

PCS (Personal Care Services) Limited

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Inspection report

Suite 6 West Lancashire Investment Centre
Maple View, White Moss Business Park
Skelmersdale
Lancashire
WN8 9TG
Tel: 01695 553930
Website: www.personal-careservices.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

PCS (Personal Care Services) Limited is a domiciliary care agency that provides care and support to people in their own homes. At the time of the inspection there were approximately 70 people who used the service. The agency provided support to people with a range of care needs, which included older people, people living with dementia and people with physical disabilities.

This inspection took place on 6th March 2015. The provider was given 48 hours' notice that the inspection was going to take place. We gave this notice to ensure there would be someone available at the agency's office to assist us in accessing the information we required during the inspection.

Summary of findings

This was the first inspection of the service since its registration in December 2013.

There was a registered manager in place at the service, who was also the provider. 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.

The majority of feedback we received from people who used the service was very positive. People expressed satisfaction with their care and spoke highly of care workers, office staff and the registered manager. Their comments included, "I would recommend them. I have already told some people about them." "I think they rate as good to very good." "I think that we've now come to find an excellent carer from them. We used to get different people, but now we've got one who is really good. He's the best."

We received comments from three community professionals, which were all positive. Each of the professionals expressed satisfaction with the service and told us they found the service professional and reliable.

Where people expressed dissatisfaction, this tended to be in relation to one of two areas – punctuality and consistency. A number of people we spoke with told us their care workers were sometimes late and others felt they received too many different carers. We noted the registered manager had identified these two themes as areas for improvement and had started to take measures to address them. This demonstrated the registered manager listened to feedback from people who used the service and acted upon it.

People felt they received safe and effective care and had confidence in their care workers.

There were processes in place to ensure staff were aware of any risks to people's safety and wellbeing and individual guidance was in place to assist staff in supporting people in a safe and effective manner.

Arrangements for supporting people with their medicines were not adequate. We identified concerns in relation to risk assessment and care planning for people who required support with their medicines. In addition,

medication records were found to be unclear and in some cases, not completed to a satisfactory standard. This meant people were at risk of not receiving their medicines in a safe manner.

Staff were carefully recruited and a number of background checks were carried out, to help ensure they were of suitable character to work with vulnerable people.

In general, a good level of training was provided for care workers. However, people who used the service felt that new staff were not always well equipped and were less confident. In addition those people with more complex needs, felt some care workers, who supported them did not have the additional skills required to support them. The registered manager had taken steps to address these issues however, by improving the induction provided to new staff and putting arrangements in place for staff to receive training from an in-house qualified health professional in more complex health care areas.

People who used the service and staff spoke highly of the management team, describing them as approachable and supportive. People told us they felt able to raise concerns and were generally confident any concerns they did raise would be addressed.

Formal systems for monitoring quality and safety across the service had not been properly implemented at the time of the inspection. This meant that some opportunities to identify potential improvements had been missed, although the registered manager was able to demonstrate that she encouraged and acted upon feedback from people who used the service.

Whilst we found a number of areas which required improvement, the registered manager was able to provide evidence that she had also recognised them, and in most cases was also able to provide evidence that she had started to take action to address them.

We found that the registered person had not protected people against the risk of people receiving their medication in a safe manner. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Arrangements for supporting people with their medicines were not adequate to protect them against the risk of unsafe medicines practice, although people told us they felt care workers managed their medicines safely.

Staff we spoke with were aware of their responsibility to protect people from abuse. Staff told us they were confident to report any concerns to their managers.

Staff were carefully recruited to help ensure they were of suitable character to work with vulnerable people.

Requires improvement



Is the service effective?

The service was not consistently effective. People felt able to discuss their health needs with staff. However, people were not always confident that staff had the skills to meet their individual needs, where these needs were more complex.

The service worked in accordance with the Mental Capacity Act 2005 so that the rights of people who did not have the capacity to consent to any aspects of their care were protected.

Requires improvement



Is the service caring?

The service was caring. People received care that met their needs and that was based on their personal wishes.

