

Nestor Primecare Services Limited

Allied Healthcare Leeds

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?	Requires Improvement ●

Summary of findings

Overall summary

Allied Health Care Leeds is a domiciliary care agency that is registered to provide personal care and support to people in their own homes. The service provides assistance to a variety of groups of people, including those nearing the end of their lives, those with long term complex health issues, support for when family or carer required a respite break from their caring duties, together with general personal care support to people in their own homes.

The people who required support with complex health and end of life issues were supported by nurses employed by the service to assess their needs and provide clinical training to care workers. At the time of the inspection there were 192 people were receiving personal care from the service.

This comprehensive inspection took place on 9 and 12 October 2017 and was announced on the first day. This was because we needed to make sure someone would be available to support with the inspection.

The service was last inspected in August 2016 when we found the provider was not meeting the requirements relating to specific regulations. These included delivering person-centred care, obtaining appropriate consent and following the principles of the Mental Capacity Act 2005, providing safe care and treatment, safeguarding people from abuse, managing complaints and governance. The provider sent us an action plan which they updated weekly, telling us the improvements they had made and what they still needed to make. At this comprehensive inspection we found satisfactory improvements had been made in all areas and the service was no longer in breach of the Health and Social Care Act 2008 (Regulated activities) regulations.

There was a registered manager who had been in post for five months at the time of our inspection. 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.

People's needs were being appropriately reviewed and we saw their care plans included information to enable care staff to deliver support in a person centred way and in accordance with people's preferences and wishes. Details in people's care plans were included about their medical conditions to help care staff support their needs with involvement from appropriate healthcare professionals when this was required. There was evidence a range of training had been provided to care staff to enable them to support people's complex needs and enable them to maintain a healthy diet.

People's consent had been gained and recorded appropriately and the service was working in line with the principles of the Mental Capacity Act 2005. People who used the service told us care staff involved them in decisions concerning about their support to ensure they were in agreement with how this was delivered.

People's needs had been assessed to ensure care staff knew how to deliver people's care and support in a safe way. We saw reviews of people's care and support had been undertaken and that their care records and risk assessments had been developed, including provision of relevant information to enable care staff to deliver people's support in a safe and managed way. We found care staff had signed people's medicines administration records accurately to demonstrate these had been administered to people as prescribed. We saw evidence people's medication records were being audited to enable potential errors to be highlighted, together with medicines management training for care staff and checks of their skills to ensure they were competent to safely carry out their roles.

Safeguarding incidents and accidents were being effectively monitored by the registered manager, together with action taken to investigate these when required, in order to minimise them from reoccurring. We found care staff had been safely recruited to ensure they did not pose a risk people who used the service. We saw evidence of on-going recruitment of staff to ensure the needs of the business were appropriately met.

People's complaints were acknowledged, responded and investigated in a timely manner. We saw evidence people's complaints were being monitored by senior management to ensure areas of concern were addressed and action taken to make improvements where this was possible.

We saw internal governance systems had been developed since our last inspection and saw evidence these were monitored to ensure actions were undertaken when required. This included reviews of people's care and support, responding appropriately to people's concerns and safeguarding issues and the development of staff support arrangements. We were told improvements had been introduced by the registered manager to simplify the office functions to ensure staff were clear of their roles and responsibilities, however we found these had not yet been fully implemented.

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.

Care staff had been safely recruited and knew how to recognise and report episodes of potential abuse and these were appropriately investigated, with action taken to minimise them from reoccurring.

Risks to people were assessed to ensure care staff knew how to manage these appropriately and keep people safe from potential harm.

People received their medicines as prescribed by care staff who had received training to ensure they administered these to people in a safe way.

Is the service effective?

Good 

The service was effective.

Care staff understood the principles of the Mental Capacity Act 2005 and decisions concerning people's support were made in their best interests to ensure their human rights were promoted.

A range of training was provided to enable care staff to be supported and ensure they had the skills and competencies to carry out their roles.

Care staff encouraged people to maintain a healthy diet and their medical conditions were supported with involvement from healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported by care staff in a kind and compassionate way.

Care staff demonstrated a good understanding of people's needs and their preferences for how their support was delivered.

