

Mrs Helen Macpherson Young Wilcox

# Woodford Homecare & Support Services

## Inspection report

Wellington House  
Wellington Industrial Estate  
Bilston  
West Midlands  
WV14 9EE

Tel: 01902677444

Website: [www.woodfordhomecare.co.uk](http://www.woodfordhomecare.co.uk)

Date of inspection visit:  
29 July 2016

Date of publication:  
13 October 2016

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on 29 July 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. The service provides support to younger and older people. At the time of the inspection the service was providing support and personal care to 38 people in their own homes.

There was a registered manager 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.

We last inspected this service on 24 September 2014. At that inspection we saw that the service was meeting all the regulations we assessed.

The culture of the service was to promote people's wellbeing whilst providing personalised care and support. People were supported to take risks in their daily living and achieve their short, medium and long term goals.

People were fully involved in the development of their care plans to ensure that care staff knew how to support them in the way they wanted to be supported. Staff were aware of people's likes and dislikes, their physical, social and cultural needs, what was important to them and how to support them the way they wanted to be supported. People's care needs were regularly reviewed and staff made aware of any changes in their care needs immediately.

People were supported by staff who received a comprehensive induction and were well trained. Systems were in place to ensure staff had the most up to date skills they needed to meet the individual needs of the people they supported. Additional training was identified and sought in line with people's individual care needs and every effort was made to ensure staff were supported in their learning. There was a culture of

supporting staff to learn in order to provide a quality service.

People were supported by care staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were fully aware of their responsibilities in this area and what actions they should take to keep people safe from harm.

People were protected from harm because there were systems in place to identify and manage risks associated with their needs. A risk rating system was in place to assess the risks to people on a daily basis and staff were informed immediately of any changes in peoples' care needs. For those people who were supported to take their medicines, systems were in place to ensure this was done safely and effectively.

The comprehensive recruitment process in place ensured people were supported by staff who were recruited safely and who had the values that represented the ethos of the service, which was to employ caring and compassionate people who were passionate about providing good care.

People benefitted from being supported by the same consistent staff group, who had been matched with them, and shared similar values and interests.

People were supported by staff who were aware of their health care needs and worked effectively with other agencies to their health and wellbeing. The service actively worked to support other agencies to find solutions to problems in order to assist people in their daily lives.

People and their relatives were complimentary about the staff who supported them, describing them as 'kind', 'caring', 'thoughtful' and 'supportive'. Staff respected people's privacy and dignity and were respectful when supporting them with their needs. Staff went above and beyond when supporting people.

There was a system in place for investigating and recording complaints and people were confident that if they did have any concerns, that they would be dealt with appropriately.

People were happy to recommend the service to others, based on their own positive experiences.

Staff felt listened to and well supported in their role and told us they were proud to work for the service. They enjoyed their work and were encouraged to support and complement one another in their work. There was an emphasis on staff supporting one another and acknowledging individual achievements in learning and supporting others.

Efforts were regularly made to obtain feedback from both people who used the service and staff in order to improve the quality of care provided. Regular audits took place and where any errors were highlighted, they were acted on immediately lessons were learnt. There was a strong emphasis on continual improvement and striving to provide a quality service in order to support people to live healthy, interesting and independent lives.

## 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.

People were supported by staff who had been trained to recognise signs of abuse and were aware of the actions they should take if they had concerns.

People were supported by sufficient numbers of safely recruited staff.

People received support to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained to meet their individual needs.

Staff were provided with a comprehensive induction and training and ongoing support and supervision to ensure they provided effective care.

People were supported with their healthcare needs and staff went the extra mile to help people maintain good healthcare.

### Is the service caring?

Good ●

The service was caring.

People highly praised the staff who supported them and described them as kind, caring and supportive.

Efforts were made to ensure people were supported by the same group of staff who were aware of their individual needs and preferences.

People were treated with dignity and respect when being supported by staff who were highly motivated in their role.

### Is the service responsive?

Good ●

The service was responsive.

