

Diamond Resourcing Plc

Better Healthcare Services (Norwich)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 1 March 2017 and was announced.

Better Healthcare Services (Norwich) provides a domiciliary care service to people living in their own homes. At the time of the inspection they were providing a service to four people.

There was a manager in post who, at the time of this inspection, had applied to be registered with the Care Quality Commission. Their application was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We inspected this service in February 2016 where we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Six breaches of legal requirements were found and the provider was required to send us a plan to tell us about the actions they were going to take to meet these breaches. This was received in the specified time.

A further inspection was carried out in August 2016 where we found that sufficient improvements had not been made and the service was in breach of five regulations, four of which were repeated breaches. We served a notice of decision to impose conditions on the service's registration. This meant they were unable to take on any new packages of care or extend any existing ones. This action was implemented in order to help drive improvement in the quality of the service. Following this inspection in August 2016, the service also lost its contract with the local authority to provide care and support to people in Norfolk.

This service was also placed in Special Measures following the inspection in August 2016. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection, carried out in March 2017, the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Shortly before this inspection, the service had applied for the conditions that had been imposed following our inspection in August 2016, to be removed. Following this planned inspection, the application was processed and due to the sustained improvements seen, the imposed conditions were removed.

The service had implemented a number of quality monitoring systems following the inspection in August 2016. These had driven improvement following close assessment and monitoring of the service delivery. Action plans had also been employed and systematically completed. Care records, staff's ability to perform their role and the quality of the service had all been regularly monitored and analysed.

People told us that the service had improved. People had continuity of care and saw the same group of staff. Staff turned up at the agreed time and stayed for the approved amount of time. Both the people who used the service, and staff, received rosters in good time so they knew planned arrangements in advance.

People received care and support that was individual to them and tailored to meet their personal preferences, needs and routines. The service took into account people's choices, life histories and personalities when designing care plans. Care plans were person centred and people's needs had been regularly reviewed.

Staff demonstrated a courteous, warm and respectful approach when supporting people. People's dignity was maintained and staff understood the importance of encouraging and promoting people's independence. People spoke of a service that was professional and caring.

Complaints had been thoroughly recorded, investigated and answered. The service used them to further develop and better the service. Whilst those we spoke to had no concerns in regards to the service they received, they told us they were confident that the service would respond appropriately should they have in the future.

Staff had received training in safeguarding and processes were in place to help reduce the risk of people experiencing abuse. The risks to those using the service had been identified and managed in order to help protect from avoidable harm. Consideration had been given to the impact adverse events could cause on the continuity of the service. Processes were in place to adequately manage accidents and incidents.

People received their medicines safely and the service had processes in place to monitor this. People spoke of a service that was responsive in regards to monitoring people's health needs. Where applicable, people's nutritional needs were met.

Recruitment processes were in place to help reduce the risk of employing staff not suitable to work in the service. Staff received training in a variety of forms, supervisions, appraisals and continued support. Their ability to effectively perform their role was checked.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 and report on what we find. The service was compliant with the MCA and staff were able to explain its purpose and application in how they supported people.

Staff worked well as a team and morale was good. They told us they felt supported, valued and listened to. The service had an open culture and communication was regular and effective. People spoke highly of the manager and the improvements they had made to the service. All the people we spoke with told us that they would recommend the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet the individual needs of those that used the service. People received the service that had been agreed in relation to time and length of visit. Staff had time to deliver the care and support required.

The risks to those using the service were well managed. They had been identified, assessed and reviewed and staff had all the information they needed to manage these risks.

Where the service was responsible for administering medicines, people received these safely and as prescribed. Staff had received training in medicines management and their competency to perform the task had been assessed.

Is the service effective?

Good ●

The service was effective.

People benefitted from receiving care and support from staff that were skilled and capable in their roles. Staff had received appropriate training and had their competencies assessed. Staff told us they were supported in their roles.

The service worked within the principles of the MCA. Staff had a good working knowledge of the legislation and how it may impact on the support they provided.