People were supported to be as independent as possible and their needs were respected to ensure their wishes for privacy and personal dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed and they were consulted about these to ensure their support was personalised to meet their needs.

People's concerns were investigated and they were provided with information to ensure they knew how to raise a complaint.

Is the service well-led?

Requires Improvement ●

Some elements of the service were not always well-led.

Improvements had been introduced to ensure office staff were clear about their roles and responsibilities, although we found these had not yet been fully implemented.

Systems were in place to enable the quality of service delivered to be monitored.

People who used the service were able provide to feedback in surveys and reviews of their support to enable the service to improve and develop.

Allied Healthcare Leeds

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to ensure improvements had been made since our comprehensive inspection in August 2016, as well as provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 9 and 12 October 2017. We gave the provider 48 hours' notice because this location is a domiciliary care service and we needed to make sure there would be someone available to answer our questions and support the inspection.

The inspection was carried out by an adult social care inspector who was supported by two experts by experience by making phone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit we asked the provider to complete 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 also reviewed all the information we held about the service, including on-going safeguarding investigations, statutory notifications and incidents affecting the safety and well-being of people sent to us by the service. We contacted the local authority and Healthwatch to find out their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Prior to the inspection we sent out surveys to people who used the service, their relatives and staff. The results from these was mixed, with positive comments from people who used the service and relatives in relation to the quality of the care staff, but expressing levels of dissatisfaction concerning the operation and management of the office systems, although people said this had improved in recent months.

During the inspection we made a visit to the provider's office and met the regional director and the registered manager, together with a regional training manager, a care quality supervisor, a service delivery

manager, two clinical lead nurses and a scheduler who were based there, together with three care staff who we met when they were making their calls.

We looked at the care files belonging to six people who used the service, including their medication administration records together with a selection of documentation relating to the management and running of the service, such as staffing records, quality audits, minutes of meetings and performance reports.

We made a visit to two people who used the service during our inspection to ask them about the quality of provision they received. The experts by experience contacted 15 people who used the service and 13 of their relatives by phone to obtain their views. Following our inspection we subsequently spoke with a further seven care staff by telephone, together with a relative who contacted us to pass on their views.

Is the service safe?

Our findings

People who used the service spoke highly of the quality of their care staff and said they felt safe and trusted them. People's comments included, "Without a doubt, I am safe at all times with the care workers", "Yes, I am fine, I feel comfortable with the care workers", "Oh yes, I have no problem with safety; the care workers are nice" and "I have no problem with the care worker that comes."

Relative's confirmed overall satisfaction with the service and their regular care staff. Relatives comments included, "He's definitely safe; I don't know where we'd be without them [staff]", "Absolutely, there are no issues with safety for my relative", "My relative is extremely comfortable with their care worker", "They are fine, my relative likes them. They arrive on time, it's usually the same two people", "Their timing is excellent", "Our care worker is on time all the time, she completes all the tasks" and "Yes, with the current care there are no issues."

Some people and their relatives advised of frustrations due to scheduling changes in their rota's and communication with the office, which meant they were not always certain which care staff would be supporting them. One person told us, "They change the rotas at the last minute, this is not fair. They never asked me." Another person commented, "I have two carers for each visit; it's okay if you know one of them. The rotas are never correct, I often find someone has been moved to another job or are off duty. So rotas are more of a guide."

At the last inspection in August 2016, we found the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified the systems in place to manage peoples prescribed medicines were not robust enough to ensure people received their medicines safely as prescribed.

At this inspection, we found improvements had been made to ensure the service was now compliant with this regulation. There was evidence people's support needs with taking their medicines had been assessed. We saw information about this had been included in people's care files to ensure care staff had accurate details about this. We observed an unannounced spot check of care staff that was carried by a care quality supervisor, to ensure they were meeting people's needs in a safe way. When we visited the homes of two people who used the service, we saw care staff had maintained an up to date and accurate list of people's prescribed medications, including administration times and dosages for these. We found medication administration records (MARs) were in place for people, which had been accurately completed to show support that care staff had provided. Where people required support with 'as and when required' (PRN) medication, we saw clear guidance was available on how care staff should give this, including use of topical products such as ointments and creams. We found care staff completed training on the safe use and administration of medicines and had their competencies for this checked to ensure their skills were safe.