People were fully involved in the planning of their care that was personalised to meet their needs.

People's care needs were continually reviewed and the service adapted to their changing needs.

People were encouraged to give their views on the service and where complaints had been received they had been dealt with to the complainant's satisfaction.

### **Is the service well-led?**

The service was well led.

There was a culture of focussing on people's wellbeing and supporting staff in order to do this.

Staff were proud to work for the service and were highly motivated.

Quality assurance systems were in place and there was a strong emphasis on learning and improving the service.

**Outstanding** 

# Woodford Homecare & Support Services

## **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 29 July 2016 and was announced. The provider was given 48 hours' notice. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with three people who used the service and five relatives. We also spoke with the registered manager, the managing director, the deputy, the operations manager and five members of care staff.

We reviewed a range of documents and records including five care records of people using the service, medication administration records, two staff files, training records, accident and incident records,

complaints and compliments and quality audits.

## Our findings

People told us that they felt safe when supported by care workers in their own home. One person told us, "Yes, I do feel safe" and a relative told us, "I feel that [person's name] is safe with staff. There are three main workers who go in, they are very good".

People were supported by staff who had received training in protecting people from abuse. Staff spoken with were able to describe to us the signs and behaviours of people that might suggest that they were suffering from abuse. Staff were aware of their responsibilities with regard to safeguarding procedures. One member of staff told us, "If I suspected something, I would speak to the manager first". We saw evidence of a safeguarding concern being raised, investigated and dealt with appropriately. We saw evidence of lessons learnt from the particular incident and staff were able to confirm this to us.

Prior to people being supported by care staff, we saw that risks were identified and plans put in place to minimise the risks to people. A relative told us, "We discussed risks to [family member] when they did the original assessment. The registered manager went through them and commented on the floor and lighting". The provider told us in their PIR how they encouraged positive risk management and had their own risk rating system. We saw that a risk register had been established to assess the risks to people on a daily basis. We saw that this information was regularly reviewed and updated to ensure care staff had the most up to date information regarding the people they supported. The registered manager told us, "Risk management is a theme going through people's care plans. People are encouraged to take risks. They are assessed and reviewed and realistic goals are set". Staff spoken with confirmed they were kept up to date with any changes in people's care needs and understood the importance of reporting any new risks to people immediately.

We saw that there was a system in place for the reporting of accidents and incidents. Where accidents or incidents had taken place, they were recorded in detail. The registered manager told us that these reports were then checked over for any additional actions before being signed off by a member of management and we saw evidence of this. Individual analysis of any accidents or incidents took place. The registered manager told us, "Overall analysis is something that is being looked at, at the moment. We have software that enables us to do that".

Staff were aware of the process to follow in an emergency and told us there was always someone available for them to ring out of office hours, should they need additional advice or support. A member of staff said, "The office is always open – even out of hours, it's always the same".

People supported by the service told us they had not experienced any missed calls. One person told us, "It's very rare there's a late call, it's happened a couple of times and they have always notified me. I have a brilliant carer and it's going really well". A relative told us, "They are always on time, within a minute and when they get there they work well and don't waste any time". The managing director told us, "We try and keep staff covering areas close to home, so that if someone is running late or unable to make a call, there are other staff close by who could cover that call". Staff told us there were sufficient numbers of staff to meet people's needs. People told us they received consistent support from the same staff. One person told us, "The same people come out to me, I can be quite categorical about that, I have regular carers, people that I know, it's very important to me".

We saw that the service had a robust recruitment process in place. Staff told us that prior to commencing in post, the appropriate checks were made, including references and DBS [Disclosure and Barring Service]. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

A member of care staff told us, "I came in for a group meeting and presentation about what they do before I had my interview". The managing director explained that prior to interviewing potential staff, they were invited to a presentation at the office to enable them to see what the service is about and what would be expected of them. From this process people could then decide whether they would be interested in submitting an application. We saw part of the application process involved a profiling test. The managing director told us this enabled them to see if applicants displayed the values in staff that they wanted to attract. She told us, "We will decide whether or not we will offer people an interview based on the results of the test".

