff member told us, "We phone the district nursing team if there are any issues with people's skin. We have received training on how to recognise skin

damage so we know when we should refer people to health professionals." Another member of staff commented, "We have a good relationship with district nurses, we share information to keep up to date with people's health needs." They added, "We also have good links with our local pharmacy (who are excellent) and the GP."

Is the service caring?

Our findings

All the people who answered our questionnaire strongly agreed staff had a kind and caring attitude. The people we spoke with also confirmed this. Comments from people included; "Staff are really like members of the family now, because I feel I know them so well and the fact that they never mind what they do for me, makes a huge difference to me."

People were cared for by a consistent team of care staff, which they told us they preferred. Comments from people included; "Because I just have two or three regular carers looking after me all the time, they know me really well, that in turn helps me to feel safe and well looked after", "I like my little group of carers, it feels just about right", "I'd rather have a smaller number who know me well, as I do now, than different staff every week."

The manager told us people were matched with care staff, according to people's preferences, personalities, life experiences and ages. The matching process meant each person was supported by a regular team of staff. Staff had a good understanding of people's care and support needs, because they usually supported the same people and got to know them well.

One person told us about how they were involved in matching the right staff with their relative. They said, "The manager met with [Name]. They asked lots of questions and I was able to explain how important it was for my relation to have a small number of regular staff, to get to know them and develop confidence in them. We also talked about the timing of visits and whether [Name] would prefer female staff."

All of the people we received responses from to our questionnaire said staff treated them with respect and dignity. Everyone we spoke with also said this. One person told us, "I still enjoy going out and whilst I don't have the opportunity to as much now, at least when I do get the chance, my carers ensure that I'm properly dressed and ready to go." A relative said, "[Name] has Alzheimer's and we have a carer come in twice a week to sit with them so that I can go and do the shopping and have an evening out. They [relative] no longer communicate, but the carer takes the time to chat with them about all sorts of subjects. I can't thank them enough."

People told us Pasand Care helped them to maintain independent living, rather than being in a residential care home. They explained this was important to them, as they wanted to live their own lives. One person said, "The sheer fact that I can stay living here in the family home with the support of my carers is as much independence as I currently need." Another person said, "The most important thing for us is that we can stay at home together, if that means having carers in to look after us, it's a small price to pay. When the carers are as lovely as these, it's really no bother at all having them here with us."

People told us staff maintained their privacy when supporting them with personal care. This included staff knocking on people's doors before entering, and respecting when people needed time alone. One person said, "My carer always make's sure that I keep my nightdress on until I am just about to step into the shower. They know I don't like to be on the show, and as soon as I am done in the shower they will stand with my

towel ready to wrap straight round me, before I head back into the bedroom to get properly dried and dressed." Another person said, "My carer will always make sure the bedroom door is closed before they start to help me undress, even though there's only my spouse in the rest of the house!" A third person commented, "My carer will never open the curtains until we have completely finished my wash and I am dried and dressed."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who had access to these.

Is the service responsive?

Our findings

People told us staff were quick to respond to their requests, and often performed additional tasks for them when asked. One person said, "They (staff) never mind doing extra jobs for me and sometimes they are the ones pointing them out to me, such as noticing I need to do some washing." Another person said, "If I have anything urgent that needs attending to, they will stay for a bit longer."

People told us their support needs had been discussed and agreed with them and their representatives when they started using Pasand Care. One person said, "The manager visited before I started having care. They sat down with me and my spouse and asked me all sorts of questions about what it was I needed help with. They explained they would write it into a care plan and once I was happy with it I would sign it. They asked me what times I would like the visits and whether I preferred male or female staff."

We saw care records were signed by the person, or their representative, where they were unable to sign records themselves. Information in care records detailed people's likes and dislikes and included information about the person's life history and health. We found the care people received differed from person to person, with each person having an opportunity to express their wishes over how their care was delivered.

Care plans were reviewed when people's needs changed, or on a three monthly basis, to ensure care and support continued to meet people's needs. A member of senior staff visited people in their homes to review all their care needs. One person told us, "Every time I have a review meeting, the care plan is pulled out and we look at it to make sure there is nothing that needs changing." Other comments included; "I have a visit every three months, from either the Manager or a supervisor. We always have a good old chat about how my care is going and whether there is anything that needs changing," and "I look forward to the review meetings which are usually every 3 to 4 months. We always look at my care plan and the records and make sure that everything is as it should be. I'm always given the opportunity to discuss any problems I have."

Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. The daily records gave them additional information about how the person was being supported. These daily records provided staff with 'handover' information from the previous member of staff. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs. People told us their records were always kept up to date by staff. Comments included; "My carers write in the records every time they visit me, last thing before they leave. The supervisor who comes every three months always looks at those records and usually takes them away to check things", "My carers always make sure they have time to fill-in the records at each visit before they leave."

People told us they knew who to talk with if they were unhappy or wanted to make a complaint. There was information about how to make a complaint in the guide each person had in their home. One person said, "Yes, there is some information in my folder about how to make a complaint." Most of the people we spoke with told us they never needed to make a complaint, with a typical comment being; "I have no complaints."