People who used the service were treated with compassion and their privacy and dignity was respected.

Good



Is the service responsive?

The service was not consistently responsive. In general, people felt they received a reliable service that met their needs. However, a number of people expressed concerns about the consistency of staff and punctuality.

People were encouraged to express their views about their own care and the service as a whole.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Requires improvement



Is the service well-led?

The service was not consistently well led. Systems for monitoring quality across the service were not fully effective, although we saw evidence the registered manager was in the process of improving them.

Requires improvement



Summary of findings

There was a well-established management structure and clear lines of accountability, so people knew who to contact if they required any advice or guidance.

PCS (Personal Care Services) Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 6th March 2015. The provider was given 48 hours' notice that the inspection was going to take place. We gave this notice to ensure there would be someone available at the service's office to assist us in accessing the information we required during the inspection.

This was the first inspection of the service since its registration in December 2013.

The inspection team consisted of a lead Adult Social Care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for someone who used services for older people.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us 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 spoke with 14 people who used the service or their main carers. We spoke with nine staff members, including the registered manager, the training manager, the administrator and six carers. We consulted local authority commissioners and three community professionals who supported people who used the service and received three responses.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe when receiving care and support from the agency staff. One person told us, “They don’t rush me. I always feel safe and relaxed with them and I feel at ease.” Another said, “I certainly feel safe and relaxed with them all.”

People said they had confidence in the care workers to provide safe and effective care and described them as reliable and trustworthy. People’s comments included, “I can trust the staff with money left about. I left a fiver on the floor and they found it for me.” I always feel relaxed and safe when they are here, and yes, they are on time.” “The care staff are easy to get on with and two girls have stayed on with me from my last agency. They make me feel at ease.”

We viewed a selection of care plans belonging to people who used the service. We found there were processes in place to assess any risks to their safety and wellbeing, for example in areas such as nutrition or falling. Where risk was identified, there was guidance in the person’s care plan in how to support them in a safe manner.

Care workers we spoke with demonstrated good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of people they supported. Most staff felt they received a good level of information about people’s individual care needs and risks to their safety or wellbeing, although one care worker felt this was not always the case. This care worker felt more detailed information would be useful, prior to them supporting a person for the first time. This comment was passed on to the registered manager.

People who used the service were aware of their rights and the responsibility of the agency staff to safeguard them from abuse. People told us they would be comfortable in raising any issues they were concerned about with the agency. People said staff took the time to provide their care properly, safely and with dignity and no one we spoke with felt they had ever been supported in an unsafe manner.

The service had policies and detailed procedures in place in relation to safeguarding children and vulnerable adults. We saw this information included clear reporting procedures and described the roles of other agencies such

as the local authority. Information such as how to recognise signs of abuse was also provided to staff to help ensure they were able to identify concerns and take the correct action.

All the staff we spoke with were fully aware of the service’s safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. Staff were also aware of the service’s whistleblowing policy and all those we spoke with felt able to raise concerns with the registered manager. Staff told us they were confident the registered manager would deal with any concerns appropriately.

Some people we spoke with received support from care workers to take their medicines. People who received this support confirmed this was done according to procedure and properly recorded. One person commented that they were very confident in staff to help them with their medicines and said they would even be happy for the care workers to do their injections (but they knew this was not allowed). Another person described how staff guided them to take their ‘as required’ medicines at the right time, to help ensure their blood pressure was regulated.

We viewed the care records for some people who were supported by agency staff to take their medicines. We found in some cases, there was no specific risk assessment or care plan in place for this area of support. One of the people whose care we tracked required a lot of support in relation to her medicines. In addition, some of her medicines were prescribed as a variable dose, which meant there was an increased risk of mistakes. In these circumstances, there should have been a very clear plan in place providing detailed guidance to staff to ensure they were fully aware of the support required and how to manage the variable dose medicines safely. However, we confirmed such a plan was not in place.

We found another example of unclear records and information in relation to support with a person’s medicines. In this case, the person’s medicines were sometimes administered by care workers from the agency but at other times were administered by the person’s family members. These records were confusing and not at all clear, which meant there was an increased risk of mistakes, potentially resulting in the person not receiving their correct medicines.

