

Premier Care Limited

Premier Care Limited - Trafford & Manchester Homecare Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care Limited – Trafford and Manchester Homecare Branch is a large domiciliary care agency. The service provides care and support to primarily older adults living in their own homes in the Manchester and Trafford areas of Greater Manchester.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The systems in place to manage people's medicines were unsafe which placed them at risk of harm. There were discrepancies with the records kept and the procedures staff followed. People were at risk of not receiving their medicines as prescribed, and the provider's monitoring of the safe administration of medicines was not robust. Information was not always in place to identify to staff where to apply people's creams. Governance systems had not identified the issues we found with the unsafe management of people's medicines.

Accidents and incidents were not always acted upon and there was limited information about what action had been taken for some incidents. The systems for auditing and monitoring accidents and incidents needed improving.

Some people's care plans had been updated since the last inspection to make them more person centred. However, there were limited details in one person's care plan on how staff should support their mobility needs, and the equipment to be used.

People told us they were supported by a group of regular staff who had developed relationships with them. People told us staff knew them well and supported them in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude. Staff supported some people to access other healthcare professionals when required. Staff supported some people to access the community.

Staff had awareness of safeguarding and knew how to raise concerns. Systems were in place to recruit staff safely; there were sufficient numbers of trained staff to support people safely. Staff received training, support and induction to enable them to meet people's needs.

People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. People's needs were assessed before starting with the service. People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

Systems were in place for gaining feedback from people and their relatives about the quality of care they received, and the latest feedback we saw was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 06 March 2019) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made in some areas and the provider was still in breach of regulations. This is the fourth time this service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. During the inspection, the provider took action to mitigate the risks identified but this had not always been effective. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premier Care Limited - Trafford and Manchester Homecare Branch on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premier Care Limited - Trafford & Manchester Homecare Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first two days of the inspection were undertaken by one inspector, an assistant inspector, a medicines inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The third day of the inspection was undertaken by one inspector and two medicines inspectors. The fourth and fifth days of the inspection were undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 September 2019 and ended on 25 September 2019. We visited the office location on 11, 12, 19 and 20 September to speak with the registered manager and office staff and to review care records and policies and procedures. We visited people who used the service and their relatives on 11 September 2019 to seek their feedback and opinions of the service provided. We also spoke with other people who used the service and their relatives over the phone on 11 September 2019. We spoke with more care staff over the phone on 25 September.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seventeen people who used the service and four relatives about their experience of the care provided. We spoke with eight members of care staff, the registered manager, the IT manager, a coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of people's medicines, staff rotas and supervisions, policies and procedures, care plans and staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection in November 2018 we found the provider was not managing medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of this regulation.

- The systems in place to manage people's medicines were unsafe which placed them at risk of harm. People were not always given all their medicines as prescribed. There was not always an up to date list of people's medicines in their files and there was no system in place to check exactly what medicines people were prescribed. This meant they may have missed being given medicines that they needed or been given medicines which were no longer prescribed.
- There was no information recorded to show care staff how they should support each person with each of their medicines. The National Institute for Health and Care Excellence (NICE) guidance for people receiving social care in the community states if a person needs medicines support the care plan includes what support is needed for each medicine. NICE is an independent organisation set up by the Government and provides guidelines on the safe management of medicines in care services. This information was not recorded for each medicine people were prescribed which meant care staff did not have full guidance as to the support required for each medicine.
- The record keeping systems failed to make sure that people were given their medicines safely.
- People missed some doses of their prescribed medicines because they did not have a visit at the times they needed to take their medicines. People were at risk of being given doses of some of their medicines too close together, because the planned or actual visit times were too close together.
- Some medicines needed to be given before food were given at the wrong times, because visit planning did not take this into account. This meant the medicines may not be fully effective.
- Written guidance was not always in place when people were prescribed medicines to be given "when required" so carers did not always have the information to tell them when someone may need the medicine. Creams were not managed safely. Information was not always available to show carers where to apply creams or how often they needed to be applied. Carers did not make accurate records about the creams they applied.
- No information was recorded in people's records to confirm whose responsibility it was to give medicines when there was shared care with family or friends.
- Personalised detailed information was not available to care staff about how to look after people who were

insulin dependent which placed their health at risk of harm.