People and their relatives told us care staff supported them to take their medicines as prescribed. Their comments included, "They are definitely good carers; they treat me properly. I definitely feel safe, they speak

to me nicely and nothing's ever too much. They always wear gloves and aprons. I have some PRN creams and I will let the carers know when I need them" and "The carers are good and my medication is always on time." A relative said, "They handle all the medication for my relative; they are really attentive and spot on."

At the last inspection in August 2016 we found the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that assessment of risk and identification of control measures for people were not always adequate to provide care staff with the information they needed to support people safely.

At this inspection, we found the service was now compliant with this regulation. We found people's care plans contained a variety of assessments about known risks, such as those associated with skin integrity and pressure care, nutrition, moving and handling and potential falls. We saw that risks associated with people's environment had been undertaken to ensure care staff knew how to keep people safe. There was evidence people's needs had been reviewed to ensure their care plans and risk assessments were up to date and that care staff had accurate details about this.

Care staff undertook 'early warning signs' training to help them assess potential changes in people's health and well-being. We saw evidence of checks carried out to ensure appropriate support was obtained for people when this was needed.

At the last inspection in August 2016, we found the service was in breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the systems in place to manage safeguarding incidents were not effective enough to ensure people were protected from harm. We found safeguarding concerns had not always been correctly recognised or reported to the Care Quality Commission (CQC) as required.

At this inspection, we found the provider had made improvements to ensure the service was now compliant with this regulation. There was evidence the registered manager understood their responsibilities to report safeguarding issues. We found the registered manager maintained a close scrutiny of incidents and accidents, including missed calls to people and submitted notifications to the local authority and the CQC about these. There was evidence the registered manager investigated safeguarding incidents when required to do so and took action to ensure lessons were learned and improvements made when things went wrong. We saw evidence of communication with people who used the service in order to share the outcomes of safeguarding investigations, together with meetings with staff to discuss issues that had been raised and the instigation of disciplinary measures when this was required.

Care staff confirmed they completed safeguarding training to ensure they were able to recognise issues of potential abuse. Care staff understood their duty to 'blow the whistle' on issues of poor practice and were confident the registered manager would take appropriate action to follow these up. Prior to the appointment of the registered manager, we received a whistleblowing allegation from a member of staff, concerning a number of missed calls and staff attending calls on their own, when two staff had been required. We asked the provider to investigate this allegation and subsequently received a notification from them substantiating this concern and providing a full explanation of the actions taken to prevent a reoccurrence.

The registered manager advised there were enough care staff to meet the needs of people who used the service. We saw evidence of on-going recruitment to ensure there were sufficient staff available to cover the needs of the business. We were told an electronic system was used to monitor staff calls to enable time critical, late visits or missed calls to be identified. The registered manager described improvements being

made to this system to enable it to be more effective, together with the introduction of a staff recognition scheme to help improve staff retention.

There was evidence appropriate recruitment procedures had been followed to ensure new staff did not pose an identified risk to people who used the service; this included obtaining clearance from the Disclosure and Barring Service (DBS). The DBS complete criminal background checks and enable organisations to make safer recruitment decisions. There was evidence that references of potential employees were appropriately followed up, together with checks of their personal identity and past work experience, to enable unexplained gaps in employment history to be explored before an offer of a job was made.

Contingency arrangements were in place to enable people to make contact with the provider in case of emergencies. There was an on call system to ensure people and care staff were supported should an emergency occur. Policies and procedures were available to guide staff and ensure they were safe when working alone. Care staff received training to ensure people's health, safety and welfare was appropriately promoted. Care staff confirmed they were issued with uniforms and identity badges, together with personal protective equipment, such as aprons and gloves to enable them to promote infection control measures.

Is the service effective?

Our findings

People who used the service told us care staff supported them to live their lives in the way that they choose. People told us that overall care staff were well trained and communicated with them well, to ensure they were happy with the way their support. People's comments included, "The care workers know what they are doing; they always ask my permission before they do anything", "Yes of course, they know exactly what they are doing, they always ask me for my consent" and "The care worker is very good, she is careful when she is doing tasks, she stays for the whole time, she is good."