A relative told us, "[Person's name] has a lot of medication and they support him. There's no problem with it". We looked at Medication Administration Records (MARs) for a number of people who were supported with their medicines. The provider told us in their PIR that plans were in place to improve the recording of medicines in order to reduce errors which had been highlighted during recent medicines audits. We looked at the MAR charts for a number of people and saw that there were a number of missed signatures on the MAR charts, but that staff had in these instances, written that people were supported with their medication in the daily recordings sheet instead. We discussed this with the managing director who acknowledged that this was a case of educating staff on the importance of recordings. We also saw that a member of staff had handwritten a new medicine on another person's MAR sheet, but there was no signature against this and no evidence that it had been checked by another member of staff. We brought this to the attention of the managing director and the registered manager and saw that by the end of the inspection, new instructions had been devised for staff to assist in recording the administration of medication.

## Our findings

People were supported by staff who had the skills and training to effectively meet their needs. People told us they considered the staff who supported them to be well trained.

We saw that staff benefitted from a comprehensive induction and were offered continual support throughout the process. The induction included the studying of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. We discussed the induction and staff training with the deputy, who was responsible for this. The deputy told us, "Training is not just looking at people's health, it's about their wellbeing and what is happening to them". She showed us the methods of training she used to adapt to staffs' different styles of learning, for example, looking at case studies, taking part in discussion groups, and additional one to one support where required. We saw staff were tested on their knowledge before and after training. Facts sheets were also provided to staff and the ethos was one of supporting people to learn. The deputy told us, "Everyone learns in a different way and you have to take this into consideration". This meant that staffs' learning was individualised and efforts were made to get the best out of staff which would ultimately have a direct impact on the people they supported.

Staff told us they considered themselves to be well trained. One member of staff, who had recently completed their care certificate told us, "By the time I'd gone out [on shift] all the training I'd had came to life". Another member of staff told us, "We have some sort of training all the time. It refreshes your knowledge as well". Staff confirmed that if required, one to one support was on offer from the management to assist them with their learning.

We saw where people had specific healthcare needs, specialist training was provided to staff in order to ensure people were supported safely and effectively. The registered manager told us, "If staff need additional training to support people with their medical needs, then we will arrange it". For example, arrangements were made for the District Nurse to train staff to take people's blood sugar levels. Staff spoken with were knowledgeable on this subject and were able to tell us what to do if they had concerns regarding this. We also saw that additional training had been sought to provide staff who were supporting another person who had recently been diagnosed with a specific health problem. The deputy told us, "I've managed to source some training on the subject and all staff will receive an information booklet as well". This meant that the service was proactive in ensuring that staff were provided with training that would enable them to support people with their individual health care needs.

Staff told us they felt fully supported in their role and were in receipt of regular supervision, which gave them the opportunity to discuss their learning or any concerns they may have. One member of staff told us, "You don't need to wait for supervision, there's always someone in the office to speak to if you need to". Another member of staff said, "I'm always in contact with the office, there's lots of different individuals to speak to and all have different things to offer".

We saw there were systems in place to ensure communication between people using the service, care staff and office staff was good. A member of care staff told us, "Communication is good between each other and management will pass on anything new that might have occurred". We saw where changes had taken place in people's health care needs or packages of care, staff were updated immediately.

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 interest and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

We found that staff respected people's rights to make their own choices and encouraged people to maintain their independence. People told us that staff routinely asked for their consent before supporting them. We saw that staff had received training on the subject and had a good understanding of the importance of people being supported to make their own decisions. Staff described to us how they obtained people's consent prior to supporting them. One member of staff told us, "We ask people every step of the way, 'Do you want me to...? Are you ready? Before we start. It would be scary for people if we didn't' and another member of staff told us, "It's important to understand if someone says, 'no' [to an offer of support] they mean 'no'".