Is the service safe?

Some records relating to medicines administration were found to be generally unclear, for example in relation to medicines prescribed on an 'as required' basis. We also found some examples of unexplained omissions on people's medicines records, which meant it could not be confirmed if they had been given their medicines at the correct times.

Through discussion with the registered manager, we confirmed that the agency had no formal systems in place to audit the management of medicines across the service. This meant that medication errors would not always be identified and opportunities for improvement of medicines management were missed.

We found that the registered person had not protected people against the risks associated with the unsafe management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People reported that the agency was generally reliable and had no concerns regarding care workers failing to attend. Most people felt they received their support from consistent care workers, although some we spoke with felt they had experienced some inconsistency at times.

Care workers we spoke with told us they found their rotas were generally manageable, but also said they sometimes felt short staffed, especially at weekends. One care worker commented, "We have so many calls to cover, sometimes you feel like you are meeting yourself backwards, but we get through them all." Another told us, "Weekends are the busiest. They expect a lot of you."

We discussed staffing levels with the registered manager. It was apparent that she had recognised staffing as an area for development and was in the process of making a number of improvements. These included the phasing out of 'zero hours' contracts and the reconfiguration of care workers areas, so as to improve consistency for people who used the service.

We viewed a selection of staff personnel files to assess the recruitment procedures used by the registered manager. We found the registered manager had carried out appropriate background checks, including references and DBS (Disclosure and Barring Service) checks, to help ensure people employed at the service were of suitable character. We were able to confirm that staff were not allowed to provide any care or support to people who used the service until the appropriate checks had been completed. This helped to protect people's safety and wellbeing.

Is the service effective?

Our findings

We spoke with people who used the service about the support they received to maintain good health. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. A number of people shared examples of support they had received from care workers to contact their GP or other health care professionals.

People's comments included, "They will point things out with me if we need the doctor to prevent problems and I can get the district nurses as well. They check things out with each other." "They prompt us to get the doctor. It all keeps dad healthier." "The care staff keep an eye on things and if I need any other help like the doctor or OT (Occupational Therapist), they let them know."

People's care plans included a medical history and details of any health care needs they had. This meant that care workers were aware of the support people needed and any areas of risks to people's health. We saw some good examples of joint working between the service and community health care professionals, which helped to ensure people received the care they required.

Where advice had been given by community professionals, for example district nurses or palliative care nurses, this had been incorporated in the person's care plan, so staff were aware of it. Other examples of community specialists the agency worked positively with included, physiotherapists, dieticians and speech and language therapists.

The service's standard assessment process included a nutritional risk assessment to ensure any individual risks relating to poor nutrition or hydration were identified and addressed. This meant care workers had guidance in how to promote people's safety through adequate nutrition and hydration. In addition, where a person who used the service was assessed as being at risk of poor nutrition or hydration, charts were implemented to enable care workers to record and monitor their intake on a daily basis.

We viewed the care plan of one person whose intake was being monitored due to their low weight and poor appetite. We saw that all their food and fluid intake was recorded,

including the specific quantities taken, so that an accurate picture was maintained. The records were regularly checked by senior care workers to help ensure any concerns could be quickly identified.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff demonstrated good understanding of the MCA and arrangements required to deprive people of their liberty when this was in a person's best interests. At the time of our inspection, there were no concerns about the capacity of any person who used the service to consent to their care. However, the registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected, if any such concerns were identified in the future.

We talked with people who used the service and where appropriate, their main carers about their views on the skills and knowledge of their care workers. The general view from these conversations was that regular staff seemed well trained and competent to do their work, but people were often less confident in newer care staff. Their comments included, "They seem well trained." "They are very good but there are a lot of new staff who do not know the job fully." "Some are very new and they don't have a clue but mostly they are ok and know what to do."

