Agincare UK Limited

Agincare UK Bristol

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Agincare UK (Bristol) on 21 January 2016 where we found the provider had not met the regulations in relation to the safe management of medicines, the provider did not have an effective system to regularly assess, monitor and improve the quality of service that people received. An action plan was submitted by the provider that detailed how they would meet the requirements by 16 March 2016.

We undertook an announced inspection on 21 February 2017 to check the provider had made improvements and to confirm that they had done what they told us they would do in the action plan sent to us. At this inspection we found improvements had been made in relation to safe management of medicines. However, improvements were still required in relation to aspects of medicines management and assessing and monitoring the quality of service that people received.

We told the provider 48 hours before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available.

Agincare UK (Bristol) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community . It provides a service to older adults. At the time of our inspection 115 people were receiving personal care. Some people who used the service required support to maintain this independence. Other people required more support due to their long term healthcare needs such as diabetes and Parkinson's disease or the risk of falls. Some people were living with dementia type illnesses.

There was a registered manager in post. 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.

At this inspection we found medicines were managed safely and there was clear guidance about how staff should apply topical creams to people who required them. However, the medicines administration record charts were not completed correctly. This put the people who used the service at risk.

There were systems to assess the quality of the service provided. However the registered manager had not identified the shortfalls we found.

Care plans contained information which reflect people's current support needs and included the level of detail staff required to provide people with their level of support.

People told us staff were helpful, caring and polite and supported them in the way they chose. Staff knew

people well as individuals and had a good understanding of people's care and support needs. There was information about people's mental capacity in their care plans and we found when people lacked capacity it was clear how consent was sought or how decisions were made in their best interest.

There were enough staff and recruitment practices were followed to employ staff to look after people who used the service. The registered manager undertook an assessment before people started using the service to ensure there were enough staff to support them appropriately.
Staff had received regular supervision or spot checks to ensure they were supporting people properly

When required people received support from staff to have enough to eat and drink and maintain a healthy diet. This was recorded in their care plans and staff had a good understanding of the support people needed.

People told us the registered manager was approachable and they were able to discuss any concerns or issues with them.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

There were systems in place to manage people's medicines. However, the medicines administration record charts showed some unsafe practices.

There were a range of risk assessments in place which reflected all the identified risks.

There were enough staff and safe recruitment practices were followed to employ staff to look after people who used the service and to meet their needs.

Staff understood how to protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

There was information about how decisions about people's care and support needs were made.

Staff received training in relation to the health needs of people who used the service.

Staff received regular supervision and competency checks to ensure they had the knowledge and skills to provide care and support to people.

Staff supported people to have enough to eat and drink and maintain a healthy diet where required.

Staff knew people well and recognised when they may need to be referred to a healthcare professional

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate with them.

Is the service responsive?

Good

The service was responsive

People received care and support that was responsive to their needs because staff knew them well.

People were made aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess the quality of the service provided.
However the shortfalls we found had not been identified. This put people at risk of not receiving good care.

People and staff said the registered manager open and approachable.

Agincare UK Bristol

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 21 February 2017 and was announced. The inspection team consisted of one inspector and two experts by experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law

We used a range of different methods to help us understand people's experience. We visited two people in their home and spoke with one care staff.

During our inspection we visited the provider's office and spoke with one care staff, one care coordinator, one administration staff the registered manager and the regional manager. We reviewed the care records of four people who used the service. We looked at three staff recruitment files, supervision and training records, audits, policies and records relating to the management of the service .We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Before and after the inspection visit we undertook phone calls to 27 people who used the service and seven relatives to get their feedback about the service. We also spoke with five staff members and three health and social care professionals to get their views on the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 21 January 2016 we found the provider had not met the regulations in relation to the safe management of medicines. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 16 March 2016. At this inspection we found some improvements had been made however further improvements were required to ensure there is evidence to support that people received all their medicines appropriately.