People's nutritional and healthcare needs were met. People told us that staff were proactive in responding to any healthcare need.

Is the service caring?

Good ●

The service was caring.

Staff were respectful, thoughtful and caring in their approach. People's dignity and independence was considered and promoted.

People had been full involved in the planning of the care and support they received and care plans demonstrated this.

Staff knew the people they supported including their personalities, likes, needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were consistently met by staff that had full information in order to provide individual care and support. Care plans contained tailored outcomes and person centred detail.

The service took into account people's histories, relationships and sensitivities when planning care and support. This helped staff to build relationships and trust.

Complaints were robustly recorded, investigated and answered. People were given the opportunity to discuss their concerns. The service used complaints to improve the service and mitigate future risk.

Is the service well-led?

Good ●

The service was well led.

The service had a culture of openness, transparency and development. Communication was good and people were kept informed of any changes to the service.

The manager was trusted and people had confidence in them and their abilities.

Effective systems had been implemented that had driven improvement and raised standards of care and support for those that used the service. Staff were happy in their roles and felt supported.

Better Healthcare Services (Norwich)

Detailed findings

Background to this inspection

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

The inspection took place on 1 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The management team sometimes spends time away from the office supporting staff and the people who use the service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the service's office, spoke with three people who used the service and three relatives. We also spoke with the regional manager, manager, the care coordinator and one care staff member. A second care staff member provided us with written feedback.

We looked at the care records for all four people who used the service. We also viewed records relating to the management of the service. These included quality monitoring audits, three staff recruitment files, training records and quality monitoring questionnaires.

Is the service safe?

Our findings

At our inspections carried out on 17 February 2016 and 25 August 2016, we found that the service had failed to deploy enough staff to meet people's care and support needs. This was because people had experienced late or missed calls or assistance from only one staff member when they required two. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in August 2016, we served a notice of decision to impose conditions on the service's registration. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

People told us that they had not experienced missed or late calls for a number of months and that staff arrived at the arranged time. People told us that staff stayed for the agreed amount of time and that this was appropriate for their needs. All the people we spoke with who used the service, and their relatives, told us that they knew which staff would be attending them and when. They told us they saw the same group of staff.

The staff we spoke with agreed that they had enough time to get to people and provide them with the care and support they required. They told us no missed or late calls had occurred and that they knew their schedule in advance. One staff member told us, "I now know what I'm doing. I didn't used to know where I was going. I used to get called at all hours; it was such a muddle." They went on to say how much this had improved. They said, "People who use the service know which staff are coming in. They now have continuous care and feel more secure. Rotas are better, calls are better spaced and I have enough time to meet people's needs."

Records showed that no missed or late calls had occurred since early November 2016. Where these had occurred prior to this, we saw that the manager had fully investigated the reason for the event and taken appropriate action as required. We saw that they had been used to mitigate further occurrences.

The people who used the service, and their relatives, had no concerns over safety whilst receiving care and support. They told us seeing the same group of staff had contributed to this as well as knowing which staff member would visit and at what time.

Staff had received training in safeguarding and were able to explain how they prevented, protected, identified and reported any concerns they may have in relation to this. They knew who to report concerns to both inside, and outside, of their organisation. Clear procedures were in place to manage any incidents that may occur and the correct local contact numbers and policies were in place and accessible.

The individual risks to the people who used the service had been identified, assessed, managed and reviewed. An overview of the risks associated with each individual was in place. A traffic light system was used making it easy for staff to identify which areas were more high risk than others. More detailed risk assessments were also completed for each aspect of daily living. These included where people were at risk

from medicines administration, moving and handling processes, cognition, hydration and any issues with skin integrity. Any risks around the person's home environment were also assessed and included any issues with security, lighting, flooring and utilities.

The service had a business continuity plan in place in the event of any adverse events such as loss of records or IT system, loss of utilities or incapacity of staff. It was up to date and gave clear instructions on what actions to take. This helped to reduce the risk of the service being interrupted in such events.

No accidents or incidents had occurred to either those that used the service or staff. However, policies and procedures were in place to manage these should they occur. Clear instructions were available to staff on how to manage these should the manager not be available at the time.

