Care Quality Commission

Care Concern NW

Care Concern (NW) Limited

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

Overall summary

Care Concern (NW) is a domiciliary care agency that supplies personal care and support to people in their own homes. Care Concern (NW) is based near Birkdale and provides care for approximately 200 people around the North West. They provide personal care for predominantly elderly people with dementia or stroke.

We undertook an announced inspection of Care Concern (NW) on 11th, 12th, 13th, 16th and 23rd February 2015. We informed the provider two days before our visit that we would be inspecting.

The inspection team consisted of two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the services of the agency told us they felt safe when receiving care and support. This included support with personal care, help with meals and also with shopping.

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included risk assessing practices such as, the use of entry key codes to people's homes and equipment to transfer people safely.

Within people's care files we saw a number of assessments to help identify and manage risks for people to ensure their health and safety. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

People told us care staff supported them with their medication at a time when they needed to take it. They said this was in accordance with their wishes and needs. We checked a sample of medicines against the corresponding records and these showed that medicines had been given correctly. Some medicine care plans lacked clarity around the level of support people needed with their medicines. Following the inspection we were informed of the actions taken to improve this.

Effective recruitment practices were in place to ensure staff were suitable to work with vulnerable people.

Staffing levels were determined by the number of people using the service and their individual needs. Two relief care staff covered emergencies, sickness, annual leave and to help provide extra support to people where needed. People told us that generally they received care from a regular team which they felt was very important.

Care staff received regular training and supervision. The manager was aware of the need to commence staff appraisals this year.

People's care needs were recorded in a plan of care in an individual care file. The manager had identified the need to introduce new care plans to enable staff to record more detail around people's preferences, choices and level of care and support they required. This was to make the care plans more tailored to individual need.

People were supported at mealtimes in accordance with their plan of care. People told us the care staff prepared the foods they liked and offered regular drinks to them.

With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved, as much as possible, regarding decisions about their welfare.

Care staff were available to support people's access to health care appointments. Care records we looked at showed the agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

People who used the service said the staff were very caring and kind. Their comments included, "They (the care staff) are angels", "All the carers are very nice", "They (the care staff) are just so considerate that I feel they treat me with dignity at all times" and "The staff are excellent, they go above and beyond to help you." On the whole people said care staff stayed for the agreed length of time of their visit. We did however receive some comments regarding this not always being the case and therefore not in accordance with people's plan of care. We brought this to the attention of the manager.

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered care in a way they liked and a time that suited them.

Speaking with care staff confirmed their knowledge about the people they supported and how they would respond if a person was unwell.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. We saw the complaints' register and complaints received had been responded to in a timely manner and in accordance with the service's policy and procedure.

Systems were in place to monitor the quality of the service provided. This included audits (checks) on areas such as, care documents, medicine administration and also meetings with people to ensure they were happy with the care provided. A more in depth medicine audit

Summary of findings

was carried out following our inspection. This was in light of our findings with regard to a lack of clarity around the level of staff support for medicines. Actions were being taken to improve this practice.

People who used the services of the agency had received feedback surveys in 2013 to gain their views about the agency. The manager told us these were being sent out again this year.

All staff we spoke with were positive in respect of the overall management of the agency and the caring, supportive and efficient leadership of the manager. Their comments included, “Really good”, “You can speak to (manager) about anything” and “We get plenty of support.” Feedback from staff confirmed the agency promoted and open and transparent culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks. Measures were in place to complete safety checks on equipment.

People told us care staff supported them with their medication at a time when they needed to take it. We found in some cases there was a lack of clarity around recording the level of support people needed with their medicines. This was brought to the manager's attention during the inspection.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

There were appropriate staffing levels to meet the needs of people who currently received a service from the agency.

Is the service effective?

Good

The service was effective

The service worked in accordance with the Mental Capacity Act 2005.

Care staff had training and support through induction, a programme of training and supervision. The manager was aware of the need to commence staff appraisals.

Care staff supported people who used the service with their meals.

Care staff were available to support people to access health care appointments if needed. The agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

Is the service caring?

Good

The service was caring

We observed positive engagement between people in their own home and care staff. People who used the services of the agency were complimentary regarding the agency. They told us all staff were kind and considerate and that they were treated with dignity.

People told us the agency discussed their care needs with them and were informed of any changes to their plan of care. Not everyone was aware of their plan of care though people informed us they were happy with the support they received.

Care staff told us where possible they provided care to people on a regular basis so they were familiar with how people wished to be cared for. This helped to promote continuity of care.

Is the service responsive?

Good

The service was responsive

Summary of findings

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered care in a way they liked and a time to suit them.