In addition, people whose loved ones required more complex care were generally less satisfied with the competence of staff. We spoke with one person whose relative had a PEG (Percutaneous Endoscopic Gastrostomy) tube in place for taking in food and fluids. They told us, "Some newer staff who call are still not trained to use the PEG feed. More don't know than do." We received a similar comment from a care worker we spoke with who told us they had sometimes attended a person with a PEG, despite the fact they were not confident in dealing with this.

Is the service effective?

We viewed the care plan of one person who lived with dementia. We saw that this person had some complex needs relating to confusion, anxiety and disorientation. We looked at the training records for staff who supported her and found two of the care workers who regularly supported the person had not received training in dementia care.

We discussed these issues with the registered manager. We were advised that a training audit and detailed review had recently taken place. The registered manager was able to give us a number of examples of improvements that were being made as a result of the review. These included the appointment of a qualified health care professional who worked at the agency on a full time basis to provide training in more complex areas of care, such as PEG management, oxygen therapy and stoma care. In addition, a number of care staff had been supported to obtain a diploma in palliative care.

The registered manager advised us that the reduction of zero hours contracts and increase of staff on contracted hours, was also part of the positive development of the workforce and in place to ensure a more consistent, well skilled staff team. This information was supported by some of the conversations we held with care workers. One care worker told us, "I have got my diploma and I've done absolutely loads of training. I am a specialist now in end of life care. All my visits are to provide end of life care."

Most staff we spoke with were very positive about the training provided at the agency. One person told us, "I found my induction really good, it covered everything I needed." Another said, "They are always doing drop in sessions at the office now they've got the nurse trainer. I have been to a few sessions they are very good."

We saw the agency had a detailed induction programme in place for all new staff, which they were required to complete prior to them supporting anyone in the community. This programme covered important health and safety areas, such as moving and handling and also included courses, such as safeguarding. We spoke with the

training manager at the service who was in the process of preparing the agency for the introduction of the new care certificate, which was due to be implemented. The training manager was clearly aware of national developments in training requirements and best practice.

Training records demonstrated that approximately a quarter of care staff held national qualifications in care. In addition, a further substantial number of staff were currently in the process of obtaining the qualifications. A number of care staff we spoke with told us they had been positively encouraged to undertake this training by the registered manager.

Processes were in place to ensure all staff had access to formal supervision on a regular basis. Supervisions were conducted through one to one meetings during which a staff member could meet with the manager and discuss areas such as training, development and performance and also through observed competences, where a staff member would be observed performing a particular task to ensure they were able to carry the task out safely and effectively.

The majority of staff we spoke with reported a good level of support from the management team. One staff member said, "I've been really happy with the support I get – professionally and personally."

Another told us that when they had become pregnant, the registered manager had immediately arranged for a pregnancy risk assessment to be carried out by a health care professional. Following this assessment, a support plan had been implemented for the staff member to ensure they were safe and well at work.

We noted that staff at the service had access to a health and wellbeing clinic run by a qualified health care professional. This was a confidential service for staff which they could access if they had any concerns or simply wanted to discuss any measures they could take to maintain a healthy lifestyle.

Is the service caring?

Our findings

We received consistently positive comments from people who used the service or their main carers about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received. Their comments included, “They are lovely girls. It’s all I’ve needed. Through my care I have a bond with them. We’re like friends.” “I love them. Absolutely love them. They are like family.” “They are never irritable, and they go out of their way to help me. They are like friends, part of my family.” One relative described how her loved one’s carer ‘saw him as a person, took time to listen’ and was ‘never condescending’.

People we spoke with often referred to the way that care workers respected their home and family life. ‘I’m not here all the time, so it’s very important that they are on time. The staff are always polite and respectful. Dad and they have a good chatty relationship and they seem to do things right. They respect Mum and the household as well.’ “They are respectful of me and my house and they ask me first if they need to go here or there.”

People described care workers as polite and respectful and told us they were treated with kindness and compassion. People felt their privacy and dignity was consistently promoted through the care and support they received. One person said, “It’s all done with dignity and safely and they do things properly. They check with me at each stage that I’m ok or ready for the next thing they are doing. For instance they dry me properly and very carefully.” Another told us, “There is some personal care and they are good at what they do. They help me get washed and dressed. It’s all done in a very dignified way, it’s very good.”

