

Fuchsia Homecare Ltd

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Inspection report

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Date of inspection visit:

13 September 2017

15 September 2017

28 September 2017

Date of publication:

09 November 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fuchsia Homecare Ltd is a large domiciliary care service which provides personal care and support to people living in their own homes. When we inspected on 13, 15 and 28 September 2017 there were 121 people using the service. This was an announced inspection. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people that we could visit them in their homes to find out their experience of the service. This service was registered in 11 February 2016. This was their first inspection.

A registered manager was in post. 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.

People and their relatives were extremely complimentary about their care workers. They told us that they were kind, compassionate and respectful towards them. They described how they consistently received safe and effective care by care workers they trusted, who knew them well and encouraged them to be as independent as possible whilst supporting them to achieve their goals and aspirations.

The leadership team were a visible presence which meant that care workers were aware of the values of the service and understood their roles and responsibilities. Morale was high within the workforce.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment checks were carried out with sufficient numbers of care workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

Where people required assistance with their medications, safe systems were followed.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs.

Care workers listened to people and acted on what they said. They understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA).

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were followed which included steps that the provider should take to comply with legal requirements.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on.

A quality assurance system had been established with identified shortfalls addressed promptly which helped the service to continually improve.

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.

Systems were in place to help protect people from the risk of abuse and harm. Care workers knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to care workers on how to manage risks and keep people safe.

People received continuity of care from care workers that were known to them. There were sufficient numbers of care workers who had been recruited safely and who had the skills to meet people's needs.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Feedback from people and relatives about the approach of the care workers was extremely complimentary. They told us they were kind and considerate, respected their preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's preferences and what was important to them was known and understood by their care workers.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The leadership team were approachable and had a visible presence in the service.

People, relatives and employees were encouraged to contribute to decisions to improve and develop the service.

Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Fuchsia Homecare 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 was carried out on 13, 15 and 28 September 2017 and was announced. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people that we could visit them in their homes to find out their experience of the service.

The inspection was carried out by one 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.

Before the inspection, we requested that the provider 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

As part of this inspection we reviewed the responses from questionnaires sent out by CQC to people who used the service, staff and community care professionals'.

We spoke with the provider's nominated individual and registered manager, a care supervisor and nine care workers. With their permission we met with four people and two relatives in their own homes on 15 September 2017.

The telephone interviews with people who used the service and their relatives were carried out by the

inspector and an expert by experience. We spoke with 14 people who used the service, five people's relatives and received electronic feedback from two relatives. In addition we received comments about the service provided from three community professionals.

We reviewed the care records of ten people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service and with their care workers. One person said, "They are cheerful to have around. Yes, I feel safe and at ease with them here. (Am) relaxed in my home... so far so good." Another person shared their experience stating, "The care is safe and dignified. Its two staff and they use a hoist and that's done right. I've had no slips or falls." A third person commented about their care workers, "I feel safe and comfortable in their company and trust them in my home. They are all polite and respectful." A relative told us, "From what I know the care is done with dignity and safety. Now, they [care workers] will do things for [person] and [person is] much better. [Person] likes the staff. And [they are] safe with them."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "They let themselves in and they announce who they are. Yes, they have uniforms. And they have ID (identification badge)." Another person commented, "All my carers wear their uniforms when they come; they look smart and professional. They have their gloves and aprons at the ready (appropriate equipment to minimise the risks of cross infection)"

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. People and their relatives told us that their care workers visited at the planned times and that they stayed for the agreed amount of time. Conversations with people and records seen showed that there had been no instances of visits being missed and that they were usually provided with regular care workers which ensured consistency of care. One person said, "I know when they [care workers] are coming to help me and if anything changes someone from the office will let me know. My carers are prompt and reliable." Another person explained how there had been teething problems at the start but these had been dealt with by the management team and they now

had regular care workers to ensure continuity of care and were satisfied with the arrangements in place. They said, "They are very good [Fuchsia Homecare Ltd] though at first I was a bit doubtful they would be good. As they had some early problems doing the hours I wanted. Those agreed in the care plan were not adhered to at first. Now it's all very positive; the times are all as we agreed and they work as a team. There are two people [care workers] each visit (several times a day). They are now mostly on time but they will let me know if they are running late." A relative talking about the importance of continuity of care and routines said, "[Person] gets distressed if things are not right, so the care needs to be reliable and they [care workers] let me know (if any changes/problems) to help calm [person] but they are mostly on time... and it's not very often they run a bit late."