People's care needs were assessed. Care plans recorded varying amounts of detail however staff told us they had the information they needed to provide care and support to people. The manager had identified the need to introduce new care plans to enable staff to record more detail around people's preferences, choices and level of care and support they required. This was to make the care plans more tailored to individual need.

Care staff had a good knowledge regarding how to support people who were unwell or who needed emergency treatment.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide formal feedback by completing feedback surveys.

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Is the service well-led?

Good

The service was well led

All staff we spoke with were positive in respect of the overall management of the agency and the caring, supportive and efficient leadership by the manager.

Care staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Systems were in place to monitor and develop the quality of the service. This included audits of care records and of the care provided to people in their own home. A more in depth medicine audit was carried out following our inspection. This was in light of our findings with regard to a lack of clarity around the level of staff support for medicines. Actions were being taken to improve this practice.

Care Concern (NW) 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 checked 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.

This was an announced inspection which took place over five days on 11th, 12th, 13th, 16th and 23rd February 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and therefore staff are out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the organisation. We did not have a PIR for this inspection. The PIR 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. Prior to the inspection we looked at the notifications and other information the Care Quality Commission had received about the organisation.

As part of the inspection we spoke with 16 people who used the service. The majority of people were contacted by telephone but we did visit eight people who had agreed to us calling to their home. We also had a discussion with four relatives of people who used the service. We spoke with the registered manager. We spend time with office-based staff, including a care assessor, two care coordinators (supervisors) and the personnel/training coordinator. We spoke with 11 care staff who provided direct support to people.

We looked at the care records for eight people receiving care and support, four staff recruitment files, four medication records and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including feedback from people who used the services of the agency, relatives and an external health care professional.

Good

Is the service safe?

Our findings

People who used the services of the agency told us they felt safe when receiving care and support. This included support with personal care, help with meals and also with shopping. People told us they always got proper receipts when the carers had done some shopping for them. People's comments included, "The staff know what they are doing when they help me", "We feel very safe thanks to our brilliant carers", "Normally the same carers come so I have got to know them, so yes I feel safe with them, they are really good" and "I feel OK when the carers are looking after me."

For the majority of the time people told us the visits to them by the care staff were on time though they appreciated that there were occasions when care staff were held up and ran late. No one at the time of our visit advised us of any missed call which had the potential to affect their wellbeing and safety. A person reported, "The office will call me if there is a problem as they know I would be worried if they (the care staff) were late." A relative said, "The carers are usually on time and if they get held up they ring." Likewise a person told us, "I get four calls a day and they come at the same time, so you expect them."

Care staff informed us their induction included the protection of vulnerable adults and that safeguarding training was on-going. Training records evidenced staff attendance. Care staff told us what constituted abuse and were clear about the reporting arrangements for any concerns. Their comments included, "I would not hesitate to speak up" and "I would go straight to a supervisor or manager if I was worried." We saw the staff induction and this covered safeguarding adults.

There had been a number of reported safeguarding incidents. These are incidents or examples of care where people may be at risk of abuse and neglect and require investigation. We saw the agency had assisted the Local Authority safeguarding team with investigations and effective action had been taken. The agency had a safeguarding policy and procedure and the Local Authority's procedure for the protection of vulnerable adults.

We saw an example of lessons learnt where an incident had resulted in a review of an agency policy and discussion with the staff to reduce the risk of reoccurrence. This approach helped to ensure people's safety. We also saw that 'general' incidents had been recorded such as, a person having a fall or change in their behaviour which had the potential to affect their safety. These were monitored to ensure people's care and support was in accordance with their individual need.

We looked at four care packages in respect of the support need with medicines. Information about the support people needed with their medicines was recorded in their plan of care and procedures were in place for the recording of medicines that care staff administered. Medication administration records (MARs) were clear and accurate. We checked a sample of medicines against the corresponding records and these showed that medicines had been given correctly. For one person we saw care staff were recording the medicines given on the back of a MAR as there was no MAR available for this month. This was rectified during the inspection.

Medication care plans and medication risk assessments recorded words such as, 'prompt', 'assist' and 'enable'. This meant the care staff might not be aware of the level of support people needed. Discussions with the manager and care team confirmed their knowledge around the level of support people needed with their medicines. For example, staff administering medicines to people or reminding them to take them. We found the concern lay with the terminology recorded.

People told us care staff supported them with their medication at a time when they needed to take it. They said this was in accordance with their wishes and needs. A person said the care staff were good at sorting out their tablets for them.