The provider had procedures in place to help reduce the risk of employing staff not suitable to work with the people who used the service. This included gaining references, completing a police check and confirming identity and address. We saw from the recruitment files we viewed, that these were in place. The manager also had a system in place that clearly and easily showed at what stage new staff were at in the recruitment process.

The one person who had their medicines administered by the service's staff had received these as the prescriber had intended. Staff had received training in medicines administration and had their competency to do so checked. One staff member we spoke to about medicines administration was able to effectively explain how they supported people with their medicines, the procedure they followed and what they would do in the event of an error. This demonstrated that good guidance was followed and understood.

We checked the medicines administration record (MAR) charts for this person for January 2017. We found that these followed good practice and that where medicines had not been administered, good recording was in place around this that gave full information. The daily record sheets contained corresponding information in relation to these omissions.

The service completed monthly audits on the completion of MAR charts and medicines management. These were robust and effective detailing any anomalies and actions taken to address these. For example, we saw that the service had identified that a prescription label had come off a medicine. In response, the service had promptly met with the pharmacy to discuss and rectify. Good recording was in place around this that corresponded across the documents we viewed.

Is the service effective?

Our findings

At our inspection carried out on 25 August 2016, we found that the service had failed to deploy enough suitably skilled, competent and qualified staff to meet people's care and support needs. This was because the service had failed to supply staff with suitable support, training, supervision and appraisals. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in August 2016, we served a notice of decision to impose conditions on the service's registration. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

The people we spoke with told us that staff had the appropriate skills and abilities to provide care and support and that they had confidence in them. One relative told us, "The carers [family member] has have been fantastic." Another relative told us that staff were responsive and would react appropriately to any healthcare needs their family member may have.

Staff told us that they felt supported and had received training, competency assessments and regular supervisions. One staff member told us that their training was up to date and that dates had already been booked prior to their current training expiring. They said, "The training covers all that I need to know." They told us they felt supported, had learnt from job shadowing colleagues and had received competency checks whilst assisting people who used the service. They told us they received positive feedback from the manager and felt valued.

Another staff member told us how accessible the training they had received had been and how they had been encouraged to ask questions. They told us, "We were able to take part in every practical part of the training meaning no one was left out, the trainer made sure everyone got involved." A third staff member said, "It's a lot better, you get a lot more support now."

The records we viewed showed that staff had received training, medication administration competency checks, field observations, supervisions and appraisals. The manager had a system in place to alert them to when each of these was due for each staff member which ensured they were completed in good time. Regular staff meetings were also used to update and refresh staff knowledge in their role and to discuss expected standards. We saw that the staff meeting held in January 2017 covered topics such as safeguarding and communication whilst the February 2017 one discussed the provider's policies and procedures. Staff newsletters were also produced that gave updates on associated topics and dates for training sessions.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and associated DoLS and additional tuition via staff meetings. The staff we spoke to in regards to this had a good knowledge of the legislation and how it may impact on the support they provided. One staff member was able to discuss the principles with us and explain the action they would take if they doubted someone's capacity to make a decision. They told us the MCA was about protecting people's human rights. Another staff member talked us through the process of making decisions in a person's best interests.

Records showed that appropriate people had been involved and consulted in regards to making decisions around people's care and support. One person's relative had the legal authority in place to make decisions on behalf of their family member. We saw that they had been involved in decisions and reviews of the care and support their family member received and that this was appropriately documented.

The people who used the service did not have any special dietary requirements. Those that received assistance from staff in food preparation told us there were no concerns around this. We saw from care plans that clear instructions were available to staff on how they were to assist people with food preparation.

The service had liaised with appropriate healthcare professionals as required and with permission from the appropriate people. For example, they had arranged for a healthcare professional to visit one person to assess some mobility equipment that was in place in their home. We spoke to this person who confirmed an appointment had been made in relation to this. We also saw records to show what steps the service had taken to arrange this.

Is the service caring?