Some areas of medicines administration practise put people at risk. There was a medicines policy in place. This included guidance on the use of 'as and when required' (PRN) medication as well as how staff should apply topical creams to people who require them. The service used a Medication Administration Record (MAR). Medicine risk assessments were in place. These identified what support people required to take their medicines safely. It included whether people needed staff to prompt and remind them to take their tablets or if staff needed to ensure people took their medicines whilst they were present. There was information about where medicines were stored. Medicine administration record (MAR) charts were signed by staff when people had taken their medicines or completed with a code for example to show if medicines were not given and the reason they were not given. Staff told us, "I make sure that people take their medicine and record it on the MAR chart." We observed staff administered medicines safely and signed the MAR chart. However, when we looked at other 23 completed MARs returned to the provider's office between December 2016 and January 2017 there were discrepancies. Where medicines instructions had been handwritten onto charts by staff not all were signed and dated. The providers policy stated that hand written medications must be checked and signed by the person and a second member of staff. People could not be confident that they would be given the correct dose of medicine as the instructions may have been transcribed incorrectly and had not been checked.

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Medicine administration charts were not always signed by staff. For example, on one MAR chart there were missing signatures on 1, 3 and 22 January 2017 and on another MAR chart there were missing signatures on 7 and 13 January 2017 and on 18 and 26 January 2017. The registered manager contacted us the day after our inspection visit identifying the actions being taken to improve the auditing processes. This meant that we could not be assured that people had received their medicines as prescribed.

The above issues were a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people required assistance with application of topical creams. There was a clear guidance within care plans to inform staff. Care plans identified what creams should be applied there was a detail to identify specific locations. For example a body map image was included to identify locations. We saw one person required cream to be applied to their left leg and the information clearly indicated what part of the leg. One person told us staff applied creams on 'my arm, leg and back' and this information was written in the care plan.

People told us staff administered medicines to them safely. One person told us "I get my medicine on time. I

am happy with it ". Another person said "Yes It's all good. I am happy they remind me to take it. No concerns". Other comments included "Yes I take my medicine twice a day. They give it to me safely".

People we spoke with told us they felt safe with the service and the staff who supported them. One person said "Our carer is brilliant. They know us very well. They make sure we are safe before they leave. They make sure the Zimmer frame is close by to avoid a fall. We have no concerns and we will let the manager know if we do". Relatives we spoke with told us their family member's safety was protected by the staff. One relative told us "Yes this is one of the reasons we are still here. They seem to look after them really well. Another comment was "I think they are safe and well looked after" and "They are quite safe".

There were a range of individual and environmental risk assessments in place. Risk assessments were in place for all risk and all risks had been identified. One care plan stated a person was at risk of falls and needed assistance to keep them safe from falling. There was evidence of assessment or risk assessment to show there was an appropriate way to support the person. Some people had pressure relieving air mattresses in place. This indicated people were at risk of developing pressures sores there were assessments of people's skin integrity or pressure area risk assessments in place to inform staff of the risks. The registered manager told us that if they were set incorrectly people could be at increased risk of developing pressure sores. The registered manager told us the setting and the maintenance of the machines was undertaken by designated engineer from the local authority. However, if they noted any concerns they would report it straight to the district nurses.

There was guidance for staff about how they should support people who were at risk. Risk assessments included information about how people mobilised, for example whether they required the support of another person or were independent. Environmental risk assessments identified, any area of the person's home which may present a hazard to them or staff. One staff member told us I make sure that if there areas which are cluttered or present a trip hazard like trailing wires I make sure they are cleared. [Name of person] uses a Zimmer frame so I make sure that there is nothing on the floor that would make them fall" Staff were aware of risks to individuals and what actions they took to mitigate these risks

The registered manager and staff told us there were enough staff to meet the needs of the people who used the service. The registered manager told us before accepting people to use the service they ensured there were enough staff to meet their needs and provide the level of care and support people required. They told us this included looking at where the person lived to ensure travel distances did not impact on the time staff could spend providing care. People us they felt they had enough staff to support them with their needs. One person said "Yes they do. We have no issues with anyone turning up" Another person said "Yes there are plenty of staff. There are always someone coming around ".Staff told they felt there were enough staff to meet people's needs. One staff told us" I am never rushed. I have one and half hours to support my clients with their personal care, prepare their breakfast, give them their medication and clean up. I even have some time to have a chat to them before I leave". Staff told us they worked extra hours if required and were happy to do so.