The staff training plan showed care staff had received medicine awareness training and dates were being arranged for further training at the time of the inspection. Care staff said they received this training prior to being allowed to support people with their medicines. They also informed us told us how they kept a check on people's medicines to make sure they did not run out and how they liaised with local pharmacists regarding people's prescriptions. A member of the care team told us, "If I went out on a call and the person refused their medication, for example, I would ring the office and let them know, they would contact the doctor." Arrangements were in place for the safe storage of medicines in people's homes.

Good

Is the service safe?

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of entry key codes, environmental hazards and equipment such as, hoists and walking frames to transfer people safely. Care staff told us hoists, slings and bathing equipment were maintained to a good standard and subject to on-going safety checks. A person told us they felt safe when staff were using equipment to transfer them.

Within people's care files we saw a number of assessments to help identify and manage risks for people to ensure their health and safety. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was recorded how to support them with the use of an aid such as a hoist, wheelchair or frame. We also saw risk assessments for hazards in the home and the use of key pads for entering people's homes. Care staff were knowledgeable regarding these risks and how to support people safely. Care records evidenced the level of support people needed to help keep them safe. A person told us, "The carers went through things; they did this to protect me."

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people.

We looked at five staff files and saw appropriate applications, references and necessary checks that had been carried out. These checks had been made so that staff employed were suitable to work with vulnerable people.

The majority of people supported by Care Concern (NW) lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of care staff not being able to make the agreed appointment times. Care staff told us that generally they had enough time to travel between calls to people

Staffing levels were determined by the number of people using the service and their individual needs. The manager informed us they employed two relief care staff to cover emergencies, sickness, annual leave and to help provide extra support to people where needed. People told us that generally they received care from a regular team which they felt was very important.

Care staff informed us they had a good supply of gloves and aprons when supporting people with personal care and food preparation. Staff induction covered the promotion of infection control standards.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff training was mainly provided via external training providers and during our visit a number of staff were attending a food safety course with an external trainer at the agency's office. Staff files held certificates for courses undertaken and we saw the training plan which recorded dates, courses details and staff attendance. All care staff had access to a five week training programme. The manager informed us the training programme included five main courses; manual handling, health and safety, food safety, first aid and risk assessment. We saw these courses documented. Care staff also attended training in safeguarding adults, medicine awareness and training for specific needs of people. For example, support with end of life care and dementia. An administrator was the appointed lead for organising staff training.

Formal training was provided towards National Vocational Qualifications (NVQ/Diploma) in Health and Social Care. Three mandatory units covered Introduction to Communication in Health and Social Care, Principles of Safeguarding and Protection and The role of the Health and Social Care Worker. The manager informed us that approximately 70% care staff were trained at NVQ level.

Care staff told us they had access to a good induction and a training programme which was arranged on a regular basis. Staff comments included, "We attend a lot of courses at the office, we get so much training" and "All staff get a thorough induction when they start and it includes safeguarding and emergency procedures."

We were provided with a copy of the care staff induction programme. This included working alongside a more experienced member of the care team to help them become familiar with how the agency operated and to meet people in the community. New staff also received a staff handbook.

Staff supervision was on-going though the manager was aware of the need to conduct these on a more regular basis. Care staff told us they were supported in all aspects of the work and were able to come to the manager at any time if they had a concern or 'just needed to talk'. Staff appraisals were not undertaken last year and the manager informed us these were now being arranged.

We saw the care staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. A care supervisor had been trained to support people with mental health needs and they told us that where possible they led on this care provision. We asked people if they felt confident in the way the care staff supported them. A person told us, "The carers are very good indeed."

People also told us the care staff understood their needs and preferences. People's care needs were recorded in a plan of care in an individual care file in their home and a copy kept at the agency's office.

With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved as much as possible regarding decisions about their welfare. We saw that generally people's consent to care and treatment had been documented. The manager informed us that specific training around the Mental Capacity Act (2005) had been given to care staff who supported people who lacked capacity. Mental capacity was also covered in 'general' terms during induction and safeguarding adults training. The Mental Capacity Act (2005) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare of finances. We were show documents relating to 'best interest' meetings which had been held by the agency with external health professionals and other parties to ensure a person's safety and rights. A member of the care team said, "I have done training related to dementia awareness and it included issues around capacity. I would know if a person was lacking capacity and if that happened I would contact the office."

People were supported at mealtimes in accordance with their plan of care. Care staff told us they supported relatives with meal preparation and also prepared some meals. They told us that if they had concerns that a person was not eating they would report this to the relatives, the manager and record this information in the person's daily record. We conducted visits to people in their own home with their permission. During our visits we observed care staff offering regular drinks and snacks to people. For a person with very specific dietary requirements, the care staff were knowledgeable regarding how to support this person.