Speaking about improvements made since our last inspection a relative told us, "Things are more settled now, more stable. Rotas are sorted out and staff turn up on time. We get more capable staff now." Another relative stated, "At one time we had some carers who weren't up to the job. One kept falling asleep; they were reported by another carer. We have a much better quality of life now the carers are in. We have a pretty good routine now."

At the last inspection in August 2016, we found the service was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems and arrangements to ensure the Mental Capacity Act 2005(MCA) was effectively used during assessment and care planning process for people were not robust.

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 be as least restrictive as possible. For people living in the community the application process for this would be made to the Court of Protection.

At this inspection we found the service was now compliant with this regulation. We checked whether the service was working within the principles of the MCA and found people's liberty was not being restricted. We saw improvements had been made to develop assessments under the MCA and found people's consent had been appropriately gained for their care plan arrangements. We saw care staff had been prompted to complete a formal assessment of people's capacity to make decisions and obtain a best interest decision for this when it was required.

There was evidence care staff had received training on the MCA and understood the principles for this. We observed care staff had a good understanding about the importance of gaining consent and agreement from people about their support. People who used the service told us care staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. They told us care staff listened to them and were adaptable and fitted around their lifestyles

People's care files contained a range of support plans to address their needs and medical conditions. We found liaison and involvement with health and social care professionals in the community took place when this was required. People told us care staff supported them to maintain a healthy diet. Care staff confirmed training on nutrition and food safety had been provided to ensure they were aware of safe food handling techniques.

At this inspection we saw the service had continued to provide training to ensure care staff kept their skills up to date. We found a programme of induction was available for new staff that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Care staff files contained certificates for completed courses on a variety of topics, including safe handling and administration of medicines, safeguarding people from harm, moving and handling, nutrition, health and food safety, first aid and infection control. We saw specialist training on the specific needs of people who used the service was delivered. For example; for those people who were living with dementia.

There was evidence the service had developed its programme of support for care staff since our last inspection. We saw documentation in staff files of regular supervision and appraisals of the skills to enable their performance to be monitored and help them to develop their careers. We found observations of staff skills took place in unannounced spot checks and coaching sessions, to ensure they delivered people's support in a safe and professional way. However, one person told us they felt staff training could be further improved. They told us, "This is an icy area, the young ones are not experienced, they need more training, I have to talk them through what to do, some girls are nervous as they are not used to changing a super pubic dressing."

Care staff told us they enjoyed their work and received good support from management. A member of staff told us, "The training delivered by the branch trainer is one of the best I have come across while working in the care sector in Leeds. I have found it to be very thorough and it is reinforced with regular updates." Another commented, "As a care worker we are given regular update training and are spot checked to ensure we are undertaking our work in a safe manner and following the guidelines that are in place."

Is the service caring?

Our findings

People who used the service and their relatives were positive about the caring approach from care staff. They told us care staff involved them in the planning and the delivery of their support and helped to maintain their independence whilst upholding their personal dignity and human rights. Some people however told us communication with them by the office should be improved.

People's comments included, "My care worker is very good, they are kind and caring at all times, there is no issues with the care at all", "I am extremely happy with the care workers, they are brilliant", "I have no issues with the care my care worker provides, she is good at what things she does for me" and "The care worker I have is wonderful, I am with this company because of [Name of care staff]."

Relatives were equally positive about the quality of the care staff. Their comments included, "We are extremely happy with how the care workers look after our relative, they are kind, caring and nice people", "My relative really looks forward to seeing [Name of care staff], he makes him laugh, he's so friendly and caring", "My relative is very happy indeed. They are very relaxed in her company, she eats when the care worker comes; she never used to do that before", "We would be lost without the care worker, she is brilliant, she makes him laugh, she has a great relationship with [Name of relative]."

People who used the service confirmed care staff respected their needs and told us they had developed positive relationships with their regular care staff. People told us care staff carried out their roles in a courteous and friendly way. They said care staff involved them and listened to them about issues concerning their personal support to ensure it was delivered in accordance with their wishes.