People were protected by a safe recruitment practice and procedure. There was a recruitment policy in place. Records seen included application forms, record of identity, references and a full employment history. Each member of staff had a disclosure and barring check completed. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with people. These checks took place before staff started working unsupervised.

Staff we spoke with had a clear understanding of different types of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and

were not for example, at risk of financial exploitation. Staff told us all concerns would be reported to the registered manager. One staff member said, "We report everything to the manager or care co-ordinator." Another staff member said, "I will let the manager know. I know she will report it to the social services and the CQC."

Some people had continence aids in place; there were detailed information for staff to follow to know when and how to check to ensure cleanliness, and how often the continence aid should be changed. Staff told us how they supported people with incontinence. They told us they ensured the continence bag for one person was swapped to alternate legs to ensure the person did not get sore and the area was clean. We saw staff wore gloves and aprons while supporting people with their personal care to prevent cross infection. Staff had adequate knowledge of how to care for people to reduce risk and provide appropriate care.

Good

Is the service effective?

Our findings

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving support that was subject to a court order.

The manager had completed training in MCA and demonstrated a good understanding of the legislation. Staff had received MCA training and demonstrated a good understanding of the Mental Capacity Act. One staff member told us, "You cannot say that people have no mental capacity to make their own decisions unless they are assessed".

Staff understood the importance of obtaining consent before providing care and support to people.
We asked staff to explain how they sought consent from people when providing support. They told us, "I talk to the person I'm supporting. I ask the person before doing anything and seek the person's or their family's agreement. The people we spoke with told us the staff always asked for their consent before doing anything. One person said "They don't do anything for us without asking us first".

There was a training programme and this included medicines, infection control, safeguarding, first aid and moving and handling. Care staff had received mental capacity training. Staff had also received training in relation to the specific needs of people who used the service, for example in relation to catheter care and diabetes, Parkinson's disease and percutaneous endoscopic gastrostomy (PEG) feeding.. This is when a tube is passed into the stomach to help someone with their nutritional needs. Training was provided in house and online and we saw from the training matrix all staff had received recent refresher moving and handling training to ensure they supported people safely with their mobility needs.

The provider had identified the learning and support needs for staff and had ensured staff were competent to provide care to people. There was a supervision programme in place, this included one to one supervision and spot checks. Spot checks are when a senior member of staff observes a colleague providing care, spot checks were usually unannounced. The registered manager told us and records showed that staff have received supervisions and spot checks as they should. Staff told us "Spot checks are good because it helps you to know you are following the right guidelines. For example, supporting people with the use of hoist". There was evidence of on-going competency checks in relation to manual handling and personal care needs.

When staff started work at the service they received an induction which included policies, conditions of service, training and shadowing other staff. Prior to working on their own they were signed by the registered manager as competent to provide care required to support people. One staff member told us the period of

shadowing gave them the knowledge and skills to look after people. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers can follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us they felt supported by the registered manager and care co-ordinator. They said they could discuss any issues with them. One staff member told us they found one to one supervision was useful. They told us, "It's an opportunity to sit down and talk about my work and training and support I need to do my job properly".

