Age Concern Manchester

Age Concern Home Care North Manchester

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 inspected Age Concern Home Care North Manchester (Age Concern North) on 10 and 11 October 2016 and the first day of our inspection was unannounced. Age Concern North is a domiciliary care service which provides personal care to people living in their own home. The service also provides other support services including cleaning, shopping and companionship. Their office is based in a day centre facility located in Openshaw, Manchester. At the time of our inspection the service was supporting about 70 people. The registered manager told us a number of people receiving home care services also accessed the services of the day centre.

The previous inspection took place in August 2014. At that inspection, we found that the service had met all regulatory requirements.

The service had a registered manager who had been in post since July 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the end of the full report.

Recruitment processes were not sufficiently thorough which meant that we could not be certain that some staff hired were suitable to work with vulnerable people.
We found that medication administration records (MAR) were not always fully completed. Where required, people were supported to take their medication safely and staff were knowledgeable on administering these.

There were some quality checks in place such as staff spot checks. Additional checks such as MAR and care plan audits were required to help the provider and registered manager maintain safe and effective care at all times. Policies and procedures were in place; however we noted some contained references to outdated legislation. These documents should be updated to help ensure staff had appropriate guidance to carry out their roles. Through regular meetings, staff felt supported in their roles and had the chance to discuss service specific issues with colleagues and the registered manager.

Risk assessments were in place; we noted that some assessments contained more details than others and not all were fully completed. This meant that staff did not always have clear guidance to help ensure an individual was supported safely.

People felt safe supported by Age Concern North. Staff knew people's needs and there were enough staff to

support them effectively. We saw there were suitable systems to help ensure people were protected from harm. Staff were well-informed about the types of abuse and the action they would take if they suspected that abuse was taking place. This meant people using the service were protected from harm due to organisation systems and staff knowledge.

People and their relatives told us care staff were effective and well trained, and always sought their consent before undertaking any task. We noted that care records contained people's signatures. The registered manager and staff demonstrated a good understanding and knowledge of the Mental Capacity Act (MCA) and we saw there was a policy in place to guide practice. However we did not see all the appropriate mental capacity information in the care records of two people who lacked capacity. We have made a recommendation that the service follows best practice guidelines to ensure all people who use the service and lack capacity have all appropriate documentation in their care records.

The service delivered the Care Certificate induction standards to new recruits. We saw that refresher training was scheduled as needed and further training was offered in areas such as national vocational training in health and social care. Staff received regular supervisions and appraisals to help ensure they received the necessary support to carry out their roles. This meant staff were equipped with the right knowledge and skills and received continuous support to function effectively in their caring role.

People were supported and encouraged to make healthy eating and drinking choices, and where appropriate, given information on health conditions such as diabetes. This should help people to maintain a balanced diet and support their wellbeing. People's access to health care professionals and medical attention was facilitated, if required. This meant people were supported to receive the right health care when they needed.

People told us they received caring and compassionate support. Care staff were engaging and they had good relationships with them and the office staff. People told us they were involved in the care planning process. This meant that people and their relatives, where appropriate, were included in making decisions about the care they received. People were treated with dignity and respect and their independence was encouraged according to their abilities. This helped to promote people's wellbeing. At the time of this inspection, no one at the service used an advocate. However there were systems in place to support people should they need to use one.

People told us their care and support was responsive to their needs and gave us examples of how this was done. We were told and we saw in people's care records that an initial assessment of their needs had been done before any support was provided. This should help to ensure people could be supported effectively. Care plans, which were reviewed regularly, contained person centred information in areas such as medication and personal information such as family background, medical history and social activities. This meant that people's care and support was reassessed to make sure these were still suitable. Some people's care plans contained information about their preferences whereas others did not. Such information was important as some people may not always be able to communicate their preferences.

There was a complaints procedure in place and people told us they were aware of how to raise a complaint. They all said any concerns they raised were resolved quickly and efficiently.

People and relatives told us the service was well managed and spoke highly of the registered manager and their staff team. They told us the manager and staff were always helpful and efficient.

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.

The provider did not always ensure that all adequate pre-employment checks were made before staff started in the role.

People and relatives told us they had regular care staff which meant care and support was delivered in a consistent way.

Risk assessments did not always contain clear and specific instructions to guide staff in providing safe care and support.