Good

Is the service effective?

A nutritional assessment was available should this be required and support with meals was identified in people's plan of care. People told us the care staff prepared the foods they liked and offered regular drinks to them.

Care staff were available to support people to access health care appointments. Care records we looked at showed the agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required. People told us the care staff were happy to call their GP for them. A person said, "If I need the doctor (member of the care staff) will sort it for me. I only have to ask."

Care staff told us they liaised with relatives when needed and advised them if there was a change to the plan of care. Communication with relatives was recorded.

Good

Is the service caring?

Our findings

People who used the service said the staff were very caring and kind. Their comments included, “They (the care staff) are angels,” “All the cares are very nice”, “They (the care staff) are just so considerate that I feel they treat me with dignity at all times”, “The staff are excellent, they go above and beyond to help you”, “They (the care staff) are excellent and have given me confidence” and “They (the care staff) are always polite.” Relatives we spoke with were complimentary regarding the polite attitude of staff and a relative commented on the professional support by the care staff when assisting them family member with personal care. A relative said, “I would never think of changing (the agency), all the staff who have been here are absolutely brilliant, you could not get better.”

We observed care staff arriving at a person’s home. They introduced themselves and asked how the person was that day. They also checked to make sure the person was happy with the support they were going to provide. We observed good interaction and communication between the care staff and the person they supported. The care staff checked on the person’s welfare and comfort before leaving them.

Care staff spoke positively about their job. Their comments included, “I just love my job”, “I am here to help people as much as I can” and “I enjoy giving care to people.”

Care records provided detailed background information regarding people’s care needs and preferences. We saw care staff supporting people in accordance with people’s wishes. A senior member of the care team discussed with us a number of people with complex needs. This included areas of their support which were vital to their comfort and wellbeing. For example, support with complex behaviours and accessing the community. The information we were given demonstrated a good understanding of people’s needs. The manager gave examples of where they provided extra support to help people in their own home. This was confirmed by a person we spoke with during the inspection.

Not everyone was aware of their plan of care though they informed us they were happy with the support they received. A person told us they received visits to make sure they were OK with the help they were getting. Likewise another person said their care plan was reviewed with them. Care staff told us where possible they provided care to people on a regular basis, so they were familiar with how people wished to be cared for. This helped to promote continuity of care.

Good

Is the service responsive?

Our findings

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered care in a way they liked and a time that suited them. For example helping to choose and buy clothes, support with meals or requesting a bath instead of a shower. Care staff said, "When I go out I ask what people want for breakfast" and "If somebody wanted to go to church one Sunday morning and a family member could not go, we would arrange it, in fact I have done it in the past."

The manager told us how a person's care plan was developed and this included the initial assessment with the person and/or with relatives and other health professionals if required. People told us they had been consulted with regard to the care and support they needed when they started using the agency and this consultation was on-going.

We looked at a range of care documents in eight people's care files. This included a care needs assessment and plan of care in accordance with people's individual needs. Care plans recorded varying amounts of detail however staff told us they had the information they needed to provide care and support to people. The manager had identified the need to introduce new care plans to enable staff to record more detail around people's preferences, choices and level of care and support. This was to make the care plans more tailored to individual need. The new documents were being drawn up at the time of the inspection to help record care in a more person centred way. Daily records were completed at the time care staff undertook a visit to a person's home. These reflected the care provision and any change in a person's condition.

Speaking with care staff confirmed their knowledge about the people they supported and how they would respond if a person was unwell. If a person's needs changed or if they noticed a person was unwell, care staff told us they would record this in the daily record and call a doctor if this was needed.

We talked with care staff regarding how they would respond to an emergency in someone's home. A member of the care staff gave us an example of when they called for an ambulance for a person who was unwell, the contact made with the office and also the person's relatives. Care staff said, "If there was an accident, I would record it on the daily record sheets and then ring the office. There is a dedicated log book and it would be recorded in there also" and "If I went to someone and thought they were not very well, I would call a doctor or an ambulance if I had to, then call the office." People we spoke with relatives told us the office staff responded quickly to their calls and the manager was always available should they be needed.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People told us they would speak up if unhappy and ring the office. A relative said, "I would not have a problem making a complaint, I have never had to but I would just ring the office." We saw the complaint register and complaints received had been responded to in a timely manner and in accordance with the agency's policy and procedure. Care staff told us they would have no hesitation speaking with the manager if they wished to raise a complaint or to raise a complaint on behalf of a person they supported. They said the manager would deal with it immediately.

