PCT Care Services Limited

PCT Care Services Ltd Head Office

Inspection report

Unit 4B, Wymondham Business Centre
Eleven Mile Lane
Wymondham
Norfolk
NR18 9JL

Tel: 01953602299
Website: www.pctcare.co.uk

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16 June 2016

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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 15 and 16 June 2016 and was announced.

The agency provides support to people in their own homes. The support people receive varies from help with bathing or washing, medicines and meal preparation, to support with activities. At the time of our inspection, there were 79 people using the service.

The agency had a registered manager in post. A registered manager is a person who has registered with 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.

At our last inspection in March 2015, we found that the agency needed to improve in all areas. The service had breached two regulations, for ensuring proper staff support and training, and for monitoring the quality and safety of the service properly. We asked the provider to make improvements in these areas. The provider also told us how they would make improvements in all other areas and we found they had worked hard to do so.

The safety of the service people received, if they needed support to manage their medicines, had improved. Staff had better training in the safe administration of medicines and assessments of their competence to do this safely.

People received assistance from sufficient numbers of staff to meet their needs safely. Recruitment processes contributed to protecting people from the employment of staff who were unsuitable to work in care. Staff were aware of their obligations to report concerns that people may be at risk of harm or abuse. Staff providing care also took into account the risks to people's safety and wellbeing and knew what they needed to do to promote people's safety.

Significant improvements had been made in the way that staff were trained and supported to meet people's needs competently. People felt that staff understood how to support them properly. Staff training in the Mental Capacity Act 2005 was still under-developed. This provides guidance for staff about supporting people who may find it difficult to make informed decisions about their care. However, staff recognised the importance of seeking people's consent before they started to deliver care.

Staff understood the importance of making sure that people had enough to eat and drink, where this was part of their care package. They were alert to changes in people's health and welfare so they could seek advice promptly to help people recover or stay well.

People were more involved and consulted about their care than they had been before. Staff reviewed people's needs more regularly with them, to see whether they needed to make changes. Staff were aware of

the specific, individual needs of the people they supported.

People received support from kind and compassionate staff who treated them with respect for their privacy and dignity. People were confident that staff and the management team would listen to and address any concerns or complaints they had.

The new management team had made improvements in the way that the quality and safety of the service was monitored. They had also improved the way that the views of people using and working in the service were taken into account. They listened to people's suggestions and views and told people what they were doing about these. They were aware of the need to make further improvements and to sustain the improvements they had already made.

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.

Staff understood the importance of reporting concerns that people were at risk of harm or abuse.

Risks to people's safety were taken into account in the way that staff delivered care.

There were enough staff to support people and they were recruited in a way that contributed to protecting people from staff who were unsuitable to work in care.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were trained and supported to meet people's needs competently.

Staff understood the importance of seeking consent from people before delivering care.

Where it was part of people's care packages, staff made sure people had access to enough food and drink.

Staff were alert to changes in people's health and took prompt action to seek advice.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

People were encouraged to make choices and decisions about their care and support.

Staff understood how to promote people's privacy, dignity and

independence.

Is the service responsive?

Good

The service was responsive.

Staff delivered care in a way that took into account people's needs and preferences and what was important to them.

People and their relatives were confident that concerns and complaints were properly addressed.

Is the service well-led?

Good

The service was well-led.

People were confident that the management team listened to their views about the service and made changes if necessary. The views of staff were also taken into account.

The new management team were continuing to develop and improve how they monitored the quality and safety of the service.

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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 15 and 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available in the office. It was completed by one inspector.

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 content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law

We received nine surveys completed for us by people using the service, one from a relative and four from staff. We reviewed the findings of these and also received feedback from the local authority quality assurance team.

During our visit to the office, we looked at records associated with the care of four people including daily notes, medication records, care plans and assessments of risk. We inspected three staff files and training records for the staff team. We also checked records associated with the quality and safety of the service including staff meeting minutes and the findings of the provider's auditing process. We spoke with the registered manager, company secretary, nominated individual representing the registered provider and five members of the care team.

After our visit to the office, we spoke with four people who used the service and two relatives.