Is the service effective?

Good

The service was effective.

People felt care workers had the appropriate training and knowledge to do their jobs well. Staff received a good induction and mandatory training and had access to on-going learning opportunities.

Managers and staff were aware of and understood the principles of the mental capacity act and gave examples of how they supported people's rights. There was a policy in place to guide staff. We recommended that service follows best practice guidelines to ensure all people who use the service and lack capacity have all appropriate documentation in their care records.

People were encouraged to maintain healthy nutrition and hydration, and supported to access health care professionals as required.

Is the service caring?

Good

The service was caring.

People and their relatives, when required, told us they had been involved in planning their care and support needs.

Everyone we spoke with and relatives told us they had a good rapport with their care workers and they thought of them as

friends.

People told us they were treated with dignity and respect and supported to maintain their independence according to their abilities. Care staff were able to give us examples of how they did this.

Is the service responsive?

Good

The service was responsive.

People and their relatives told us they had an initial assessment which provided assurance that the service could support their care needs, and they gave us examples of how the service was responsive to their needs.

Care plans contained person centred information about nutrition, medication, mobility, personal care and daily activities and personal information including their family backgrounds and social interests and religious needs. These were reviewed regularly to ensure they continued to meet people's support needs.

People knew how to raise a concern or make a complaint and there was an effective system in place to manage concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

People and their relatives made positive comments about the manager, staff and the service they received. Staff felt supported and said there was good team spirit within the organisation.

There were some quality assurance systems in place but these were insufficient and did not effectively monitor the quality and safety of the service provided.

The provider had developed a set of policies and procedures to help ensure that care staff were effectively supported to understand their role and carry out their responsibilities effectively. Some of these required review.

Age Concern Home Care North Manchester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 October 2016 and the first day was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience was a person who had experience of caring for a family member who used care services.

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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester City Council safeguarding and commissioning teams for information they held on the service. They told us they had conducted monitoring visits two weeks previously and were satisfied with the service's performance. We also contacted Manchester Healthwatch who told us that they did not hold any information about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

We spoke with the registered manager, the care coordinator and three care staff. With their prior permission, we visited three people in their homes and we spoke with six people and two relatives on the telephone. We looked at six records relating to the care of individuals, six staff recruitment and training records and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they received safe care and support from the service. People told us, "I trust them", "They always make sure I'm safe especially since I've had a fall" and "I feel safe with my carers".

People and their relatives told us care workers were usually on time and that the office would let them know if care staff were going to be delayed. They also said that care workers stayed for the length of time they should and did what was expected. Everyone we spoke with said they had never had a missed visit. Comments made to us included, "They are on time", "They turn up more or less on time and stay as long as they should" and "They are pretty much on time."

We checked the service's recruitment processes to see if staff employed at the service were suitable to work in the caring profession. We looked at the recruitment records for six care workers. The personnel files we looked at contained appropriate documents relating to recruitment including the application form, interview record, copies of photographic identification, written references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. We found recruitment processes could be more robust since we saw three instances where references had not been checked and one example of an unexplained gap in employment history. This meant the recruitment and selection process was not sufficiently thorough to help ensure staff recruited were suitable to work with vulnerable groups and was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our feedback, we highlighted to the registered manager these issues and also that two staff records did not contain signed confidentiality forms.

People and relatives told us they got appropriate support with taking their medicines. One person told us, "They do all my medicines; they do them OK." Another person said, "They do my medications; I would get it all wrong (so) they do all that for me." One relative told us, "They (care staff) do both sets of medication from the blister packs and they are done fine, and they apply cream to (person's) legs". Staff we spoke with administered medication and they confidently explained the procedure they used to administer people's medicines including ensuring people took their medicines and recording what was given. In the care records at people's homes we checked how the medication administration was recorded. We saw that medicines administration record (MAR) charts were in place to record the administration of medicine. This made it easier for staff to administer medicines correctly and reduced the risk of errors occurring. However, we found MARs were not always completed satisfactorily. On one person's MAR, we saw the care staff had not recorded the specific time that medication had been administered and had only recorded "Weds morning or Saturday tea". We also saw the note of "applied Vaseline" but no reference to where this had been applied. The lack of poor record keeping was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also saw no evidence that medication administration records were being audited. This would help the registered manager identify errors and areas for improvement such as recording.