Records showed that the service's recruitment procedures were robust and systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. The majority of the workforce including care workers at Fuchsia Homecare Ltd were overseas workers, to ensure communication was not a problem additional language and comprehension checks had been incorporated into their recruitment processes. Retention of staff was good and supported continuity of care.

Systems were in place to provide people with their medicines safely, where required. The majority of people self-administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "My tablets are given to me by [care worker]. I have a drink usually a glass of water to help me swallow them down. They write to say I've taken them in my records." Another person said their care workers, "Help me with my tablets and my husband does more in the day. It's done right." A relative commented about the care workers, "Yes they do [person's] meds (medicines) and make a note of everything."

People's records provided guidance to care workers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Where people were prescribed with medicines to be administered 'as required' (PRN) there were protocols in place to guide care workers when these should be given.

Care workers were provided with medicines training and the management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support of care workers where required.

Is the service effective?

Our findings

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "They [care workers] know what they are doing... they use a hoist; yes safely and with dignity (been) no accidents." Another person said, "I have to use the hoist if I am to move anywhere. My carers are competent and well trained in using this equipment and this helps me to feel comfortable and reassured when they use it." A third person said their care workers, "Help me in the morning (with personal care) and do my transfer to my chair and they take the time to do that right... there's no rushing." A relative shared with us, "I think they are well trained and they seem very caring. They have a brilliant attitude." Another relative said the care workers were, "Efficient at what they do and they (office team) keep the same carers; good regulars (that's) very good; makes a big difference."

Care workers told us they were provided with the training that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. One care worker said, "I am very satisfied in my job. Training is excellent. The management and office team are quick to resolve any problems. I feel supported. The training helps to give you the skills you need but you still need the right attitude You've got to love this job. If you don't you can't do it. You have to care." The management team explained how they were planning further training workshops to support their staff. This included record keeping, tissue viability, continence management and diabetes. These were being developed in partnership with relevant health care professionals to meet people's needs in a safe and effective manner.

Care workers told us and records showed that new care workers completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The management team explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were supported in their role and were provided with one to one supervision meetings. One care worker described their positive experience of the supervision arrangements saying, "I have regular supervision; talk about how I getting on, what training or support I need. How I am doing...do I need anything? You get a text when your supervision is due and to contact them [management team] to arrange a date. I think that is very respectful (demonstrates a) two way process. [Care workers] not just told to come in on this date and be talked at." Records showed that in these meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the service was working within the MCA principles.

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "They [care workers] always ask me if there's anything I want doing when they arrive and don't do anything I don't want." Another person described how the care workers were, "Always polite and considerate checking with me first what I need and do what I ask them to do." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers listened and acted on people's decisions.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received this training. Guidance on best interest decisions in line with the MCA was available in the office. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service. The management team explained how as part of continual improvement of the service they were enhancing people's care records to reflect a more person centred/holistic approach. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [care workers] are very good at encouraging me to drink more. They offer to make me a hot drink at every visit." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, with people's permission health professionals were contacted for treatment and guidance. This included referrals to the speech and language team. Where guidance had been provided relating to people's dietary needs, this was clearly recorded in people's care records to guide staff in how risks were reduced. A visiting healthcare professional to the service advised us that, "Carers were alert to risk; appropriate referrals were made with all instructions followed."

People were supported to maintain good health and to have access to healthcare services. One person described how their care worker, "Will alert them if they spot things." This included an injury the person had been unaware of and required assistance from the district nurse. They said, "The district nurse was then able to sort it. Now they [care worker and district nurse] have sorted all the sores and the bruises... it's the carer who has mostly sorted it." Another person said their care workers, "Follow up on things from the district nurses; it's all written down." Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing. A relative confirmed this saying the care workers, "Alert us [family] if they spot anything.they saw a rash on [person's] leg. (Took action and) It stopped it getting any worse."