People we spoke with confirmed they had been involved in the development of their care plans. People felt their

opinions and wishes were taken into account and said the things that mattered to them were respected by care workers. One person said, “They checked it all out with me. I had my say about it all. I have the care plan and yes I was agreeable and they stick to it.” Another person we spoke with told us, “I prefer female staff and they have always respected that.”

There was information available for people about how to access local advocacy services should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people’s rights to make decisions about their care and support were promoted.

Some of the people who used the service were in receipt of end of life care. This area of care was provided in the main, by community health care professionals, with care workers from the agency providing additional support. In these circumstances, care plans were developed and regularly reviewed in partnership with the community health care professionals.

The registered manager had recognised the complex nature of this type of support and made a number of improvements to help to ensure people at the end of their life received consistent, effective support. This included the development of a dedicated team who had all been provided with additional training in areas such as oxygen therapy. In addition, the majority of the team had obtained nationally recognised qualifications in end of life care, with the remainder in the process of doing so.

We spoke with one carer from the end of life care team who was clearly very passionate about the role. She said, “We support people to remain at home with their families and be comfortable and safe. I need no other job satisfaction, what more could there be?”

Is the service responsive?

Our findings

Every person we spoke with could recall some form of care needs assessment taking place before they started to use the service. In addition, people we spoke with confirmed that reviews of their, or their loved ones', care plans took place periodically and resulted in any requested changes being made.

People we spoke with told us, "There was an assessment when it began. They listened to me and I got what was promised and I had my say about times and calls. They have checked up on it all, and they are sticking to that." "They came to see me and we went through the care plan. I had my say."

We viewed a selection of care plans during the inspection. We saw they contained information about all aspects of people's daily care needs, as well as any risks to their health or wellbeing. In all the care plans we viewed, we noted the views of people they belonged to and where appropriate their main carers, were taken into account.

In general, care plans were well detailed but we did find some examples where they were in need of further development. We viewed the care plan of one person who lived with dementia. This person had some complex needs in relation to anxiety, confusion and disorientation. Whilst her needs were detailed, there was very little guidance for staff in how to meet them.

We discussed this with the registered manager who advised us she was in the process of enhancing the care plans of people who lived with dementia, by way of implementing one page profiles. These documents contained much more detailed guidance for staff on how to support people with dementia related needs and included guidance around any anxiety or distress they may experience. The registered manager was able to show us some examples of one page profiles which had been completed but they had not been put in place for everyone at the time of the inspection.

Care workers we spoke with demonstrated good understanding of the needs of people they supported and in general felt they received a good level of information about people's needs before they started to support them. One care worker said, "We get a good brief about people

and have a good look at the care plan before we start." However, another care worker said, "Sometimes we go out with very little information, and the registered manager gets us to fill things in while we are there."

People we spoke with felt they received effective care that was based on their individual needs and wishes. Comments we received included, "There is some personal care and they are good at what they do. They help me get washed and dressed. It's all done in a very dignified way, it's very good. They make sure I'm steady and ok on my feet. I've had no falls or slips when they've been here." "They put in my eye drops and do my meals and tidy a bit for me. They don't rush me. I always feel safe and relaxed with them and feel at ease."

A number of people commented that their care workers always asked if there was anything else they needed before they left. People told us they found staff to be flexible and responsive to their needs. We were told that office staff were also accommodating and attempted to meet their requests for changes to visits for example. "I think they are very accommodating if you need to change things and very flexible."

A community professional told us, 'I have found the agency to be very helpful in picking up the services as a matter of urgency and in an area on the boarder where there is limited agency support. They have worked with the service users and the families and reported back any concerns they or the family have had. The families have reported back that overall they have been happy with the service provided by Personal Care Services. I feel happy to continue to use this service again.'