People told us they were provided with information to help them to know what to expect and who to contact in emergency situations if they required. We saw that information in people's care records contained assessments about their personal preferences and histories, together with details about a range of their individual social, religious and cultural beliefs to ensure their dignity and wishes were respected and promoted.

Care staff told us about training they had received that focussed on the importance of maintaining people's independence, dignity and privacy. Care staff were familiar with people's preferences for their support. Care staff demonstrated a good understanding about the importance of upholding people's confidentiality and there was evidence information about people was securely held by the service.

There was evidence people were supported by the service at the end of their lives to have a comfortable, dignified and pain free death. One person told us they had a consistent team of four regular care staff, who provided end of life care for their relative in a considerate and compassionate way. They told us care staff upheld their relative's privacy and dignity and treated them with great respect. They said, "I am most definitely happy with the care that is delivered. They take great pride in making sure their appearance is good and well dressed." They went on to tell us how care staff maintained their relative's personal dignity

and promoted their wellbeing. Commenting about this they told us, "They are very careful to give privacy when it's required and wait outside the toilet until they have finished. They do their hair and make sure they look nice and are very patient and kneel down when they speak with them. They also encourage them to walk, but recognise when they are unwell."

Is the service responsive?

Our findings

We received mixed views from people about how well the service was organised to meet people's needs. Whilst people told us they were involved in decisions about their support, some people told us they were uncertain whether their concerns would be appropriately dealt with due to frequent changes in office arrangements.

One person told us, "The carers are good, they always work around me to sort my needs." Another commented, "I am very satisfied with the service, visits are always regular and staff turn up at reasonable times. They always show me what to do and always take time to explain things to me."

Other people however commented, "I have found the carers well trained, but the office and administration is poor and unreliable" and "I do have a few issues, the care workers are brilliant but the office well, some take on board what I say, some do not. I had issues with the call times. This has now eventually been sorted out.

A relative told us "I made so many complaints that weren't dealt with; I now attend every meeting that relates to my relative to ensure the quality of care continues."

At the last inspection in August 2016, we found the service was in breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not contain full and person-centred details and were not always appropriately reviewed to ensure they met their changing needs.

At this inspection we found the service was now compliant with this regulation. There was evidence systems had been developed to ensure people's care plans were reviewed and updated when this was required, to ensure they accurately reflected people's care and support needs. We saw that log books which documented support provided to people were regularly submitted to the office or reviewed at spot check visits, to ensure changes in their needs were identified and action taken to update their care plans.

People confirmed they were involved in the process of planning their care and support and were included in decisions about this. People's comments included, "They have reviewed my care plan last week", "The management do come and review my plan frequently", "I have had my care plan reviewed; someone from the office came to look at it" and "The care workers do look at the care plan; I remember management have also checked it." Speaking about the process of reviewing people's needs relatives told us, "They have recently drawn up a new care plan for us. They asked us questions and it really felt they were putting my relative at the centre of the care", "The care plan has been updated recently, they do talk to us about his care and they get us involved" and "We discussed the care plan with management in July; they are good with advice."

There was evidence people's care plans contained information about their personal interests and preferences for their support to ensure this was delivered in accordance with their wishes. We saw on

occasions some supplementary information on people's care plans had not always been fully completed. We spoke with the registered manager about this and saw they had arranged a meeting with staff to ensure this issue was addressed.

At the last inspection in August 2016, we found the service was in breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because when complaints were received, the provider's policy was not always followed when handling them. People did not have robust information about the complaints process.

At this inspection we found the service was now compliant with this regulation. We found action had been taken by the registered manager to ensure people's concerns were addressed in a timely manner. We reviewed the complaints that had been received by the service. We saw people's complaints were logged on internal IT system and actively monitored by the registered manager, to ensure they were appropriately followed up and processed in line with the provider's complaints policy.

There was evidence when a complaint had been made to the service, a letter of response was sent providing details of the investigation and response timescales for addressing the concerns. We saw that where a response had been delayed, the complainant was informed of the reasons for this and it was recorded on the provider's computer system, together with analysis of complaints received.