Some people required support to have enough to eat and drink. This included staff preparing meals and snacks for people and ensuring they had drinks available throughout the day. Care assessments included information about people's dietary needs. This included specific diets related to their health needs such as diabetes and people's likes and dislikes. We observed a staff member asking people how they would like their tea made during breakfast. .Where people required support with their meals this was detailed in the care plan. We asked people if staff prepared meals for them. One person told us "Yes they do. Mainly ready-made meals, breakfast cereal and sandwiches". We asked staff how they ensured people ate food they enjoyed. Staff explained, "We prepared meals that people liked and use meals people have in their freezers. We ask people what they would like, others we offer a choice from what's available." Staff knew people's dietary choices well and how they liked their food served. We observed staff asking people what they wanted for breakfast before preparing it for them.

Staff recognised the importance of people having enough to drink throughout the day. They told us they ensured everybody was left with a drink when they visited and we saw evidence of this during our visit. There were some people who were living with diabetes and care plans provided guidance for staff on how to recognise and manage possible changes in these people's health as a result of their diabetes. Staff knew how to support people. Staff ensured people had access to healthcare when needed which included GPs and the district nurses.

People told us if they were unwell, they would ask staff to contact their GP to visit and staff confirmed that they would dial 999 in an emergency. The daily records contained information about people's health and staff recorded when healthcare professionals were contacted. One relative told us "Yes we are regularly updated about our family member's health." The registered manager told us and records demonstrated there was regular communication between the registered manager and health and social care professionals involved in people's care. Healthcare professionals we spoke with told us staff referred people to them when they had concerns. One person said "I have no concerns with the agency".

Good

Is the service caring?

Our findings

People and relatives told us staff were very caring kind and excellent. One person told us "They very good. I can't fault them". Another person said "Yes they are great, very sociable and "They are all very nice". They told us their regular staff knew them and their relatives very well. One said, "She (staff) is very brilliant, very gentle and kind ". Other comments included "She [Name of staff] is very lovely. I am over the moon" They are gentle and understanding. The best carer I have ever had". "They are very friendly, helpful and caring" and "They are all very pleasant". "We get on very well. They are like friends" and "Yes we are really close. They are always nice to me and they know what they are doing". One relative told us, "Staff are very caring they go above and beyond what they have to do."

Staff spoke about people with genuine affection, they told us it was important people received the care and support they required in a way they wanted it. They demonstrated a good understanding of people's individual likes and preferences. For example one person "likes strawberries in their breakfast porridge" They took an interest in people and referred to them by their preferred name. This was recorded in people's care plans so that all staff were aware.

People received care from an appropriate staff team.
People said it was important to them that they had regular staff who they knew well and who knew them. One person told us "It is very important for us because we get to know them and they get to know us and what we need. Otherwise we have to tell the new staff what to do all the time. We are happy with the staff that come especially [Name of staff] .One relative told us they did have regular staff, they said, "Yes the ones I have seen are always the same one." Another relative said "They send us a rota every week and it is always the same carers". One person told us "We have various people coming but most have been before".

When staff started working for the service they initially shadowed colleagues to provide care to people they would look after when they worked independently. This meant people were introduced to new staff and staff had an understanding of people's individual needs. The registered manager told us if people preferred not to have a particular member of staff this was respected and the staff member would no longer support the person. One person we spoke with told us they had requested not to have a 'male' care worker and this had been respected. Staff told us they regularly visited the same people..

Staff were aware of the importance of treating people with respect and maintaining their dignity. One staff member said, "It is important to treat people the way I would like to be treated. We respect their choices and do thing exactly the way they want things done". Another staff member told us they offered people choices and respected their preferences. Staff talked about spending time with people saying it was important to them to do things properly and treat people correctly. One staff member said "it is important for us to spend time with people because you may be the only person they see the whole day. It is an opportunity for them to tell you if they have any concerns." Staff told us if they were running late they contacted the office who would inform the person or arrange for someone else to attend the visit. People told us staff respected their privacy and dignity. One person told us "They protect my privacy and dignity and "Yes they are quite respectful". One relative told us" Yes they always close the door and keep him covered".