- Body maps were not always in place to identify to staff where to apply creams.

This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection in November 2018 we found the provider was not adequately managing risks to people's health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- At the time of the inspection the service was in the process of introducing a new care plan format which staff could access electronically. These contained more details than the previous care plans and included more information in regard to assessing risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, the home environment, skin care and nutrition. However, assessments relating to medicines were not always robust and some people were not receiving their medicines safely.
- There were limited details in one person's care plans on how staff should support them to mobilise safely and the equipment to be used.
- The service had a system in place for recording and monitoring accidents and incidents. However, some historical records lacked detail on the actions taken following an incident. The provider's own internal audits had recognised the need for improvement in this area, however at the time of the inspection not all records had been updated.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service.
- Processes were in place for safeguarding concerns to be reported to the local authority and other key agencies and action taken to ensure people's safety. The service had a safeguarding policy and maintained a log of any safeguarding investigations and any records associated with these.
- People we spoke with and their relatives confirmed they felt safe, one person said, "The staff are really nice, really good. I feel safe and I let them in and they are respectful." A second person said, "I get excellent care, they help me in a morning with my shower they are very respectful. I have the same lady and she is lovely she talks to me and I couldn't ask for anything better, I feel very safe with her."

Staffing and recruitment

At our last inspection in November 2018 staff recruitment processes were not robust enough to ensure staff were recruited safely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

- Pre-employment checks were completed before a potential new staff member started working at the service, including checks with the Disclosure and Barring Service to ensure potential staff were of suitable character to work with vulnerable people. Job application forms were completed, and the provider had verified applicant's identities and addresses. Interview forms recorded questions and answers, and a health questionnaire was also completed.
- There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker. There were enough staff employed to meet people's needs and no-one we spoke with told us they had any missed visits.
- The provider had a system in place to monitor scheduled calls and any missed visits. People told us staff visited regularly and arrived on time. Comments from people included, "I have the same carers and they are on time," and, "Having a stable team is brilliant," and, "Timekeeping is good," and, "I don't feel rushed at all and they [staff] turn up on time."

Preventing and controlling infection

- People told us staff used personal protective equipment (PPE) such as aprons and gloves, when needed, and kept their homes clean.
- When we visited people at home, we saw staff had PPE with them and wore it when supporting people. There was a large stock of PPE at the office premises.
- Staff understood their roles and responsibilities in relation to infection control and hygiene. The provider had a policy for the prevention and control of infection.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The provider had a system in place to facilitate the analysis of incidents each week. However, there was limited information available on the action taken to minimise a reoccurrence, and any learning as a result of the analysis.
- The registered manager kept a log of safeguarding concerns raised. Whilst there was some evidence of lessons learned, this was limited in some cases.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection in November 2018 we found people's care plans lacked sufficient detail to identify how staff should meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- We found the format of the new care files we looked at was now more person-centred and contained the information care staff would need to know to meet people's needs. There was information about the person's life history and the people and things that were important to them. People's preferences, likes and dislikes were acknowledged and better recorded in their new care plan information.
- People's needs were assessed prior to being supported by the service. Care plans were formally reviewed after an initial six week period and a spot check was done after six months. Care plans could also be updated when required, if a change occurred.
- People we spoke with commented positively on their care staff knowing about them. One person said, "The staff talk to me and ask me about my day. They know exactly how I like my cup of tea they always get it right. I don't feel rushed." A second person said, "Staff are very good and helpful, they are personable and friendly."
- Most staff told us they found people's care plans contained sufficient information to allow them to understand what support that person needed.