Good

Is the service safe?

Our findings

When we inspected this service in March 2015, we found that it was not consistently safe. Staff did not always understand how to administer medicines safely and newer staff had not completed thorough training. After the inspection, the provider told us what they would do to improve safety in this area. At this inspection, we found that they had taken action.

Staff did not need to administer medicines to everyone using the service. We spoke with one person who did need support with their medicines and with their family member. They told us that they were happy with the way that staff assisted and managed medicines.

Staff training records showed that almost all of the staff employed had received further training in medicines administration since our last inspection. Of the 39 staff listed, only two had no current medicines training. One of these staff members was new to the service and had just started induction.

A staff member confirmed to us that they felt well prepared to administer medicines when they started to deliver care on their own. Another staff member told us how they were involved in assessing the competence of staff to administer medicines safely. We saw records of spot checks, which confirmed this took place. This staff member also explained how 'body charts' were now in place where people needed staff to apply creams or ointments. Those reviewed were clear in showing which creams staff needed to apply and where. This helped to reduce the risks of errors, inappropriate usage of prescribed creams and adverse impact on people's skin integrity.

Risks to people's safety and welfare were assessed and staff were aware of what they needed to do to promote people's safety. We found that people's plans of care included assessments of risks identified for them as individuals and for staff in respect of working with people in their own homes. These showed staff how to manage and minimise risks.

We noted that there were some minor inconsistencies in the information contained in the assessments of risk and what staff or daily records said was happening. However, staff understood how to promote the safety of individuals they supported. Staff told us about the recent introduction of equipment to assist with safely moving one person. They told us that this was safer for staff, more comfortable for the person and reduced the risk of damage to their skin. The person's care records and assessment of risk for moving safely did not refer to this equipment.

The person's plan of care did not show how staff were to assist them with managing the risk of developing pressure ulcers. However, daily records showed that staff delivered care which addressed and monitored these risks. The person concerned told us that they felt staff understood how to support them safely when they needed to change position. Daily records showed that staff took into account any comments or observations made by colleagues during previous visits and which needed following up to promote the person's safety.

Staff received training in first aid so that they knew how to respond in an emergency. Senior staff also told us how the provider was arranging additional training that would be useful in an emergency. This related to developing a pool of trained staff who could use a particular piece of equipment to assist people if they fell. This was work in progress and arrangements were not yet firmly established. However, they felt this would eventually help avoid distress and discomfort for people and unnecessary calls to emergency services.

People told us that they felt safe using the service. They said that they had no concerns about the way staff treated them. A relative commented that their family member had a small group of trusted staff providing their care. Another relative told us, "I trust them [staff] 100%." Nine people who completed surveys for us and one survey from a relative confirmed that people felt safe from abuse and harm by staff.

Four staff completing surveys for us said people were protected from abuse and harm while using the agency. They said that they knew what to do if they suspected someone was being abused or at risk of harm. Staff spoken with were also clear what should lead them to be concerned that someone was at risk of harm and about their obligation to report it. They confirmed they received training in recognising and responding to possible abuse and training records supported this. The registered manager and provider knew when to report concerns about risks of harm or potential abuse. They cooperated with the local authority safeguarding team when it was needed.

For some people we noted that staff assisted them with shopping. In most cases the accounting process was clear and tallied to show what staff spent if people asked them to do any shopping. However, there were some omissions of entries where there were receipts but no corresponding entries on expenditure records. There was a lack of clear guidance for staff about best practice and auditing practices from the management team. We discussed this with the provider and registered manager. They undertook to review future checks and staff guidance so that systems for protecting people from financial abuse were more robust.

Recruitment practices contributed to promoting people's safety and protecting them against the employment of staff who were unsuitable to work in care. A new staff member told us about the recruitment checks the provider made. They said they supplied proof of their identity and details of who could write references for them. They also confirmed that, although they completed some 'classroom' induction while they were waiting for checks to be completed, they did not deliver care to people. Records showed that the provider obtained employment histories and completed enhanced checks to ensure prospective staff were suitable to work in care services. The company secretary showed how us how they would explore concerns with applicants and take decisions to employ staff based on assessed risk.