Our findings

At our inspection carried out on 25 August 2016, we found that the people who used the service had not always been treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in August 2016, we served a notice of decision to impose conditions on the service's registration. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

The people who used the service told us that staff were polite, caring and respectful in their approach to providing care and support. They told us that their dignity was respected and promoted.

One person who used the service said, "Staff are always very nice." Another person described the staff as, "Super." The third person said, "I'm being well cared for." Their relatives agreed and told us that they had no concern in how their family members were being cared for. One described the service as, "Professional and caring."

Staff agreed that the service was a caring and respectful one. One told us, "I've stuck with Better Healthcare because they really do care." Another staff member told us that the service understood the importance of continuity when providing care to people. A third staff member told us that they would be happy for their loved one to receive care from the service as they had confidence in them.

The records we viewed demonstrated that people's dignity was considered when designing care plans to meet their needs. Records also showed that staff were mindful of people's dignity when recording what assistance they had provided. Care plans also demonstrated that the service considered small, yet thoughtful, details when assisting people. For example, one care plan instructed staff to ensure a person's dressing gown was placed on a radiator to warm through for when they stepped out of the shower. When we spoke to this person, they told us staff did this for them.

All the people we spoke with, both those that used the service and their relatives, told us that they had been fully involved in planning the care and support provided by the service. They told us that communication around this was good. One relative we spoke with said, "I'm absolutely involved." The care plans we viewed demonstrated this clearly. Not only had people signed to agree their care plans but the detail contained within them showed that people had had input and that discussions had taken place.

The people who used the service spoke positively about how the service encouraged their independence. One person said, "Staff leave me to do as much as I can. They take into consideration what I can and can't do." One relative said, "Staff are helping [family member] to remain independent." Care plans also demonstrated this. Those we viewed clearly detailed what the person themselves was able to do and what support they required from staff.

Staff had a good understanding of the needs, likes and preferences of the people they supported and could tell us about these. Care plans contained detailed information on people, their histories, routines and personalities to assist staff in getting to know people and build relationships. One staff member said, "It's important to build trust and have continuity." One relative we spoke with told us how important it was that their family member saw the same staff to help manage their confusion and for consistency. Another relative said their family member was 'very happy' with the staff that supported them.

Is the service responsive?

Our findings

At our inspections carried out on 17 February 2016 and 25 August 2016, we found that the service had failed to meet people's needs in a person centred manner. This was because people's care plans did not contain enough information for staff to provide care in an individual manner. In addition, people's needs and preferences were not being met due to unavailability or inconsistency of staff. The service had also failed to ensure people received the information they required at a time they wanted it. This was because people did not know which staff member would be assisting them and at what time. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in August 2016, we served a notice of decision to impose conditions on the service's registration. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

The people who used the service told us that the provider met their needs and that they had all the information they required in regards to the service they received. They told us staff had time to complete their care and support in an unhurried manner.

One person told us that they consistently saw the same care staff and that they'd had, "No issues at all." They went on to say that seeing the same staff meant, "They get to know you better and your needs." They said, "It's much improved. Things are going as they should. I don't feel rushed; there's no pressure." Another person told us, "I get the same staff all the time. Continuity of care is very important to me." The third person told us that staff had time to sit and have a chat with them. All the relatives we spoke with said the service met their family member's needs and that there was consistency of care. People knew who would be assisting them and when.

Staff told us there had been great improvement in the organisation of staff and call schedules meaning consistency and improved care and support for the people who used the service. One staff member said, "I now get to meet people and build a relationship. This helps the person and it helps us get to know people's routines." Another staff member told us that the service that we saw in August 2016 and what was in place now was, "Miles apart." They went on to say, "It was a minefield. It's running the way it should now." This staff member told us that calls were better organised, that rosters were in place for both staff and the people who used the service. This meant they had enough time to meet people's needs in a person centred way. A third staff member wrote, "I believe the service excels at providing care for an individual's specific needs, they understand that everyone is different and I believe that's very important in care."