Staff support: induction, training, skills and experience

- Staff received training, support and induction to enable them to meet people's needs. The provider assessed staff competence during induction and as part of routine spot-checks and observations. New staff attended an induction and training programme.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member said, "I feel confident I could raise any training I needed."
- Staff also received supervision from their line manager. One staff member told us, "We get supervisions every three months and also an annual appraisal, but the office is easy to approach if you are having problems, and we can call into the office anytime."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area. Support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals. One person told us, "I like all my carers and they always ask me what I would like to eat and drink." A second person told us, "I'm always asked what I would like to eat or drink. The staff know what they are doing, I'm very happy."
- Daily records were kept in people's files of the support provided to people each day.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Staff worked with other professionals and services supporting people to achieve better outcomes and continuity in their care. For example, staff liaised with other healthcare professionals and services such as doctors and district nurses.
- All the people we spoke with confirmed they received a good standard of care which had a beneficial effect on their health and general wellbeing. One person said, "Staff are always pleasant, they pick up on when I'm not well and let my GP know or make the appropriate appointments." A relative told us, "They [staff] recently rang me to inform me [my relative] wasn't well; they spotted something wasn't right in this hot weather. I am very grateful they saved [my relative's] life and I don't know what I would do without them."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
- Written consent was also recorded in people's care file information.
- People told us staff asked for their consent before doing anything. One person said, "My views and likes and dislikes are taken into account." A second person told us, "They [staff] always ask me can I do anything for you and they will do things over and above like get me a bit of shopping in if they have time. They listen to me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by regular staff members, which provided continuity and familiarity for people who used the service. One person told us, "I get regular staff and they genuinely care I couldn't ask for anything better." A second person said, "The staff are good they are all very kind. We have a chat and they have got a good sense of humour, they make me laugh they're very respectful. I don't think I would change anything, and I am happy with the company."
- Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence. A relative said, "I've got no problems, I wouldn't change anything, everything is excellent." A person told us, "They [staff] know my likes and dislikes and how I like it."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. One staff member said, "The best thing about working for Premier Care is my clients; they give me great joy." A second staff member told us, "The people I support are the highlight of my day, and I know I'm making a positive difference to people's lives."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "The girls [staff] are good and I wouldn't change anything, she [staff member] listens to what I have to say." A second person told us, "We have a nice natter, they [staff] do things how I like it; I wouldn't change anything, I get good care."

Supporting people to express their views and be involved in making decisions about their care

- People told us the staff who visited them were all very caring and would always ask how they were feeling and what they would like help with. People told us staff treated them with respect and listened to and respected their views.
- People and their relatives were provided with a guide to services which contained a range of useful information about the service and who to contact if they wished to make changes.
- People we spoke with told us they had been involved in developing their care plan and were involved in subsequent reviews. They had signed documents to show they were involved in the planning and subsequent reviews of their care. One person said, "I was involved in the care plan and reviews." A relative told us "Having the same team of carers is great as they get to know [my relative]. I think some staff know [my relative] better than I do; they are great." Another relative said, "I was involved in the care plan, there are regular care reviews and they [the service] keep me in the loop with any concerns."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and could tell us the ways they did this. A person told us,

"The staff respect my privacy when they help me with my shower." A second person said, "The staff and office staff always listen to me and try and help me; the staff encourage me to make decisions. " A third person said, "Staff respect me and my home."

- People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection in November 2018 we found people's care plans lacked detail and were not always person-centred. At this inspection, we found that although some people's care plans had been updated, some people still had the old format of care plans in place. At the time of this inspection, the service was prioritising this work.

- After the last inspection the service had started to introduce a new format of care plans which was more person-centred.
- People's care plans that had been updated to the new format contained more detailed and personalised information about their abilities, health needs, likes and dislikes which would assist staff to provide person-centred care and support in line with people's preferences.
- Some care plans we saw contained a one page profile which included information on what was important to the person, how best to support them, what people say they like and admire about them, what they would like the care staff to know and do, what made them upset or worried and what made them feel better. This would help staff to better understand and meet people's needs.
- People were supported to follow their interests. One person said, "Having the care staff encouraging me to do as much as I can is a good thing to keep me active." A second person told us, "They [staff] do what I want and how I like it. One of the carers will sit with me and play games, he is very good." A relative told us, "They [staff] really do care about [my relative] and his needs."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- Communication plans identified the preferred way a person communicated information. This included if they had a hearing or speech impairment and if any assistive technology was in place.
- The service maintained an accessible information policy; the registered manager was aware of the AIS and adapted information was available for people. For example, information about the service was available in