In general people expressed satisfaction with the reliability of the service, although lateness of care workers was an issue touched upon by a number of people who used the service. "They might be a bit late sometimes but they call me. Most of the time they are on time. It's not really a key issue for me and they are there for me when I need them." "They are usually on time but they can sometimes be a bit late and we have to call them. They can slip up a bit this way." "They are usually on time, but I feel they really need travel time. Their timings do not allow for the distance between calls." "If they are running late they do try to get a message to me but then the office don't always pass it on."

People generally recalled having regular, consistent staff, which they overwhelmingly preferred. However, some

Is the service responsive?

people reported inconsistency in the staff supporting them. One person commented, “There’s quite a lot of different staff who call, quite a lot. I would prefer more regulars, but so far it’s not been a big problem for me.” “They do seem to shuffle them around and that is why they are often different staff each day. They do not introduce new staff.”

We spoke with the registered manager about the themes of lateness and consistency. The registered manager had identified these areas for improvement following a recent satisfaction survey, which had also highlighted the two areas. The registered manager had taken a number of steps to make improvements. These included the reconfiguration of areas so that staff had more manageable routes to follow. In addition, the arrangements of dedicated staff teams to cover specific areas had been put in place to increase consistency.

We saw that there were a number of ways in which the registered manager encouraged people who used the service and their supporters to express their views and opinions about the service. These included the use of customer satisfaction surveys. The registered manager was

able to give us a number of examples of changes made as a result of feedback from people who used the service, such as those measures taken to improve consistency and punctuality.

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect if they did so. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission. The registered manager confirmed the procedure was available in a number of formats including large print, to meet the needs of people who used the service.

People we spoke with told us they knew how to raise concerns and said they felt able to do so.

There was a process in place for recording complaints. We viewed the records which showed one complaint had been received in the last year. The records showed this had been dealt with appropriately and within satisfactory timescales.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service. 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. At this service, the registered manager was also the provider.

There was a clear management structure in place, which included the registered manager, nurse manager and training manager, as well as a deputy and several team leaders. People we spoke with were fully aware of the structure and lines of accountability, which meant they knew who to speak with if they had any concerns or required advice or guidance.

People who used the service expressed satisfaction with the management of the agency and confirmed they found the registered manager approachable and helpful. One person commented, "They have good manners. The lady in charge seems very good." Another told us, "I find them very good. Everything is good. They do what they say they will do."

Community professionals we consulted also expressed satisfaction with the management of the service, describing the management team as professional, efficient and helpful.

The staff we talked with spoke highly of the management team and reported a positive culture within which they could raise concerns and request guidance and advice. Staff members' comments included, "I have nothing but praise for them. They are very supportive and always approachable." "They are good at sorting out any problems. They work hard to address any issues."

There were some processes in place to enable the registered manager to monitor quality across the service.

These included the use of satisfaction surveys and reviews of care for people who used the service. The registered manager was able to give us some examples of measures taken in response to the feedback of people who used the service, including those measures taken to improve on constancy and punctuality.

There was an internal quality assurance system in place, which included a detailed audit schedule. The schedule, when used effectively would cover all aspects of the service over a twelve month period. However, at the time of the inspection, the registered manager had not started to use it. This meant the opportunity to identify further areas for improvement had been missed.

The registered manager was in the process of implementing an electronic tool to enable her to monitor the visit times of every person who used the service. When in use, this would be a useful tool in assessing how well the service was performing in terms of punctuality and consistency.

There was a process in place to monitor all adverse incidents and complaints that occurred in the service. This enabled the registered manager to maintain constant oversight of issues occurring and an opportunity for managers to identify any themes, trends and potential improvements.

In discussion, the registered manager demonstrated a commitment to constant development and was able to describe a number of ways in which she kept up to date with practice developments and changes in legislation. The registered manager also maintained contact with a variety of external organisations with the aim to keep up with best practice guidance. We saw there had been a number of developments within the service, which were in line with best practice. These included the introduction of 'dignity champions' within the care team and the use of one page profiles for people who lived with dementia. The registered manager commented that the developments were in place to enhance the standard of care and support provided to people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The provider did not have appropriate arrangements in place for the, recording, handling, using safe keeping, and safe administration of medication to keep people safe. Regulation 12 (1)(g).</p>