We viewed the care plans for all four people who used the service. This was to see whether their care needs had been assessed, designed and reviewed in a person centred manner in order to meet their specific needs.

We saw that care plans were individual to each person who used the service and designed in a way to meet their personal preferences. Outcomes were clearly recorded and gave staff information on how to achieve

these in collaboration with the person using the service. Care plans recorded the times and days of visits and gave staff detailed, step by step guidance on how they needed to provide support. This information was fully person centred and took into account people's routines, choices and independence. For example, for one person who needed assistance with food preparation, the care plan explained that staff needed to use a tea cosy on the teapot and ensure place mats were used at the dining room table when food was served. For another person who had support with a shower, the care plan explained what sponge the person liked to use for what area of their body and gave staff information on the size of towels the person preferred to use.

We saw that care plans were accurate, contained enough information to guide staff and had been reviewed on a regular basis with the people who used the service. Staff also told us that care plans gave them all they needed in order to support people. One staff member told us that care plans had 'definitely' improved and were up to date. They said, "It's important to know people's routines and it's the little things that make the difference." One relative told us that their family member's care plan was, "Up to date and informative." They told us that after their family member's needs changed following a hospital visit, the manager was quick to make an appointment to review and update the care plan in response.

Care plans demonstrated that the service had had full and involved conversations with people in order to get to know and understand them. Each contained a case history that gave a full account of people's histories, relationships, work life information, hobbies and interests. They also detailed what was important to the person currently and any issues that may cause a person to be upset or unhappy. The detail contained within the care plans conjured up a picture of the person and the influences that had made them the person they were currently. All of this helped staff to build meaningful relationships with people and forge trust.

At our inspections carried out on 17 February 2016 and 25 August 2016, we also found that the service had failed to investigate and take necessary and proportionate action in response to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

People told us that they had no reason to raise a complaint but that should they need to, they would feel comfortable in doing so. They told us that they had confidence the manager would deal with any concerns they may have. One relative told us that the manager would want to know if they were unhappy with any aspect of the care provided as they were keen to continue to improve the quality of the service.

Since our last inspection, the service had received three complaints between then and October 2016. None had been received since this date. Records showed that each had been robustly recorded and investigated with clear outcomes in place. Meetings had been quickly arranged as appropriate with those people who had raised concerns in order to discuss and agree actions. Where actions had been agreed, these had been followed up in writing for confirmation and clarification. For example, where a complaint referred to a person not receiving their medicines, we saw that the service had taken action to reduce the risk of this occurring again. This had been achieved by arranging an earlier visit and an alternative method of medicines administration. We saw that discussions had been had to ensure that people were satisfied with the investigation, outcome and response to their concerns.

Is the service well-led?

Our findings

At our inspections carried out on 17 February 2016 and 25 August 2016, we found that the service had failed to have systems or processes in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection in August 2016, we served a notice of decision to impose conditions on the service's registration. At this inspection, carried out in March 2017, significant improvements had been made and the service was no longer in breach of this regulation.

All the feedback we received on the management of the service was positive. People told us that the service was stable and working effectively. They had confidence and trust in the manager and spoke of a service that was proactive in its approach.

People told us that the service had an open and transparent culture that strived for improvement. All the people we spoke with were aware of the service's poor regulatory history. One relative told us that the manager had personally explained this to them. The relative told us, "They [manager] didn't hide anything." They went on to say, "They've been open and have really tried to improve." Another relative told us that they were aware of the imposed conditions as the manager had explained this to them. The relative said, "[Manager] communicates with us." A staff member told us that environment was a much better one to be in. When we asked why, they told us it was more professional, better organised and more supportive.

Without exception, people were complimentary about the manager of the service who had started in post a few days before our previous inspection in August 2016. They told us the manager listened, was proactive and professional. All the people who used the service knew the manager and had seen them on a regular basis. One person said, "[Manager] is getting it sorted." They went on to say, "[Manager] has a good idea of my progress." Another person who used the service told us that the communication with the manager was, "Good."