There were enough staff to support people safely and meet their needs. One person told us, "They [staff] book in and out, they can't get away from that. They always stay for the right amount of time." One person's relative said, "Staff are always on time." Another commented, "No, we haven't had clipped visits." Eight out of nine people who completed surveys for us said that staff arrived on time. One commented, "Sometimes they are late, usually due to no fault of their own. I have rung the office and they have sent replacement if necessary." All of those completing surveys said that staff always stayed for the right amount of time and did what they expected at each visit.

Three out of four staff completing surveys told us their travel schedule meant that they were able to arrive on time and stay for the agreed amount of time. Staff spoken with said that they thought there was normally enough travelling time and there was enough time allowed for visits to meet people's needs. One staff member who had a role in completing duty rosters explained how they considered travel time in planning staff 'rounds' and would review them further if there were problems. The Provider Information Return (PIR)

told us about changes to the monitoring system for visits. They said that this meant they could more easily identify whether there were problems completing rounds or carers were running late.

Good

Is the service effective?

Our findings

At our inspection in March 2015, we found that staff did not receive the necessary support, training, supervision and appraisal to meet people's needs properly. Induction training for new staff was poor. The provider told us what they were going to do to improve. At this inspection, we found that they had taken action and staff were competent to meet people's needs effectively.

Everyone spoken with who used the service and their relatives told us that they felt staff knew how to meet people's needs. A person using the service told us, "I'm a bit complicated." They described previous concerns about staff competency and said this had improved a lot since the current registered manager took over. They said, "[Manager] puts a senior in with someone new. They learn by doing that and it works…. I have no doubt I'm properly looked after from my point of view."

A relative felt that staff understood the needs of their family member really well and another said, "They [staff] do understand what is needed." All of the nine people completing surveys for us, and one relative, confirmed that staff had the skills and knowledge they should have to meet people's needs.

Improvements in monitoring of training completed made it easier for the management team to see where there were gaps that needed addressing. It also made it clearer to ensure that staff sent to provide care to people had specific skills such as stoma or catheter care where necessary. Some senior staff had achieved qualifications to enable them to deliver training to the staff team. We discussed with the agency's owners and registered manager that it was important to sustain these improvements.

One of the staff completing a survey for us made a comment that supervision and support had been non-existent under previous management arrangements. They also said that training time had been unpaid making staff reluctant to give up their free time; they had not received certificates for training they completed so did not know if they had passed or not.

At this inspection, we found that there were copies of training certificates on staff files. Staff and the provider confirmed that staff were now paid for the duration of training and staff meetings they attended. Staff told us that supervision was happening more often and there were arrangements to check on the way they were working. Supervision of this type is needed to identify training and development needs and ensure staff are able to support people as expected. We found that there were records of both supervision and spot checks. The management team monitored these to ensure they took place as often as they expected.

Staff spoken with who had been in post for some time, told us that training and support was much better than it had been. One new member of staff told us, "Training is good. My Care Certificate has just been signed off." The Care Certificate represents recognised best practice in induction for staff who are new to care. Another staff member appointed since our last inspection told us that they felt their training was good. Both staff confirmed that they had completed 'shadowing' shifts before starting to deliver care on their own. One told us, "The shadowing was brilliant."

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 whether the service was working within the principles of the MCA.

Staff spoken with understood the importance of seeking people's consent and agreement before they delivered care. They were able to tell us how they would explain what was needed and seek additional advice and support if someone persistently refused personal care that was essential to their welfare. A relative gave us an example of how their family member had refused help in the past. They said that the manager met with them and another relative as well as the person, to discuss and agree a way forward. They told us how staff were now much more successful at securing the person's agreement to assistance with their personal care.

Although staff knew they needed to seek people's permission to deliver care, they did not have specific training in the MCA. This meant that they did not all have underpinning knowledge to understand their legal responsibilities, how someone's capacity would be assessed and a decision about their best interests would be made. We discussed this with the management team as a training gap, which needed to be addressed.