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the extremely complimentary feedback we received. People told us that their care workers always treated them with respect and kindness. One person said, "They [care workers] are very good. They are very caring. 'Caring' fits the staff; they are lovely. Very pleasant." Another person said, "I wouldn't be without them [care workers]. They have given me back my independence and are truly fantastic. I am very happy with them and would recommend the service." A third person commented, "They [care workers] do a good service for me and they are on time, and they are cheerful helpful and polite."

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "They are nice family people. If the main one [care worker] goes on holiday, they [office] send replacements but we all find them nice. [Person] is very much at ease with them and safe." They added, "They [care workers] are very considerate. If it's raining when they call, they put on plastic boots. I could not have asked for better." Another relative explained, "[Person] has had a lot of difficulties... it's not at all easy (caring for person) but they [care workers] have been really really patient with [person]. I could not cope. They go above and beyond their duty." A third relative said, "I live a long way off. I just know that [person] is happy with them [care workers]. As far as I know [person] is very safe and at ease with the staff... they do [person's] care very gently and alert me if there is anything (I need to be aware of). (There have been) no falls or accidents (since the care workers been involved). They help [person] to stay as well as (they) can. [Person] looks well looked after."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. All of the staff, including the management and staff based in the office, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the days of our visits.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People explained how they had been asked for their preferences, including visit times, and wherever possible this had been accommodated. One person said, "At the beginning I told the manager what I needed and the times I would like carers to come. This was put into action straight away. Never been a problem; the carers come when they should and do what needs doing." Another person shared with us how they had been involved in developing their ongoing care arrangements through regular reviews and this was reflected in their records. They said, "They [management] went through it all and I was agreeable."

People told us that the support provided by their care workers helped them to be as independent as possible. One person described how they needed help with washing and dressing saying, "I am able to do much more now with their [care workers] help than when I first started. I couldn't do very much at all on my own. My carers are very good at encouraging and reassuring me. This gives me the confidence to try." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People and their relatives fed back that the care workers treated them with dignity and respect. One person said, "I decide if I want to have a shower or not. My choice is always respected." Another person told us, "I look forward to seeing my carers they are lovely. They are polite, kind and have a lovely respectful manner." A relative commented, "They [care workers] take the time to do [person's] wash properly. They (carry out personal care) gently and they talk to [the person] as they work. It's done with dignity and [person has] had no falls or accidents with them." Another relative commented on the care workers approach saying, "They are very concerned for [person's] comfort. The ones [care workers] who call are a nice team. The care is done with dignity. And If it was not so, I'd report it."

People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover their modesty when supporting people with personal care to help maintain their dignity. One person talking about their experience of receiving personal care said their care workers, "Were sensitive to my discomfort and good at putting me at ease. Very professional." Another person said, "My dignity is never compromised at all times my carers are respectful and caring."

Is the service responsive?

Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said that when they were being supported with their personal care needs, the care workers were, "Very good at putting me at ease. Never rush or become distracted. They are focused on what they are doing and this makes me feel comfortable with them. I know they are giving me their full attention. They are kind and attentive; skilled at foreseeing what I need before I do. Sometimes I think they know me better than I know myself." Another person commented, "They [care workers] do everything that I need. Couldn't want for better. If I am having a bad day they help me out more but on a good day will step back. That's what I call being receptive to my needs." A relative commented, "[Person] is treated with absolute kindness, never rushed and they [care workers] stay the whole time and on rare occasions a bit longer if needed. It's very much ruled by [person's] needs on the day."

People and where appropriate their relatives told us that they were involved in decision making about their care and support to ensure their needs were met. One person shared with us, "I have got my care plan. I talked it through with someone from the office about what I needed help with and they listened to me and put it all down. I think my needs are met well. I am more than happy with what the [care workers] do for me" Another person new to the service said they discussed their needs at an initial meeting with the registered manager and again after a few weeks in a follow up meeting to check they were satisfied with the care provided. They said, "They [management] have done a review, they came to see me. I've not had a full review but I'm happy with it (care plan). I can easily call the office, and can sort things out as well with the carers. I can change things if it's ever needed. No complaints." A relative said, "The care plan was all discussed and it was okay and they [management] came to see us after six months. They [care workers] have kept an eye on it and have kept to the care plan."