We found that information was provided to people about the complaints process when they commenced use of the service. Whilst most people we spoke with were aware of these details, some people told us they felt their concerns were not always taken seriously. We saw evidence that since their appointment the registered manager had taken action to improve office management arrangements for this. We found office staff were now being monitored to ensure they responded to people in an appropriate way. We saw that action had been taken to address issues when poor staff practice had been identified, together with meetings with people to enable their concerns to be addressed. The registered manager told us, "The root cause behind the complaints was due to instability within the staffing structure in the branch and nobody being managed correctly under previous management."

Is the service well-led?

Our findings

We received mixed views from people who used the service, their relatives and staff about how well it was managed. Some people told us they were happy with the service. Their comments included, "It is a well-run company", "We are very happy with the care this company provides" and "A very professional, approachable company."

Other people told us communication with them by the office needed to improve. Their comments included; "The office is rubbish, their communication is poor", "You can phone the office, but you never know who's in charge" and "The carers are well-trained in my complex needs and do a good job, but the office side is not good at all i.e. communication."

At the last inspection in August 2016, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems used to monitor the service were not robust or effective enough to ensure the health, safety and welfare of people who used the service.

Following the last inspection, the provider sent us weekly updates that demonstrated objectives for achieving compliance. Whilst there was evidence of good progress with this and we found the service was now compliant with the above regulation, we have judged the actions taken by the provider need further time to be fully embedded. This was because changes currently being implemented to improve the management of office arrangements had not yet been fully implemented.

Following the last inspection, the previous manager left the service and a new manager registered for this position, three months prior to our inspection. We found the registered manager had a wealth of experience and qualifications and was aware of their responsibilities. The registered manager told us they maintained their knowledge by attending network meetings in the care sector and undertook further training when this was required.

We saw that audits of people's care plans, daily notes and staff performance were routinely carried out with action taken by a care quality manager to remedy any shortfalls when this was required. We found people's medication records were returned to the office regularly, to enable them to be audited and checked to see that people had received their medicines as prescribed and that care staff had completed them accurately. We saw a quality team for the provider had recently audited the service and developed an action plan, which was updated weekly to highlight progress and identify shortfalls, where these were noted. The registered manager told us they had recently attended a Care Quality Commission (CQC) training session on the provision of medicines in domiciliary care settings, to ensure they were aware of developments in the sector. There was evidence that incidents, accidents and other notifiable events that occurred had been correctly submitted to the CQC. We saw that late or missed calls and complaints were logged on the provider's computer system, together with a root cause analysis for these. This enabled learning to be gained and helped the service to develop.

We found the registered manager was supported by regular visits from a regional director, together with internal management staff who also checked the service for compliance. Administrative systems were in place to support the service, including, a regional trainer, care quality supervisors, care delivery managers, schedulers and office administrative staff.

At our last inspection in August 2016, we found that quality assurance systems were not effectively administered due to instability amongst the office staff team. At this inspection, we saw the registered manager had introduced improvements and was in the process of implementing a transformation programme for staff, including workshops and coaching sessions to simplify reporting lines, roles and responsibilities. A member of staff told us, "[Registered manager's name] has made positive changes and put structures in place."

There was evidence the service operated an inclusive culture that encouraged staff to question their practice and ensure communication was open and constructive. Staff told us about meetings they attended to ensure they were provided with clear direction and leadership. Staff told us the registered manager was supportive of them. We found that work had been carried out to develop the frequency of staff supervision meetings to ensure staff were effectively supported. We saw a monthly staff newsletter had been introduced, together with a staff recognition scheme, to enable good practice to be celebrated. A member of staff told us, "The manager is really good. We are allowed to ring them for any kind of help." Another member of staff commented, "The new branch manager appears to be very approachable and communicative."

People who used the service confirmed the registered manager had an approach that was based on listening to their views. We found that surveys and spot checks were used to ensure the service was meeting its operational objectives and to enable people to provide feedback on service provision. One person told us, "We have done surveys; I do not know what I would do without the care workers they provide." The registered manager told us, "Using our quality assurance processes we are able to review care plans effectively, and receive any feedback from customers via the care plan review, quality reviews, telephone reviews, and customer satisfaction surveys." We saw that action plans were developed to highlight areas where the service needed to further develop.