The provision of food and drink to people was not part of all the care packages that staff were expected to deliver. Where this was needed, staff made sure that people had enough to eat and drink. People told us that staff always made sure that they had food and drink available to them. One person who used the service said, "I drink a lot of water. They [staff] always make sure I have plenty where I can reach it when they go." A relative told us how staff needed to heat pre-prepared meals for their family member. They were happy that staff managed this appropriately and made sure the person had something to eat.

Training records showed that training in fluid and nutrition had been implemented since our last inspection. Half of the staff team had completed this since September 2015, with ten of them completing it during 2016.

People received support to maintain their health and well-being when they needed it. Staff told us that, for most people if they became unwell, they would report any concerns to family members so that health appointments could be made.

A relative commented about support for their family member and said, "[Person] has been through different health issues and they've helped with it." One person told us that they felt staff were very alert to them developing a problem with their health. They said, "Staff look for signs of infection and are good at that." They described how a staff member had been concerned about their welfare. "They asked me about what happened and called the doctor to make sure." They told us how they were prone to infections, which often resulted in them being admitted to hospital. They said that the prompt intervention of the staff member had ensured they could be treated with antibiotics at an early stage and avoid going to hospital.

The management team told us how staff some staff had been trained to test for possible urine infections. They said that this had helped them to detect concerns at an early stage to avoid hospital admissions. They recognised that people might not need this if they got early treatment, as such an infection could contribute to increasing the risk of falls.

Good

Is the service caring?

Our findings

At our inspection in March 2015, we found that the service was not consistently caring. People, and their family members if they wished, were not always involved in decisions about their care. At this inspection, we found that the provider had taken action to improve.

People had developed positive and caring relationships with the staff who supported them. People told us that they normally received support from a consistent staff team. They felt that this contributed to getting to know staff and staff understanding their needs. For example, one person told us about staff attitudes towards them and said, "So far it's been a bundle of laughs to be honest. They're a lovely team. The majority are nine out of ten." They told us that, where they had previously had concerns they had spoken to the registered manager. "[Manager] knows when something is not being done right. [Manager] gives staff clear instructions about what they must do and not do. I only have to say about something and they act immediately." All nine people who completed surveys for us said that staff were caring and kind.

A relative told us about care for their family member and said, "We are 120% with the staff we have got now. We get consistent carers. I trust them 100% and can't praise them enough." They described how their family member was living with dementia and had been distressed on one occasion. They told us how the staff "…have to go along with [person]. They sat and sang with [person]. You can throw anything at them and they will go along and deal with it." Two people told us how they felt, "Staff go the extra mile."

People, or their relatives if appropriate, were involved in making decisions about their care and support. Staff took people's preferences and wishes into account in the way they offered support.

They were able to describe people's preferences to us. A person using the service told us, "[Manager] talks to me and my relative." A relative gave us examples of how staff understood and respected their family member's preferences and wishes. They said that they felt that staff involved the person and their family in decisions and choices about their care. Another relative said that the agency, "…likes to be involved with families and get people's background."

The provider told us how people were involved in discussions about their care in the Provider Information Return (PIR) they sent to us. This said that they had introduced an additional form in care plans to record people's consent to contact family, friends and advocates in the care planning process. We found that this was in place.

People or their family members confirmed that staff from the agency office came out to talk to them about their needs and to involve them in developing their plans of care. We could see that the information in the office showed people's involvement and that people signed to confirm they agreed with their care plan. Where they were not able to sign, the record showed the reason for this. It also showed whether they agreed that the agency could involve a family member or friend in developing their care plan.

We noted that there were only minor omissions from the declaration about choice as to who people wanted to be involved. For example, one person had signed a declaration about involving or communicating with their family or friends about their care. Although they had signed it, the declaration was not properly complete. It did not show whether they agreed the agency could involve someone close to them in discussing their plan of care, or withheld this permission.

Staff respected people's privacy, dignity and independence. People using the service and their relatives were consistent in describing staff as polite and respectful.

One person told us how staff let themselves into their home. They told us, "They always call out and say who they are. They don't just barge in." A relative described how staff were, "…always pleasant and polite." They also told us how they sometimes looked at their family member's daily records that staff completed. They said that they had no concerns about the way staff described the care they delivered and how the person was during their calls. They went on to tell us that if there were concerns, for example about continence difficulties, staff recorded these sensitively.