For those people who require support at mealtimes, assistance was provided. A member of staff told us how they had identified that one person was having difficulty drinking from a cup, due to their medical condition. They told us, "I bought them a cup that was more suitable, which meant they didn't need my assistance".

We saw that staff were aware of people's medical conditions and supported them to maintain good health. One person told us, "I've had one or two health issues in the past and they have supported me through them. My carer is very professional". One person who experienced regular seizures, was supported to attend college. Care staff had been trained to administer specific medication in the case of a seizure and were able to describe to us the process they had to follow. One member of staff told us, "I've had to administer the medication twice. I was a bit shaky afterwards but [person's name] was happy I was there". We saw that the service had also arranged for the college staff to receive the same training to ensure that there was always someone available who knew what to do. This meant the person was able to attend college in the knowledge that the people supporting them knew how to care for them appropriately and safely. The registered manager told us, "We brought the two parties together, it's about promoting people's wellbeing and putting a plan in place to manage that risk".

We saw that for another person supported by the service, their care needs were complex. In response to a recent medical diagnosis, [and with the person's permission] the service had met with the hospital and had suggested putting a number of recordings/charts in place to monitor the person's health. It was agreed that this information would then be shared with the hospital in order to assist them with the diagnosis and treatment of the person's medical condition. Their relative told us, "The way I see it, they have helped

[person's name] an awful lot. What they have done has meant [person's name] can stay at home a bit longer now". The registered manager told us, "We want to support [person's name] as much as we can". These examples of partnership working meant people experience a level of support that promoted their wellbeing and meant that they had a meaningful life.

The provider told us in their PIR that care passports were being developed and reviewed for each person who was supported by the service and we saw evidence of this. Each person had a care passport in place which had been devised to be used if they needed to be admitted to hospital. The managing director told us they were currently looking at asking GPs if the information would be useful for them to have when they visit people in their own home.

## Our findings

People were supported by staff who knew them well, knew their likes and dislikes and what was important to them. People told us they were very happy with the care and support they received and described the care staff as 'caring', 'supportive' and 'thoughtful'. One person told us, "The staff are kind and caring. I have a regular member of staff and a regular substitute for when she's not there. We get on well, have a conversation and put the world to rights". A relative commented, "It helps because they know [relative's name] so well, they can pick up when she's not quite right and they do something about it".

People described to us how staff went out of their way to help them and find solutions to problems. For example, a relative described how the service had supported her mother after a very long period in hospital. She told us, "When mom came out of hospital, one of the things they did was wash her hair. They devised a way of doing it which immediately made her feel better. It made a huge difference to her" adding, "It's been a massive relief having their support, they are very good; anything I say they will check on and I find they are very supportive to me as well". A member of staff told us about a person who they supported who lived alone, they told us, "I'll run round the shop for [person] if they need anything; they have no family".

Staff we spoke with understood the importance of treating people with dignity and respect whilst supporting them and were able to provide us with a number of examples of what this meant in practice, for example, closing curtains and covering people with towels when providing them with personal care. One member of staff told us, "We support one person who is Muslim. We always put [person's name] headscarf on after she has had her shower and make sure she is covered fully when she goes out". One person told us, "They [staff] definitely treat me with dignity and respect and they always obtain my consent before supporting me". A relative told us, "Yes, they treat [family member] with dignity and respect, they are really lovely" and another said, "They seem to be very caring, it's a very big factor, particularly for someone with dementia".

People benefitted from the efforts that were made to build positive and caring relationships between themselves and the care staff who supported them. A member of staff told us, "They do try and match you with people. I like sport, so they will match me with someone who likes sport and it gives us something to have a conversation about". Staff told us and rotas confirmed, that efforts were made to ensure people were supported by the same members of staff to allow them to build relationships.