The registered manager told us staff received their rotas a week in advance and staff we spoke with

confirmed this. The manager also said they were due to implement an electronic monitoring system which would record the start and finish times of each visit. This was currently being phased in at their sister organisation in South Manchester. They told us a spread sheet was used to monitor staff attendance and to identify areas for improvement such as omitted finish times of visits, poor documentation and illegible writing. We reviewed staff rotas and the spread sheet which confirmed that there was sufficient staff with the right experience and training to meet the needs of people using the service.

We asked people and their relatives if they had the same care staff making calls to them. They said, "I don't know who is coming before they arrive but I generally know them when they do. Things change if people are on holiday and such", "I have my regulars (names given)" and "We have carers four times a day and we usually have had the same girl with a couple of others sometimes but it's nice; [person] can get used to people and [person] is getting used to their (care workers') voices", and "It's been really good, they (care staff) came in first for my (relation) so [person] was used to them and now (they have their) own package of care; (they have) Alzheimer's so it is regular staff apart from the odd holiday, so (they are) used to them." This meant the same group of care staff delivered support to people helping to ensure the support they received was consistent.

People we spoke with said care staff made sure they were safe. For example, they identified any slips and trip hazards in the home and they ensured people's homes were secured when leaving. We saw that assessments were carried out to identify any risks to the person using the service and to the staff supporting them. These included any environmental risks in people's homes and any risks regarding the health and support needs of the person where required such as for moving and handling and falls. We saw risk assessments were kept in people's care records in their homes and in the main office. We noted some of the assessments contained more details than others and not all boxes on the assessments of some clients were completed. In one person's care records we noted that the falls risk assessment was not kept in their files at home but only in the office. This meant care staff may not always have clear guidance available to provide safe and effective support to the individual. We highlighted these issues to the registered manager during our feedback.

We saw accidents and incidents were recorded and appropriate action taken to reduce the risk of any re-occurrence. This meant the service had systems in place to keep people safe from harm. However we did not see any summary of the types of events that occurred which could be used to identify any trends.

We saw that suitable arrangements were in place to help ensure people who used the service were protected from abuse. Staff we spoke with could describe various types of abuse and they knew how to report and record any incident of suspected abuse. We looked at six staff training records and we saw that staff had received training in safeguarding principles. This meant the service taken the necessary steps to help ensure people were kept safe from harm.

People and relatives told us that care workers demonstrated good hygiene practices, including appropriate use of personal protective equipment such as gloves and aprons. They told us, "They use gloves and aprons when they need to", "They wear gloves; I don't know about aprons though", "(When) they do [relative's] medication, they put their gloves on and put them in the pot and (they) take them; that's fine." Training records confirmed that all care workers were up to date in this training. This meant people were protected from risk of infection due to good staff practice.

Good

Is the service effective?

Our findings

People and relatives told us care workers knew how to do their jobs effectively. People said, "They (care staff) seem to know what they are doing", "They are very well trained", "All the girls know what they're doing" and "They (care staff) all know what to do". A relative said of the care workers, "They all seem very well trained; well, it's older ladies that come and I think they have a lot more experience in care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked to see if the service was operating within the MCA framework.

The registered manager and staff we spoke with had a good understanding and knowledge of the principles to follow and they were able to demonstrate to us the circumstances under which they would follow the legislation. We also saw there was a policy in place to guide practice. One care worker told us, "A person is deemed to have capacity unless otherwise assessed. I would contact [managers] if I felt that a person was demonstrating limited capacity." The registered manager told us if they suspected an individual lacked capacity then they would do a capacity assessment and have best interest meetings as needed. We saw recent evidence of a best interest meeting that had been held to ensure that an individual's rights were being protected. However, we did not see all appropriate mental capacity information in the care records of two people who lacked capacity. We found the service needed to ensure that all the necessary documentation regarding people's capacity was kept in their care records. This would help to ensure their rights were protected at all times.

We recommend that the service follows best practice guidelines to ensure all people who use the service and lack capacity have all appropriate documentation in their support plans.