Staff were able to tell us how they would respect people's privacy when they delivered personal care. One staff member, responsible for completing spot checks on staff, told us in detail how they checked that staff did this as part of the evaluation of their performance. This included checking whether they covered the person appropriately during personal care and protected their privacy by ensuring that blinds or curtains were closed. The spot checks also took into account the way that staff spoke with people to ensure this was respectful.

All nine people and a relative, who completed surveys for us, said that the service helped them to be as independent as they could be. The four staff who completed surveys also agreed that people were supported with their independence. People's records were clear about aspects of care they could manage for themselves and what staff should assist or prompt them with.

Good

Is the service responsive?

Our findings

At our inspection in March 2015, we found that the service was not consistently responsive. Assessments of people's needs were not reviewed regularly to see whether their individual plans of care remained appropriate. At this inspection, we found that provider had taken action to improve.

People, or their relatives, told us that staff understood their preferences for the way they were supported. For example, one relative said, "They know [person's] likes and dislikes." They went on to describe how their family member had returned home after a period in hospital. They told us, "Carers looked at [person's] different needs and helped in the right way to help get [person's] mobility back."

All nine people who completed surveys for us said that they were involved in decision making about their care and support needs. Eight of them said that the agency would involve people they chose to support them with important decisions. One person was not sure.

Care records for one person reflected that their preferences for the way they were assisted with washing and moving, including the equipment used. For example, we saw that care plan guidance told staff they needed to give the person, "…control of all the care you are giving. Allow [person] to have the bed and hoist controls as [person] is able to work them." This contributed to the person having input into their care and being able to ensure staff assisted them at a pace they were comfortable with.

The management team ensured that they assessed people's needs before they started to use the service. Where the local authority funded people's care, their files also contained assessments from the authority.

We raised some inconsistencies with the registered manager where we found the care that staff delivered had changed but the person's care plan did not show this. For example, one person's plan of care did not reflect the current equipment staff used to reposition them. There was also some inconsistent information regarding pressure area management. However, we also found that daily records showed staff were aware of the changes and considered these in the way they delivered the person's care.

The management team had introduced a 'keyworker' system so that senior members of staff had a group of people they would assist with reviews of their care. The management team had recorded the dates for these so that they could see the progress made and take action if reviews were delayed. We noted that records showed differing review dates for people's assessment of risk and their plan of care. We discussed with the management team the importance of linking both pieces of information together to ensure that changed support needs and risks were robustly assessed. They agreed to review the process to improve the way the assessments guided the planning of care.

People and their relatives were confident that the agency would deal with any concerns or complaints they had. They were satisfied that the registered manager dealt with any issues properly. For example, one person described to us how they had raised issues about the way they were supported. They said, "You only have to say about something and they act immediately." They went on to tell us how the manager had been

to see them with a senior member of the care team and, "They looked at what was wrong and sorted it out."

A relative commented, "If there had been any complaints I would raise them. We can talk informally and any minor things get sorted out really quickly." All of the nine people and one relative who completed surveys for us said that they felt staff at the care agency responded well to any complaints or concerns they wanted to raise.

We reviewed records of complaints and suggestions and found that there had been three. The owners of the agency had reviewed the nature of the complaints to see if there was a developing pattern. However, the issues raised were unrelated. We were satisfied from reviewing the information ourselves that this was the case. There had been no recent complaints raised. Records showed what action the management team took to resolve the complaints.

Good

Is the service well-led?

Our findings

At our last inspection in March 2015, we found that the service was not consistently well-led. Systems for assessing the quality and safety of the service people experienced were not robust in assessing where improvements were needed. The management team were not considering people's views in driving improvements. Improvements that had been made in response to earlier inspections had not been sustained. The provider told us what they would do to improve. At this inspection, we found that they had taken action.