Care staff spoke positively about the service and demonstrated a genuine commitment to their role in supporting people's wellbeing. One member of staff told us, "I enjoy my job, it's like a second home. I am

happy to be part of service users' lives. It's nice to get up in the morning and come to work" and another member of staff said, "We want to support everyone the best we can. It's always drummed into us, the people using the service come first". A relative told us, "I don't think they could do any better, it's been quite a pleasant surprise, the care she's had, it's been an absolute joy. I can't fault them for the help they have given me and my mom".

People told us they were involved in the planning of their care and were supported in line with their wishes. One relative told us, "They have provided positive support. They do everything, but they always ask first and if at any time she doesn't feel like a shower she doesn't have one. She is very comfortable with them and I think she feels like it's a family member supporting her".

People told us that staff listened to them and helped them maintain their independence. A relative commented, "It's the little things they do that make a difference. They will say to [relative] 'You have a go, come on you do your hair', and will hand her the mirror and the brush 'whilst we do something else'". They went on, "Woodford are very good. She was in hospital for so long she was totally institutionalised. They have gone a long way to encourage her to do things for herself". A member of staff described to us how they supported someone who wanted to help cook their own meals. They told us, "We will get people to reach their goals and aims if we can support them to achieve these".

We saw for those people who needed it, advocacy services were available. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

## Our findings

We saw that prior to people being supported by the service, every effort was made to obtain information from them and their relatives, in order to ensure they were supported in the way they wished. The registered manager told us, "We do a meet and greet first, tell them about the company and how we like to support people, and ask them what they want. Once we've drawn up the care plan we go through it with them and get them to sign so that they are part of it." People spoken with confirmed this.

One person told us, "They came out and asked me what my needs were, my interests, the way I lived, what hobbies I had. They were trying to work out the type of person I am". A relative told us, "The registered manager came out we talked for quite a long time, I felt that he was trying to get to know my mom, not just the physical tasks she needed support with, but trying to get a feel for what she was like, what her likes and dislikes were". Another relative told us how impressed they were with how the service responded when they were asked to pick up the package of care for her mother at short notice. They told us, "It was all a bit chaotic, my relative was discharged fairly quickly. As soon as Woodford knew, they came out that day. [Relative's name] had only been home a couple of hours and the registered manager made sure she had her first call that night".

People benefitted from being supported by the same group of staff who had been chosen to support them based on their skills, interests and values. The managing director described the efforts the service went to, to meet peoples' personalised needs and match people with carers. She described the profiling system that was used in recruiting staff as being useful when matching care staff with people to support. She told us, "Using this system helps to show if people are passionate about their work". Each person supported by the service had their own key workers. The registered manager told us their role was, "To be the first point of contact and to bring any information to the office".

People told us they were fully involved in the production of their care plan and we saw evidence of this. One person told us, "The carers came out and introduced themselves to me before they started and that was good". Both male and female staff were available to meet people's needs, should people have a specific preference. We saw that part of the assessment process included taking photos of the equipment being used to support people and incorporating this into people's care plans. This meant staff were provided with the correct information in order to support people safely and appropriately.

We saw that care plans were comprehensive and held information regarding people's likes, dislikes and preferences. They not only detailed the support people required but also how they wanted to be supported

and their short, medium and long term goals. The registered manager told us, "Everyone's needs are different. If they need a goal set, we agree small steps to keep encouragement going, we build on people's confidence". Staff spoken with confirmed the information they were provided with assisted them to meet people's needs. Staff were able to provide us with a good account of the people they supported, their likes and dislikes, aspirations and what was important to them. One member of staff, when describing how they supported a particular individual, told us, "We have to be aware of prayer times at particular times of year. We have to stay outside the room as [person's name] does their prayer". Another member of staff told us, "One person I support every day has dementia, which means whatever I do with them, every day, is new to them, so I explain bit by bit and talk it through".