There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns, and to enable the provider to learn from the feedback they received. Complaints and concerns were fully investigated by the manager to establish whether improvements to their service needed to be made. Records showed people who raised concerns were contacted in a timely way by the manager and efforts were made to resolve things to their satisfaction.

Is the service well-led?

Our findings

People we spoke with told us the service was well-led and the management team and staff were approachable and helpful. Typical words used to describe the service were 'professional' and 'trustworthy'. One person said, "The office staff and the management team are professional. You can always just pop into the office if you need some help or advice. Office staff are only too willing to help and be available at the end of a telephone line." Another person said, "I have everything that I need. I couldn't think of a single thing that needs improving or changing."

A health professional told us about their experience with the service saying, "I have found all contact with this company to always be professional and efficient. They have always been open and able; as far as any company could be, to provide good quality, person centred support."

The service had a registered manager at the time of our inspection visit. The registered manager was supported by a management team that consisted of the head of operations and the head of care, senior care staff, training advisors and administrative support. Senior staff worked alongside care staff in the field delivering support to people in their homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

The service was part of a larger organisation Home Instead, and operated as a franchise branch. Through this arrangement Pasand Care had access to policies, procedures and paperwork that were developed by professionals in the field of domiciliary care. Changes to legislation and learning from other managers in the company assisted Pasand Care to keep up to date with best practice. The manager accessed an internet based forum where business owners and registered managers could raise queries and questions with other franchise owners. The manager also attended regional and national conferences with other senior staff.

The provider sought feedback from specialists in their field to develop their service. They were members of the UKHCA (United Kingdom Home Care Association) and received regular updates on regulatory and best practice ideas by email and through a monthly magazine. The manager also attended workshops provided by the UKHCA to keep up to date with best practice. The manager attended meetings with their local authority, and met with other registered managers to share knowledge. The manager told us the information they learnt through these networks was cascaded to staff to share their learning.

Staff told us they enjoyed their role. One member of staff told us, "This care company delivers a person centred high quality of care and I am proud to be a part of it."

The provider's vision and values were understood by staff. The values were to provide consistent, person centred, quality care. One way in which this was achieved was to ensure people received the time they needed from staff. The manager told us they only delivered care to people for a minimum of one hour, and did not take on care arrangements for people under an hour. One person said, "Because I have a whole hour, things can be done at a pace I am comfortable with rather than being rushed around and then feeling like I need a rest at the end."

Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. In addition senior staff worked alongside care staff. These procedures supported staff in delivering consistent and safe care to people.

Staff were encouraged to provide feedback about how the service was run. The provider displayed posters around the office encouraging staff to put forward their ideas. Suggestion boxes were located in the office, and staff were asked to attend frequent meetings. Each Monday the manager held an 'open day' in the office, where staff were invited in to have coffee and biscuits, meet each other and form supportive relationships. They could also see senior staff to discuss their role or any concerns they had. Following meetings information was shared across the staff group in a regular Newsletter. One staff member said, "I feel that the managers are constantly trying to improve our services for people and us alike."

Following a recent staff survey the provider had developed new methods of communication with staff, as this had been highlighted as an area for improvement. The provider had set up a staff forum group to discuss and improve staff communication routes. The provider had also developed an online portal for staff to use. The portal gave staff access to their pay details, rotas, and training information. Staff were offered access to the portal through an onsite computer which was made available for them to use.

The manager responded to feedback they received from people who used their service and stakeholders. Feedback was gathered through a number of routes, which included a yearly quality assurance survey, a comments book, and regular review meetings and telephone calls. Where people had made suggestions, or raised issues, we saw the provider analysed people's feedback and acted to improve their service. For example, one person had asked to be provided with a rota of staff due to visit them. The manager had organised weekly rotas to be sent to the person. The portal was also being developed so that people could access information about their care and rotas in their own homes. This was to improve communication and responsiveness, as people would be able to comment on their own care arrangements online.

The provider recognised the valuable contribution staff made to their service, by offering a reward scheme and by putting forward staff for achievement awards. A member of staff had recently gained an award as Home Instead Senior Care Giver of the Year. Home Instead employs over 8,000 care staff nationwide. A member of staff had recently gained an award as Home Instead Senior Care – Caregiver of the year.

The manager developed links with organisations in the local community to share knowledge and expertise, and to develop community services. The manager offered local businesses such as bus companies, the police and the local council training in dementia awareness. This was to increase local knowledge and help promote a 'dementia friendly' high street. The manager was also involved in local organisations to share knowledge about other medical conditions including the North Staffordshire Multiple Sclerosis Society.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred, to make sure appropriate action was taken when necessary. Records showed, for example, accidents and incidents were recorded by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals where needed.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in staff timekeeping, medicines

administration and care records. We reviewed a recent audit of care records which detailed ideas for improvement, all of which had been implemented.

The provider also performed audits on the care provided by the service. The Home Instead national audit office visited the service to conduct regular checks, and advise the manager on how improvements could be made.