People and their relatives told us that care staff always sought permission before undertaking any task. One relative said, "They (the care workers) tell [person] everything they are going to do." We checked people's care records to see if they had signed their consent to the care they received. Of the six care records we looked at only one had not been signed by the person. On this record, we saw a note indicating that they had not wanted to sign at that time but we saw no indication that the service had tried again at a later stage. We received verbal assurance from the registered manager they would follow up on this matter.

We looked at how new staff were supported in their caring role. We were told and we saw from training records that staff received induction, mandatory training and shadowed experienced staff before they supported people unsupervised. Staff we spoke with confirmed they had had an induction and mandatory training in areas such as safeguarding vulnerable adults, moving and handling, and infection control. We saw Age Concern North Manchester used the Care Certificate to induct staff new to care. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers One care worker told us, "The Care Certificate induction is good but it's a lot (of information); it's

helped to prepare me for what I'm doing now. It helps you to understand what you're doing in the field." All staff we spoke with were complimentary about the training they had received from Age Concern North Manchester and they were offered continuous learning opportunities such as national vocational training in health and social care. We saw that refresher training was scheduled as required. This meant care workers were prepared and supported to function effectively in their caring role.

We saw the service had a system of staff supervision, appraisals and spot checks on staff's performance in place. We saw evidence in each of the staff personnel files we reviewed. Staff told they had regular supervisions with either the registered manager or deputy manager. They told us they could speak to a manager at any time for advice and support. This meant staff were supported to help ensure they carried out their roles safely and effectively.

People and relatives told us care workers helped them to prepare their meals as required. One person said, "They make my breakfast, just tea and toast and maybe an egg; just whatever I like" and another person told us, "They do my microwave meals in the evening and they wash up everything afterward; they are very tidy that way." A relative told us, "They do their breakfasts and make them a light lunch. I leave plated meals in the fridge and they warm them up so they get a good variety". Staff we spoke with said they encouraged people to have a healthy diet including providing information on particular health conditions such as diabetes but that people were free to choose what they wanted. This meant that, when required, staff supported people to maintain good eating and drinking.

Staff told us they knew how to support people if they needed medical attention. One care worker told us they had had to call an ambulance when someone had taken ill. No one we spoke with had ever had their care staff support them to access any medical attention. However, they told us they had confidence staff would know what to do. We saw that people's care records contained information for relevant health care professionals that could be contacted as required. This showed that the service had systems in place to help ensure people received the right health care when they needed to.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the care and support they received was caring. Comments they made about the staff and the service included: "They (care staff) are really good girls. Very caring; they are more like my friends rather than carers", "They are very good to me", "All the girls are fantastic; can't complain", "The girls are lovely; they have a nice chat with you, you look forward to them coming" and "They are so kind they always ask what you want."

From the comments people and their relatives made it was clear that there was a good rapport and relationship between people and their care staff. Some of the things people told us included: "They are really nice to me, we have a good laugh we do", "They are friendly. I can have a laugh and joke with them", "They (care staff) know what I like and don't like; I've told them these things", "I would only let [named care staff] shower me; (they are) so professional you hardly know (they were) doing it", "They are very nice to me. We have a good chat about all sorts of things; it's very nice". Relatives told us, "We are often about and we have a good chat with them (care staff) too; it's very reassuring" and "They (care staff) are really nice with [person] and with Alzheimer's it is so important that they (care staff) talk to [person].

Care staff were able to demonstrate to us they had a good knowledge of people's needs and preferences and people confirmed this. One care worker told us "It's not just personal care and giving medication; those are tasks. You do also need to sit with people, spend time with them, (and) talk about what's important to them. Find out things that they like." These comments showed that people felt cared for and supported by care workers.

People and their relatives told us they were involved in planning their care and support and that they had a copy of their care records. They said, "The care plan is in the house with the paperwork", "We have a care plan and all the info in a folder" and "There is a folder and their own little book and they sign that." People told us information about what they required was gathered during their initial assessment. We were able to confirm this when we reviewed people's care records. This meant that people and relatives felt included and were consulted in making decisions about the care they received.

People and relatives said they were respected and treated in a dignified manner. One person told us, "They are very kind and respectful." In a letter to the service, a relative stated that care staff 'demonstrated dignity and sensitivity in performing their role' and they expressed their 'deep appreciation for the difficult and exhausting work' care staff undertook. Staff were able to demonstrate to us how they treated people with dignity and respect. They said when they were undertaking personal care tasks, they ensured doors were shut, curtains drawn and would ask family to leave the room if that was what the person wanted.