an easy to read format.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which identified expectations and roles in relation to acknowledging, investigating and responding to complaints.
- We looked at a log of any complaints or concerns received since the last inspection and found the provider had carried out investigations in response to any formal complaints raised. Responses to people raising complaints included details of any actions taken to address their concerns, and an apology when appropriate. Where necessary staff had received additional supervision or training in relation to the issue raised.
- People told us they knew how to raise any concerns. One person told us, "I have made a complaint, I know how to and who to contact; I know the manager and it was resolved; they dealt with it appropriately and I am happy with the service." A second person said, "I have never made a complaint because I have never needed to, it's a good service." A relative told us, "The company is amazing, any problems I just speak to the office and they will action it."

End of life care and support

- People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed.
- At the time of our inspection no-one using the service was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in November 2018 we found the provider was not meeting requirements in relation to records and monitoring/improving the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of this regulation.

- The provider's audits in relation to the monitoring of people's medicines were not robust enough and had not identified the issues we found in relation to the safe administration of people's medicines. There were ongoing issues in relation to the safe management of medicines that the provider had not adequately addressed since our last inspection. The record keeping systems used had failed to make sure people were given their medicines safely.
- The actions taken following accidents and incidents were not always recorded in some records we saw. It was not always clear what advice had been given to staff and what action had been taken to minimise the risk of a reoccurrence in some historical records.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The monitoring of staff visits through the electronic call monitoring system had improved since the last inspection. A weekly check was done on all visit times to ensure these were made as planned.
- The manager was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- There was a clear line of staff responsibility within the service and a team structure was identified and available to all staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service.
- The provider was open and transparent during the inspection. They understood their responsibility to apologise to people and give feedback if things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out telephone surveys with people using the service. Staff from the provider's head office called people to ask for their opinions about the service. Where any issues had been raised these had been passed to the registered manager to investigate and act on. People were asked questions in relation to staff performance, raising concerns and being treated with dignity and respect .
- Results from the most recent surveys were positive. Where people had raised an issue, we saw records identifying action had been taken in response and an explanation provided to people.
- People we spoke with confirmed they could provide their opinions about the service though both the phone survey, and the review visits they received. People told us they would feel comfortable informing the provider of any concerns they had. One person told us, "I have been asked for feedback; very friendly and very effective care staff." Another person said, "I don't have any concerns, I am very happy, we work together as a team everything works." A relative told us, "The office keeps in touch with me; very accommodating staff."
- The provider had policies on equality and diversity and equal opportunities. People could choose the gender of the staff who cared for them.
- Most staff we spoke with felt they received adequate support and thought the service was well run. One staff member said, "The registered manager would not tolerate anything going wrong. I know if I go to [registered manager name] she would listen to me straight away, she is a no-nonsense person. She is absolutely brilliant, firm but fair. I have no problem reporting anything to management." A second staff member told us, "I think the manager does a good job; I see her, and she phones me every now and again."

Working in partnership with others

- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them.
- The service took part in various ventures to help support the local community and there were links to other organisations, for example Age UK.
- The service supported the Dementia Friends campaign to help people develop an understanding of dementia and turn it into action to help people in their community living with dementia.
- The service had held a coffee morning to raise money for Macmillan Cancer Support and had promoted a Christmas toy appeal in 2018.
- The registered manager attended the local authority Trafford registered managers meetings which provided an opportunity to meet with peer managers, to discuss challenges and share good practice.
- We saw other health and social care professionals were involved in people's care such as doctors, district nurses and social workers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular: The systems in place to manage people's medicines were unsafe which placed them at risk of harm. There were discrepancies with the records kept and the procedures staff followed. People were at risk of not receiving their medicines as prescribed, and the provider's monitoring of the safe administration of medicines was not robust</p>

The enforcement action we took:

We took enforcement action as a result of concerns raised about the safe management of medicines.