The Provider's Information Return sent to us showed that they had identified for themselves where further improvements were necessary and had plans to address these. We found that the information it contained about the systems they had introduced since our last inspection was accurate. For example, we could see that a staff newsletter had been introduced to help keep staff up to date and involved in the way the agency was operating. They had taken action to ensure that staff were given guidance about policy changes and to ensure they were aware of what happened at staff meetings if staff were not able to attend.

The management team had made improvements to record keeping, ensuring that records were up to date and reviewed regularly. We discussed with the registered manager how streamlining the process would make it less onerous, more consistent and less subject to omissions. However, we noted that staff did not always follow best practice when completing their daily records. Some staff were leaving gaps in the records, creating the potential for them to make entries retrospectively or to alter them in some way. We found that one person's records did not consistently show their acceptance or refusal of additional, flexible weekly support that had been arranged. This meant that the management team could not easily show to commissioners that they had fulfilled the contract. They could also not be sure, for rota planning purposes, what hours had been 'banked' for future use. We raised both of these issues with the management team who accepted the need to look at record keeping practices as part of their ongoing improvement plan.

The provider had secured a consultant to provide support and mentorship to their new registered manager and the senior staff team. We could see that improvement had been made in response to the consultant's audit and suggestions. The registered manager described anxieties at assuming their first management role in a service that needed to make wide ranging improvements. They said that the mentorship meant they had a clearer understanding of their first management position and described it as motivating them to improve and consolidate those improvements.

We noted that the provider had purchased an external company's system of policies, procedures and audits to help in the operation of the service. We noted that they had not yet tailored some of these to be more specific to this service; the management team were still learning where to find information in the extensive manuals they had. They were aware of further improvements they needed to make. We found that the system, once fully operational, would provide for more consistent audits in relation to such things as care plans and involvement in people's finances. The management team had already started to implement some of the other quality assurance and monitoring systems the company's guidance suggested were appropriate.

People using and working in the service were given opportunities to express their views and could do this anonymously if they wanted to. Action was taken in response to suggestions or concerns, where practicable and people received feedback about what the management team had done.

People using the service told us that they received questionnaires from time to time to ask them what they thought. One person told us how a relative helped them to complete theirs. The company secretary explained that the consultation process now reflected the key questions that we ask about services. They aimed to review different aspects of the service three times a year, with a survey to everyone using the agency.

The first survey of this type was from October 2015 and looked at whether people felt the service was safe. The provider carried out a further survey in February 2016 to look at whether people found the service to be caring and effective. They recorded the action they had taken in response to issues one person raised, showing that they acted on people's concerns or suggestions. We reviewed the responses to the surveys, which showed people were very satisfied with the service they received.

Actions were taken in response to people's suggestions and these were recorded. This included following up issues with staff at staff meetings as a group, or offering individual supervision to staff if that was appropriate. The company secretary explained that people had suggested that one survey itself was a bit long. They had considered this and shortened it. They had also taken action in response to one person's suggestion that the format of the new rota was difficult to read. They had arranged with their software provider that the font and shading on this was altered to make it easier to read.

The provider's company secretary told us how the management team aimed to meet with staff four times a year and surveyed the staff team for their views at other times. We noted that staff survey responses in June 2015 raised concerns that were consistent with those we found at inspection two months before. These were about the lack of training, lack of supervision, insufficient induction and poor teamwork. Staff meeting minutes showed that the provider had discussed these issues with staff and provided feedback about the action they would take. A further survey completed in October 2015 showed increasingly positive comments. Action they said they had taken to improve was consistent with what we found at this inspection and further improvements in training and support had been made since that survey.

People using the service expressed a high degree of confidence in the registered manager. People and a relative told us how much they felt the service had improved. For example, one person said, "I can always contact [manager] if there is a problem and I don't have to worry any more about it. She arranges things. It's brilliant, so helpful. I don't think they could get anyone better." They went on to tell us, "I'd recommend them [the agency] to anybody and I don't do that lightly."

A relative told us how they had raised concerns in the past and felt that they got no response or feedback unless they spoke to the director. They told us how much they felt things had improved recently. They said, "It's very good. We get consistent carers now. I can go and speak to the manager. [Manager] is very approachable and came from care so is good at the job. I have had no reason to complain since they came to the job."