People were involved in planning their own care when they started using the service. They were able to decide what time they would like their visits and how they would like their support. The care reviews and records on the computer showed people or their representatives were in regular contact with the office to discuss their individual needs. Staff told us they reviewed people's care choices at each visit and supported them to receive care in a way they chose. For example, one staff member told us "Someday people might refuse personal care or medication or different meal but we support them in making their choices". People we spoke with told us staff usually arrived on time. One relative told us, "If she (staff) is late it's usually because traffic problems, they are usually on time. They usually let us know if they are running late".

The records was handled securely. We saw that personal records other than the ones available in people's homes were stored securely in the office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to only those authorised to view them.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their needs because staff knew them well. People and where appropriate their relatives were involved in planning people's care. One person said "Yes all of us sat down and talked about the care plan and discussed what was going to go in it" .One relative told us " Yes my family member was involved although they have a memory condition we try to involve them in every decision". From discussions with staff and the records we saw where appropriate their relatives were regularly updated about changes in their health, care and support needs.

The registered manager ensured people's needs could be met. Prior to people using the service the registered manager or the care coordinator undertook an assessment to ensure the service could meet people's needs. This included the care and support required, the time people wanted their visit and the area the person lived. "The registered manager told us, "We won't take anyone that we are not able to meet their needs. That's the basis of our initial assessment."

Care plans contained an overview of the person and the support they required. This was individualised and reflected the person. There was detailed information about the care required, for example assistance to get in and out of bed, using the shower room and going to bed, how they liked to be positioned and how to position continence aids. There was information about what was important to the person and people close to them. This included family member's names and television programmes they liked to watch and their hobbies. This meant staff had an overview of the person if they hadn't met them previously.

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. For example people received care and support at a time of their choosing, there was information about whether they would prefer female or male staff. Some people required support with domestic tasks for example preparing a shopping list and making the beds. Staff supported people to do this in a way that helped them maintain their independence. One person told us "As much as I can be- they help me to do things I cannot manage and give me encouragement" A relative told us, "They will encourage him to do things for himself where possible" Another relative told us staff supported them to be as independent as possible in their relative's individual ways. Another relative said "They are encouraged in all they want to do".

Relatives told us they received their visits at a time that suited them. They said the service was flexible and could change their visit times as people required. One person told us "When I started the morning call it was too early and I told them it was changed". Another person said "We have to change the time when we go out or they are in hospital. Thing like that never had any problem in getting it changed". "The visit times have changed so I can get to bed earlier." Staff were given appropriate information around people's needs. They told us they were given all the information they needed prior to visiting a person for the first time and were continually updated of any changes in people's care and support needs.

Staff said they had time to read the care plans and always read the ones for any new person before they visited. One staff member said, "I read the care plan and what happened at the last visit but I always ask the

person what they want to make sure they are getting what they need." One staff member told us, "If you are seeing a new person you have not met, the care plan provides with all the information you need. You need to know them well to support them." Care plan reviews took place regularly, usually every 12 months dependant on the person's needs. If people's health, care and support needs changed prior to this time staff informed the registered manager and a review would take place. During the inspection staff in the office were heard contacting a person for their review. The person changed their mind and the review was rescheduled. Relatives told us they were informed about any concerns staff had in their loved one's health. One relative said, "Another relative told us, "Staff are really good, they always let us know what's going on."

Daily records gave clear information of care delivered and how each person was during that visit. This ensured that accurate and up to date information was available to staff members to help them meet the needs of the people they supported.

People who used the service had a copy of the provider's service user's guide this included the statement of purpose which informs people what the service does and how it achieves this. It also included information for people about how they could make a complaint or raise a concern. People told us they know how to make a complaint if the needed to. One person told us "Never needed to make a complaint". Other comments included "Yes, but have nothing to complain about". I would know who to contact but there has been no reason to apart from timing issues. One person told us" We complained when someone did not turn up. The car broke down no adequate response" We discussed this with the manager who told us they would reinvestigate this. There were three recorded complaint in the last 12 months. One complaint was in relation to a staff in the office not responding to a next of kin query. Record evidenced that this was resolved to the satisfaction or the complainant. The registered manager told us they tried to address any concerns as soon as they were raised this prevent situations resulting into formal complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 21 January 2016 we found the provider had not met the regulations in regards to quality assurance systems. An action plan was submitted by the provider that detailed how they would meet the requirements by 16 March. At this inspection we found that although various quality assurance processes were in place improvements were still required in relation to medicines management audits for quality assurance.