The manager informed us a feedback survey was going to be sent out this year to people who used the service of the agency. Feedback surveys had been sent to people in 2013 and an audit completed in March 2014 to collate the findings. 210 questionnaires had been sent out by the agency to the people they supported and 60 had been completed and returned. The survey covered areas such as, 'carer attitude and appearance', 'carers come when you expect them', 'know who to speak with to complain', 'informed about change in your care' and 'whether people thought they received a good standard of service'. People were able to rate these sections – 'all of the time', 'most of the time', 'some of the time' and 'never'. Overall the findings showed satisfaction for the service and where improvement were needed this had picked up by the manager and actions recorded.

Good

Is the service well-led?

Our findings

We asked the staff to tell us about the management of the agency and if it was well led. All staff we spoke with were positive in respect of the overall management of the agency and the caring, supportive and efficient leadership of the manager. Their comments included, "Really good", You can speak to (manager) about anything" and "We get plenty of support." Feedback from staff confirmed the agency promoted and open and transparent culture.

Care staff told us the manager had an 'open door' policy and was available day or night should they wish to contact them. Care staff told us the rotas were organised, available weekly and any changes always communicated in plenty of good time. People who used the services of the agency told is there was always someone at the end of the phone, which they found reassuring.

The manager was supported by senior care staff to oversee the management of the agency. Care staff reported that 'everyone worked as a team' to make sure people received the care and support they needed.

Staff meetings were held and staff told us they were able to attend the office as a group or on a 'one to one' basis. The manager told us some meetings were held for the care teams in their geographic areas. Minutes were held of staff meetings and this included issues such as staff training, medicines, time keeping and communication. Feedback had also been provided to staff in areas that required improvement following the feedback audit in March 2014.

A member of the care team told us, "We have supervisory visits (visits accompanied by a senior member of staff) every three months, supervisions every six months or so and staff meetings regularly so we get plenty of time to have our say." We saw care staff received a memo to aid communication. The memos were used as a reminder in areas such as medicines, logging time of arrival and departure in a person's home and for care staff to follow care plans when caring and supporting people.

Care staff understood what was meant by whistleblowing. A member of the care team said, "I know about whistleblowing and if I had to I would use it, if I thought something was wrong I would get in touch with the office straightway." Care staff said the manager would be supportive if they were required to speak up.

The agency had policies and procedures in place to promote safe working and 'best practice'. A number of these policies were discussed at staff induction and through on-going training.

People who used the services of the agency told us they were asked for their opinions as to how the agency operated. People's comments included, "We have reviews ever year when one of the supervisors comes out and speaks us to about the support we get" and "Now and again one of the manager's calls to see us and ask if we are happy with the service and the carers who call, they call quite often." People said they were able to talk with the care staff on a day to day basis and felt confident in raising any issues.

On the whole people said care staff stayed for the agreed length of time of their visit. We did however receive some negative comments regarding this not always being the case and therefore not in accordance with people's plan of care. The feedback we received did not suggest that this had an impact on the quality of care. We however raised this with the manager in respect of further monitoring and liaising with external organisations involved with the care packages. The manager confirmed they would action this.

Systems were in place to monitor the quality of the service provided. A care audit was undertaken to make sure the care package was meeting the person's needs and to make sure they were happy with the care provision. The audits covered areas such as medicines, care documents and times of calls to people in their own home. We saw examples of these in people's care files and in the office. Checks were also carried out to make sure care staff were working in accordance with people's plan of care and expectations. A more detailed competency check was being introduced around assessing staff knowledge for medicine administration.

We spoke with a care supervisor who was now overseeing the management of medicines. They told us about the monitoring checks they carried out to ensure people were satisfied with the level of support they received with their care and medicines. The checks/care reviews we looked at included a general over view as to whether people were happy with the staff support for their medicines. The findings were positive.

A more in depth medicine audit was completed following the inspection to monitor the management of medicines.

Good

Is the service well-led?

Actions such as clearer recording around the level of staff support with medicines was being actioned along with the provision of further medicine training for staff. This demonstrated a commitment by the manager to develop a more robust system for safe medicine management.

The March 2014 audit highlighted the need for some actions following analysis from the feedback surveys sent to people who used the services of the agency. Actions had been taken to address the overall issues though it was difficult to track through individual actions and timescales in response to issues raised. The manager agreed to look at better ways or recoding this.

A record of staff competence was available in the staff files we viewed. This was to help monitor staff's knowledge and skills following induction.

The agency was subject to external audits to help assure the quality of the service offered to people and staff.

The manager sent in statutory notifications to us to advise us of incidents affecting people' safety and wellbeing in accordance with our regulations.