Relatives agreed. One said, "I feel happy now [manager] is in post. [Manager] is proactive, professional and effective. I can see how hard they've worked to get it right." Another told us the service was, "Now on an even keel."

Staff praised the manager, the support they received from them and the improvements made to the service. One staff member said, "[Manager] is fabulous. The best manager I've ever had. Very professional and calming. [Manager] treats you as an equal and is very caring." They went on to explain the support given to them during a difficult and upsetting situation. They finished by saying, "I really am happy. If it wasn't for [manager], I would have gone." Another staff member said the manager was, "Keeping standards as they should be." This staff member also praised the regional manager and said, "[Regional manager] knows what they're doing." A third staff member wrote, "[Manager] is doing a brilliant job and they're always there for support if you need them, or even if you're just a bit unsure about something."

Staff told us that morale was good and that they were working as a team. When we asked one staff member why they thought morale was better, they said, "Carers feel listened to, we're working as a team and there's a lot more communication." They told us that the atmosphere was, "So more positive." Another staff member who agreed that staff were working well as a team said, "I feel valued and trusted." A third staff member wrote, "The abilities of the staff isn't something I see much off working on my own but what I've seen, I'm very impressed."

When we spoke with the manager about staff morale and support, they told us that the service, and them personally, had gone through difficult times. However, they told us that this had strengthened the service and team spirit. The manager told us that they had worked a great deal of days in a row providing care and support to people. Although difficult, they told us this had helped in many ways. They said, "It helped me put myself in the shoes of the carers and build rapport with the people who used the service." They told us it helped them become more approachable to those using the service and their relatives. The manager also felt it had helped build the respect and trust of the service's staff.

Since our last inspection in August 2016, the service had implemented a number of systems to assess, monitor and improve the quality of the service. These had been effective.

The service had assessed the report following the last CQC inspection in August 2016 and implemented a number of detailed action plans that addressed each concern reported on. At this inspection, carried out in March 2017, we saw that these action plans had been completed and improvements made in each area. It had also led to further systems to ensure standards are maintained and continue to be monitored and improved.

As part of this system, regular feedback on the quality of the service had been gained from those using the service, their relatives and staff. This had been achieved in a variety of ways and included telephone and written questionnaires as well as directly on a face to face basis. All responses had been collated and analysed with action plans in place for any less than positive comments. The latest feedback had been collated in February 2017 and was positive. Where two minor concerns had been raised when feedback was sought in December 2016, we saw that these had been effectively addressed. The service had also plotted the quality of the feedback received in order to be able to effectively monitor the progress of the service. As of February 2017, feedback showed that all those who used the service were 'completely satisfied' with the service they received and assessed the overall quality of it as 'excellent'.

Monthly audits were in place to ensure people received their medicines as the prescriber intended and that staff followed good practice. These were checked and signed by the manager to ensure they had an overview of the quality of completion and administration. In addition, the daily notes written by staff for each person who used the service, were audited monthly. These covered areas such as legibility and meeting legal requirements, correlation with the care plan and ensuring any concerns had been addressed. A further monthly audit was completed for each person. This looked at the service the person had received from a more broad point of view to capture anything outside of more specific audits. We saw that these were robust and used outcomes to further improve the service people received and reduce future risk. For example, where it had been noted that a person's urine was dark possibly indicating dehydration, this had been followed through to ensure the person was well.

The manager completed weekly business reviews that captured information and progress on the service in such areas as staff retention, business development and the quality of service. These produced action points that were followed through at the next review.

When we spoke to the manager about the service, the current quality of it and the work they had done to improve it, they told us, "The last CQC report gave me clear guidance on what I needed to do." They told us they had worked hard at implementing change and talked us through all of the systems and actions plans they had used to drive this. The manager told us that the provider had been supportive in this work and that other senior managers had assisted. Through discussion, we saw that the manager was passionate about the outcomes they had achieved for people and the improvements made. They told us that staff were working as a team and that trusting and respectful relationships were in place.

All the people we spoke with told us that they would recommend the service. They spoke of an improved service that they were happy to use. People told us that they received a good service and had no concerns or complaints to raise.