People told us they were involved in reviews of their care and we saw evidence of this. One relative told us, "I haven't been involved in reviews as such, but I speak to them on a regular basis, so no concerns there". We saw examples of where people's needs had changed, their care packages were amended to reflect this and staff notified immediately. A relative told us how staff had recognised their relative required additional support after a fall and supported the family in obtaining an increase in their care package. They told us, "The carers even said to me we think your [family member] could do with someone else coming in to support her, she had an infection and a fall, so social services approved for another call." Another relative told us, "They are very approachable, if you ever phone they always say without fail, 'it's not a problem, we will sort it and will get back to you and if they say they will, they will'".

The provider told us in their PIR that staff were involved in the writing of 'monthly summaries' for each person they supported and we saw evidence of this. The deputy told us, "We are using monthly summaries to highlight what has stood out in that month, whether there has been a concern or an improvement. If there's been an improvement we may look to review the care package and see if it can be reduced at all".

We saw that regular feedback was sought from people regarding the quality of the service provided. We saw that questionnaires were sent out to people twice a year asking about the quality of the service. Regular random telephone surveys also took place as well. The registered manager told us, "We get feedback from people who use the service and staff to see how it's going and to see if people are happy" and people spoken with confirmed this. One person told us, "Yes I fill in surveys and they ring me and check things are ok" and a relative told us, "Whenever I speak to [deputy manager's name] she always checks that everything is ok and asks if there's anything else we need".

People were aware of the complaints policy that was in place and how to raise a complaint. One person told us, "I've no complaints. I had a minor query once about the bill and they dealt with it no problem". One relative told us, "I've no complaints, my relative is very comfortable with the girls and they are very friendly, no problems at all. I can assure you if there was a problem I wouldn't hesitate to raise it but I have no concerns at all" and another relative said, "I have no complaints at all, they are very respectful. When they have finished in the bathroom, they hang the towels up and leave things clean and tidy. They've told me anytime you need help, you let us know and we will come and help you. I haven't needed to call them but it's nice to know they are there to support not just [relative] but me as well. We have a good relationship". We saw evidence of a complaint being responded to, investigated and apologies given to complainant. The complainant had written back and acknowledged they were happy with the response.



## Our findings

The culture of the service was one of focussing on the wellbeing of people and supporting them to maintain their independence. There was an emphasis on building strong relationships and actively listening to the people they supported. There was also a culture of looking after the staff, and the service actively encouraged staff to support and praise each other. Good practice and kindness were recognised and acknowledged. The focus on recruiting for values had ensured that the service recruited people who were passionate about caring for others. The managing director told us, "If you recruit for values you won't go far wrong". People who used the service were also involved in the recruitment process. The managing director told us "When we do recruitment we have the people who use the service involved in the process. We bring them in when we are doing our presentation or at informal interviews". Staff spoken with confirmed this. These qualities were recognised in potential employees and then induction, training and mentoring was put in place to support people to become dedicated care workers. This meant that people benefitted from a service that put their wellbeing at the forefront of their care delivery. One person whose relative had been supported by the service to access particular healthcare needs, told us, "They [management] kept going and wouldn't give up until they got an answer".

There were clear lines of management and staff were aware of their roles and responsibilities and who to speak to if they had any concerns or required support. Many staff spoken with had worked for the service for a long time, they spoke positively about the provider and the management team and were encouraged to support and praise each other.

Staff were motivated and passionate about the care and support they provided to people in the community. They talked with pride about the work they did and told us they felt valued. One new member of staff commented, "What was really nice not long after I started was that one of the people we supported praised us. That really meant a lot to me".

Staff were encouraged to recognise good practice and compliment each other. Every time staff were complimented by people who used their service or their colleagues or management, this was recognised in the form of an email. For example, one member of staff received the following acknowledgement, "You have provided more support due to changes in circumstances for [person's name] with a very caring and compassionate attitude. Our care and support for [person] even while in hospital has been excellent". We also saw a number of compliments received from people and their families, for example one person wrote, "Thank you for the exceptional care you have shown my husband. It was truly exceptional. We shall remember you all with gratitude".