People told us care workers always ensured they had choice and independence according to their abilities. One person told us, "They do my microwave meals; I tell them what I want and they do it; I clear up because I still want to do things whilst I am able." One care worker we spoke with gave us an example of how they supported an individual to maintain their independence and also boost their confidence in preparing meals using a slow cooker. Another care worker said they encouraged people to do things for themselves

depending on their abilities such as opening the curtains or meal preparation. This helped to promote people's continued wellbeing.

We asked the registered manager if people using the service used advocates. They told us no one was using an advocate at the moment but that Age Concern North Manchester had systems in place to provide support in this area if required. Advocates support people to speak up about what they want and work in partnership with them to help ensure they can access their rights and the services they need.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One relative told us the service rearranged a visit so that they could focus on a delivery. They said, "We should have had (carer) just now but (furniture company) were delivering another bed, so I couldn't cope with anything else. So (carer) said (they) would go and come back later; that was so nice."

People and relatives told us the service came out to their homes to do an initial assessment before they started receiving support. The care coordinator told us, "I don't rush my clients. I always set aside enough time to do (people's) assessments so that I get as much information from them as possible." This should help to determine whether or not the service could provide the care and support needed.

We reviewed the care plans of six people using the service. We found these were person centred and described care and support that was specific to the individual. We noted they contained detailed person centred information in areas such as nutrition, medication, mobility, personal care and daily activities. Care plans also recorded personal information such as the name the person liked to be known as and family background, medical history, social activities and interests, spiritual needs and personal expectations. We found that care plans adequately described people's care and support needs. We noted some people's care plans recorded their likes and dislikes. For example, in one person's care plan we saw they liked going to church and the football club they supported. We found information about people's preferences was not consistently recorded and we saw no record in people's files to suggest they had chosen not to provide this information. Collecting such information was important as some people using the service were not always able to communicate their preferences.

We saw that care plans were reviewed in line with the company's policy and that these were up to date. People and their relatives also confirmed this. They said, "[Manager] comes out and does a review quite often", "I think we get one (review) every year" and "[Manager] comes out from the office sometimes for reviews, not often but sometimes." This meant the service had a good system of ensuring that people's care needs were reassessed when required to help ensure their care was still appropriate.

People told us they knew how to raise a concern or make a complaint if needed though most people told us they never had to make a complaint. One person told us, "I'd tell them (the care staff) if I wasn't happy about something." Another person said, "I have complained in the past about a couple of carers but it was dealt with straight away." A third person told us, "I have never really had a complaint, we had some teething troubles in the beginning but it got sorted out quick." A relative told us they had had an issue with a particular carer and had raised the matter with the office. They said the issue was resolved quickly and efficiently. We saw records that demonstrated concerns and complaints were acted on promptly and appropriate responses made. This meant that the service operated an effective system for managing complaints ensuring that all complaints were investigated and appropriate actions taken as required.

We saw thank you cards and letters of appreciation from relatives complimenting the service for the care and support they provided to their relations and to their families. We were told these were shared with care

staff. Compliments included, "To all the carers that looked after [person]. Thank you for all the help and friendship you gave. I couldn't have managed without you", "They didn't just care for [person's] personal needs and nutritional needs, they cared for [person's] emotional needs which I feel is every bit as important but often forgotten in the myriad of tasks which are necessary for the comfort of the client."

Requires Improvement

Is the service well-led?

Our findings

People and relatives were positive about how Age Concern North was managed and told us they thought the service was well led. Comments they made included, "It (the service) suits me very well; I do like it", "I think it's run very well", and "I am very happy with it (the service); they have been so nice and helpful. It is a relief to have them."

Age Concern North had a registered manager who had been in post since July 2013 and people, relatives and staff spoke highly of them. They told us the manager was always contactable and helpful. One relative said, "I have all the phone numbers and the manager was in to see us yesterday."