There were regular monthly audit of care notes care plans, staff files, staff training records accidents and incidents, complaints and staff supervision records. We found some people's MAR charts had not been completed correctly to minimise the risk of medicines errors. However the daily notes stated the people had received their medicines. The registered manager told us that they had identified these shortfalls in the monthly audits and the staff members concerned had received informal coaching sessions. These had not been documented to enable the registered manager to effectively manage the staff performance. The registered manager sent us an action plan immediately after our visit identifying an urgent review of their auditing policy and medicines refresher training for all staff administering medicines.

Most confidential information was handled appropriately by the service and the office staff. Confidential records held in the office were stored securely and staff had a good understanding of how they maintained confidentiality. However there was a risk that not all confidential personal information was being held securely. Some information was communicated using staff's own mobile phones. There was a risk that these details could be accessed by unauthorised people. The provider did not have a policy relating to this to guide staff on the handling of sensitive information. We discussed this with the registered manager who told us they would contact the head office for clarification.

People we spoke with were generally happy with the way the service was run. People told us they could contact the registered manager at any time they were concerned and issues would be addressed. One person told us "I am quite satisfied with the people they are helpful and friendly" and "I am happy with the care provided".

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. People told us they could ring the office at any time and could speak to someone who they knew. Some people told us they have good communication with the office if they needed to. Comments included "Yes there is always someone that will answer the phone", "Yes few times I have rang them no problems" "Whenever I have rang them I have no problems in getting through to someone. If I can't get hold of the person I need to speak to then they will ring me back. I am not sure but it is usually pretty quick" .However, they also said on occasions communication was not as good as it could be. One person said, "If staff are late we don't always get a phone call to tell us." and" Yes we have an emergency number I have rung up and left a message but they don't get back to you". "I have had to ring a couple of times when they are really late". We discussed this with the registered manager who told us they would put an action plan in place to deal with the concerns raised.

People had completed feedback surveys and these had been analysed to identify themes and trends across the service. The registered manager told us any areas of concerns had been addressed at the time. For example, staff not arriving on time. Analysing the results meant there was evidence of learning and improvement across the service.
Health and social care professionals we spoke with told us they had no concerns about the service

The staff were aware of their roles and responsibilities and received regular feedback on their work performance through regular supervision. This ensured that management would be aware of any shortfalls in staff performance and could offer advice where necessary. There were regular staff meetings to ensure that important information was shared amongst staff. In one set of meeting minutes, we saw for example that feedback was given to staff about medicine errors. We saw emergencies and on call systems were discussed at team meetings. These were also included in the staff communications log or handover.
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Accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. We were told incidents were reported openly, and we were given examples where the service had learned from incidents. For example, risk assessments for people who were prone to falls were reviewed more often and people were monitored and supervised without compromising their independence.

Staff told us the registered manager was approachable, they could contact them at any time and they were confident they would address any concerns they may have. One staff told us "Our manager is brilliant. She makes you feel so valued I can call her at any time if I need help." Another staff member said "Very approachable. Support is very good. Out of office is good. I can talk to her about anything including the whole office team".

The registered manager told us they regularly updated their practice by attending safeguarding training from the local authority and attending in house training for Agincare. They told us they also liaised with other registered managers within Agincare to share good practice and discuss issues and challenges that could be faced within the industry.

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the regulations.

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 People were not protected by the proper and safe management of medicines in relation to hand written medication and completion of medicines administration records .