People spoke very highly of the service, the care staff and the management team. Everyone spoken with knew who the provider, the registered manager and other members of the management team were. One person told us, "I consider it a well led service, I would recommend them, speaking from my own personal experience of the service". One relative told us, "I would recommend the four staff who support [person's name]. It's a trust issue and I trust them" and another relative said, "The three carers are really, really good. I couldn't fault them, they go above and beyond what they are supposed to do".

Staff spoke highly of the management team and the support they received. They were proud to work for the service and this was evident in how positively they spoke about the work they did. One member of staff told us, "It's a well led service, they are good people to work for. They are always asking if you are happy. They will do what they can to support you" and another member of staff told us, "They look after staff, they are good in accommodating you".

Formal staff meetings took place annually and we saw a copy of the April 2016 newsletter that was sent out to staff by the service. It was informative and positive. The registered manager told us, "Both I and the deputy are out in the community supporting staff and observing practice on a weekly basis, we can offer any support staff need there and then". This meant that both had a good knowledge of the people the service supported and their needs and enabled them to provide staff with guidance and advice at any given time. Staff told us they were happy with this arrangement as they also visited the office regularly and were able to speak to members of the management team. Senior staff meetings took place on a weekly basis, not only to look at the service but to see what improvements could be made. We saw that changes were being made to the format of the weekly 'risk rating' sheet to make it more informative and easier to read. The registered manager told us, "We have a catch up every Monday morning and look at what happened over the weekend and what actions are for the week".

Communication systems were in place to ensure staff had the most up to date information available to them to enable them to carry out their duties effectively. Where changes in people's care needs had taken place, new care plan paperwork was sent out via email and the changes brought to staffs attention. A member of staff told us, "We get our rotas on email as well, and they will text you with any updates. When we go out to see people we know what to expect". Staff provided us with a number of examples of where they had passed information onto each other in order to improve the delivery of care. They told us, "We have regular team meetings and if we are supporting a person we will ask each other, what can we do better?"

All staff spoken with, including the registered manager, understood their individual responsibilities in relation to the duty of candour and were supported to be open and honest in their dealings with people they supported. Where concerns or complaints had been raised, they had been investigated and actions taken where appropriate. Staff told us they felt listened to and able to raise any concerns they may have. We saw evidence of a concern being raised by a member of staff regarding their call allocation and the impact this was having on the people they were supporting. This concern was taken seriously, was looked into and acknowledged that unrealistic travel times had been allocated and actions were taken to address this.

The provider, who is a member of the Skills for Care board, had recently been awarded an MBE for her work. She had written to people who use the service and staff, to tell them of this and how proud she was, but the focus of her letter was on her team, the support they provided and how proud she was of them. The registered manager told us, "[Provider's name] is really informative about what's going on and it's good for us and beneficial for us as a company. She is definitely a big believer in training. She believes staff should be trained and people who use the service benefit from this". There was a strong emphasis on continually trying to improve the service.

The service actively worked in partnership with other organisations to ensure they were not only following current practice in terms of accessing specific training to meet individual care needs, but that people benefitted from receiving a service that focussed on their wellbeing and maintaining their independence.

We saw that efforts were made to maintain links with the local community. Staff were asked to be mindful of what was happening in their communities with a view to looking out for opportunities that could be offered to people who used the service. The registered manager told us, "We are looking at putting a community map together. We are looking at the areas we support and to see if we can do anything to bring people together".

When daily records and medication audits came in for monthly auditing, members of care staff who had been appointed as 'quality leads' were responsible for auditing the entries. The registered manager told us, "When we go through the daily records, we are always looking for something different. It makes more sense for a key worker or a quality and compliance leader to go through the book as they know people well. It's also about picking up on good things and talking about what worked well".

We found that the manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

We asked the provider to complete a provider Information Return (PIR). The provider completed and returned this to us within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.

Although this is the first rating inspection of this service, previous inspections have demonstrated that Woodford Homecare have met the requirements of the regulations and strive to make continuous improvements through their own development and learning in order to improve the quality of service they deliver.