We looked at the service's quality assurance systems to ensure they effectively assessed and monitored that the care and support delivered was safe and effective. We noted that there were some systems in place such as staff spot checks and daily recording sheet audits, the latter was recently implemented. We noted several aspects of the service that would benefit from quality audits such as medication administration records, recruitment processes, accidents and incidents, and care plans. We also noted that the analysis of the quality assurance survey identified areas for improvement but we found no evidence to demonstrate that the service had actioned these. This meant quality checks were not sufficiently robust to provide adequate oversight of the care and support delivered to ensure these were safe and effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From the quality assurance survey done for year 2015-2016, we saw that 83 percent of people who responded were satisfied with the service and were positive about the managers. People said, "Really happy with all the care received", "Very happy; they keep me informed with what I need to know", "It is a very good service; would not like to be without it – such a good help to me,", "Yes, all concerns dealt with and listened to. These are then followed up all contact very friendly and understanding. It is obvious that they all want a quality care service" and "[Managers] are very approachable."

People, their relatives and staff told us there was an open and communicative culture at Age Concern North. People told us, "I don't ring the office often but they are very pleasant and helpful", "I can ring the office anytime; they are really helpful" "[Manager) is lovely". Staff were also very positive about management and their role within for the service. They told us they felt like they had input into how the service currently operated and was being developed. All staff we spoke with told us they felt listened to and any comments made were taken seriously. Staff said, "It's a good team; I can ring up if I have a problem and they'll do something about it", "I really like both of them (registered manager and the deputy manager); they are good at their job and follow things up. (They) will always phone you back", "I feel listened to and valued" and "Management are so cooperative and helpful. Whenever I suggest anything they look into it and my ideas are taken seriously. They listen to you."

The local authority contracts and commissioning team told us they were satisfied with the service and that the service packages commissioned to them were well managed.

We asked people and their relatives if Age Concern North Manchester had sought their opinions about the service they received. Comments included, "Yes, we have had a questionnaire", "I did have a questionnaire sometime this year", "I haven't had a questionnaire; I couldn't see to do it" and "I did have a questionnaire; we get them sometimes but I don't know what happens to them." We saw that an annual survey was sent out to people and relatives, where applicable, for year 2015-2016 and there had been a 42 per cent response rate. We saw responses were collated and analysed. We saw no evidence to demonstrate actions taken as a result of survey findings. This meant that while the provider sought feedback from people we did not see any evidence of how this information had been used to help improve outcomes for people.

Staff told us and we saw from minutes that regular staff meetings took place. Staff told us these meetings gave them the opportunity to discuss service specific issues with each other and the manager. These meetings helped to ensure that care workers received the support necessary to function effectively in their role. The registered manager said they were supported by the wider network of colleagues within Age UK. They told us they were able to draw on the knowledge and expertise of senior colleagues.

The registered manager told us staff forums with the chief officer were held every two months and that a representative from the care staff attended these. The manager told us that care staff were being involved in this forum so that they could have an impact within the organisation. We reviewed minutes of these meetings and we saw that discussions included service provision, organisation's financial position and health and safety concerns. The registered manager told us attendance at these forums was part of care staff's professional development.

We looked at the policies and procedures in place to guide staff in their work. The registered manager told us these were coordinated centrally by the provider. Staff told us they were aware of the policies and procedures. We were told and we saw that new recruits were given a staff handbook which contained key policies and procedures. We noted that policies and procedures had been reviewed in 2016; however some of these still referred to CQC regulations which were no longer valid. Policies and procedures help to ensure staff are effectively supported to understand and perform well in their roles. This meant that the registered manager and care staff did not always have accurate and up to date guidance to help ensure they were effective.

The service had an updated business continuity plan. This document provided details on how the service would operate and what needed to be done in the event of an emergency, such as a flood or loss of power at the office. This should ensure that people's care and support would continue should an emergency occur.

We saw that the registered provider ensured statutory notifications had been completed and sent to Care Quality Commission (CQC) in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. The registered manager kept a file of all notifications sent to CQC.

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 17 HSCA RA Regulations 2014 Good governance Quality checks on operational areas such as recruitment, medication administration records, care plans were not sufficiently robust to provide adequate oversight of the care and support delivered to ensure people were protected from harm. Regulation 17(1) Incomplete recording on medication administration records. Some people's care records did not always contain all appropriate information regarding their mental capacity such as assessments done and best interest meetings held. Regulation 17(1)(2)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure the recruitment and selection process was sufficiently robust and appropriate pre-employment checks done. Regulation 19(1)(a), (3)(a)