People, relatives and care workers told us and records seen reflected that people's records were accurate and regularly updated. The records provided guidance to care workers on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The care plans took into account pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions and how they communicated and mobilised. People's specific routines and preferences were identified in their records so care workers were aware of how to support them in line with their wishes. For example, one person's care records explained the order that they preferred to be mobilised and details of the equipment required to safely transfer the person.

As part of continual improvement of the service the management team were developing people's records to reflect a more person centred approach that took account of people's holistic needs. This included further details on people's life history, experiences, hobbies and interests, to provide care workers with information about the individual and subjects they could talk about when providing care. Enhanced documentation to reflect this approach particularly in people's daily records was being devised and training in record keeping was planned to support care workers to achieve this.

There had been numerous compliments received about the service within the last 12 months. Themes included 'compassionate and caring staff approach' and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as when the service was providing support to a people following a hospital discharge and when nearing the end of their life.

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "Whenever I call the office they are always polite and things are swiftly resolved." Another person described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I requested a change in carer. We didn't click and even though they were efficient and got the job done, I wasn't as comfortable with them as the others that come. The office were great when I phoned them and sorted it out immediately. They matched me up with another carer who is perfect. We have a chat and a giggle and I like that."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a care worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

Is the service well-led?

Our findings

Feedback from people and the relatives we spoke with about the leadership arrangements in the service were positive. People told us the management team were available and approachable. One person said, "Any worries or problems then I ring the office and it gets sorted. They are very good. I have on occasion spoken to the [registered] manager who I have found to be more than capable." Another person said, "When I have phoned the office I have found everyone to be polite and professional. Very happy and cheerful." One relative said, "They [registered manager] is approachable and willing to help you should you have any concerns. I haven't had any issues as even little niggles you might have get dealt with straight away if you speak to the carers or the office. You're never made to feel like you're a nuisance when you call the office; everyone has been so kind and willing to help. Communication is good and we [family] are more than happy with the service provided. I would definitely recommend this service and have done so several times."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction and feedback from people about their experience was positive. The service had scored highly for providing punctual and polite care workers who were helpful and completed all their tasks. People also said they were happy with the communication provided by the service.

The service had established an open and inclusive culture. Morale was high; the management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt the service was well-led and that the registered manager was accessible and listened to them. One care worker said, "The [registered] manager is fantastic. I like their approach; firm but fair. They want quality not quantity from us. They work very hard and do a good job. They listen to staff and want the best for people. [They] ensure we are not rushing people with their care. Carers have enough time to give people a quality service." Another care worker said, "I, like most of the [other care workers] here, come from [overseas] and they [management team] helped me to settle. They made sure I had what I needed. Its things like that that make me feel valued working here. I am listened to; my opinion counts."

The majority of the workforce including care workers at Fuchsia Homecare Ltd were overseas workers. The management team had put additional checks into their recruitment processes to ensure language was not a barrier and this had helped to maintain a high standard of communication. People confirmed there were no issue or concerns around language and they understood their care workers and were able to make their wishes known. One person said, "I've used them [service] for a few years. They [care workers] can speak enough good English. It's a nice accent." A relative commented, "Most of the carers I think are Romanian and they are lovely. They speak very good English; easy to understand not a problem. Sometimes we leave notes for each other to communicate and have never had a problem. In fact their English is probably better than mine."

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas. For example, care workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. However this was not consistently reflected in the meeting minutes and was a missed opportunity to demonstrate how all staff contributed towards the running of the service.

The management of the service worked hard to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The service worked in partnerships with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "The agency [Fuchsia Homecare Ltd] recognise when there is a concern, make appropriate referrals and do follow any advice given."

The provider's quality assurance systems were being further developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing recruitment, staff development and developing people's documentation to ensure consistency to fully embed a person centred approach in line with the provider's vision and values. In addition the provider's nominated individual shared with us their 'wider community action plan' which reflected a number of local community engagement/ outreach initiatives. For example developing a 'customer forum' bringing together people who used the service to meet regularly to discuss their experience of using Fuchsia Homecare Ltd to identify what was working well and where improvements could be made.