

Forever Homecare Limited

Forever Homecare

Inspection report

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Date of inspection visit:
01 August 2017

Date of publication:
17 August 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection took place on 1 August 2017 and was announced.

Forever Homecare is a small, family-run service located in the central business district of Slough, Berkshire. The service provides care at home to older and younger adults in Berkshire and Buckinghamshire. Only personal care is regulated by us, and our inspection has excluded evidence about other support types offered by the service. At the time of our inspection, the service provided care to about 31 people and this was growing. There were approximately 15 staff with more being recruited to increase the capacity of the service to cater for more care packages.

The service must have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection there was a registered manager.

This is our first inspection of the service since their change in registration with us. The service changed their location since our last inspection.

We found people were protected against abuse or neglect. Staff attended training that ensured their knowledge of safeguarding people was up-to-date. People had personalised risk assessments tailored to their support requirements. We saw sufficient staff were deployed to provide people's support. We made a recommendation about the service's medicines policy.

Staff received appropriate induction, training, supervision and support from the service's management. This ensured their knowledge, skills and experience were appropriate for their caring roles. We saw people's consent was obtained before care packages commenced. The service needed to ensure that where consent was given by another party (such as a relative with a power of attorney) that appropriate checks of documentation were completed and stored. People were sometimes supported with their nutrition and hydration. Staff respected people's choices for meals and enabled them to be as independent as possible in the preparation of food and drinks.

Staff at Forever Homecare were caring. The service had received many compliments about the care received. Responses to surveys we carried out and people and relative's feedback demonstrated that staff were kind and compassionate. The service had appropriately considered communication barriers in the provision of personal care and implemented strategies to ensure people and their relatives could have effective conversations with staff.

People had appropriate support plans in place which were regularly reviewed. We found the plans

contained detailed information relevant to each person who uses the service. There was an appropriate complaints system in place and the management team handled any concerns promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. We saw there were a variety of audits and checks completed by the management to measure the safety and quality of care. The service had developed their own improvement plan and worked continually towards improving their support to people and those important to them.

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 protected from abuse and neglect.

People's support risks were assessed, mitigated and documented.

People had access to sufficient staff for their support needs.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People received care from staff with the right knowledge, skills and experience.

The service was compliant with the provisions of the Mental Capacity Act 2005 and associated codes of practice.

People were supported with their nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People and relatives felt staff were kind and compassionate.

People's privacy and dignity was respected and maintained.

People's confidential personal information was protected.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care.

People's support plans were individualised and regularly reviewed.

People, relatives and others could make a complaint or report any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was a positive workplace culture amongst staff.

Audits and checks on the quality of care were completed.

The service had set their own goals for continued improvement of support to people.

Forever Homecare

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 checked 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 was a comprehensive inspection.

Our inspection took place on 1 August 2017 and was announced. We gave the service 48 hours' notice of our inspection because the management team were often out of the office supporting staff or providing care. We needed to be sure that they would be available for our inspection.

The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience conducted telephone interviews with people who use the service. They also spoke with some relatives.

Before our inspection, 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 already held about the service. This included previous notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked information held by Companies House and the Information Commissioner's Office.

Prior to our inspection, we sent 58 surveys to people who use the service, relatives or friends of people, staff and community healthcare professionals. We received 12 responses. At our inspection, we spoke with the nominated individual, registered manager and three staff. After our inspection, we spoke with three people who use the service and three relatives.

We looked at 11 people's care records, three staff personnel files and other records about the safe management of the service and quality of care. After the inspection, we asked the registered manager to

send us further documents and we received and reviewed this information.

Is the service safe?

Our findings

People told us that the service was safe. In 100% of the survey responses we received prior to our inspection, people, their relatives and care staff felt that the support provided by Forever Homecare was safe.

One person who uses the service said, "I have had the service for about one year for [my personal care]. I feel very safe with the carers. They arrive on time, unless the cause is the bad road works. They stay on time. Yes, they do all that they should do." Another person told us, "I feel very safe with them. I have lots of needs of four calls each day over seven days and they do all that they should do. They are the best carers I have had to date. They mostly arrive on time, but if they are late I don't worry. I know that they will be coming or they will phone me."

Relatives also told us they felt the service people received was safe. One relative commented, "We feel very safe with the carers. We have one lady from the company, who has been with us for several years and in fact, we went to the company, because we knew this lady worked for them. Plus we have from the company a young...man and he is brilliant too. They arrive on time and stay for the correct time and are very efficient and willing to do all that we ask and need." Another relative stated, "We feel very safe with this company. They are the best of several companies that we have used. They arrive mostly on time, but will call if late [for example] if there is roadworks chaos. They stay and do all that they are supposed to do."

People were protected from abuse and neglect. There was an appropriate safeguarding policy and whistleblowing policy in place for staff to read. The registered manager and nominated individual also told us there was access to contact information for the local authority that included who to contact after hours. Staff received safeguarding training during their induction and throughout their employment. The registered manager had completed training that included how to complete investigations if abuse or alleged abuse occurred.

We saw appropriate risk assessments for people's care were in place. We were told the service's staff met with people and relatives in hospital or at their own home before a care package commenced. We saw that each person had a needs assessment completed. This captured key information like the type of care required, the frequency and length of required visits and how many staff were needed to complete the care. In some examples, people's care was safely provided by one care worker, but some people's support required two staff. For example, this was planned if the person needed a hoist and sling to transfer. Risk assessments we saw included moving and handling, risks to the person and staff from people's internal and external premises, and behaviours that might challenge staff. We saw the risk assessments were updated regularly. People's risks related to care were appropriately assessed, mitigated and documented.

There was a system in place to record any accidents or incidents during people's care. There were no incidents or accidents recorded at the time of our inspection. When we asked, the management team what they would do if there was a care incident, they knew their own process and told us they could also rely on their external contractor for health and safety advice. Staff were also aware of how to make an incident or accident report.

There was sufficient staff deployment to meet people's needs. Staff consisted of the management team, office-based workers and care workers that provided support to people. An electronic system was used to determine the number of hours of care that were required by people during any given week. This allowed the registered manager and office-based staff to safely plan people's calls each day and also the number of care workers required to support people. To reduce driving time between calls and ensure continuity of assigned care workers, staff were allocated their own geographical patch. The service offered calls that lasted for a minimum of half an hour, and refused to provide care in a shorter period of time. The registered manager explained that one person did not want the care worker in their house for so long, and the care package was adjusted with their consent to be 15 minute calls. Staff were required to use handheld electronic devices to scan in and out of support calls, using folders within people's homes. The service's office could monitor in real-time where care workers were situated, whether they were on schedule and if telephone calls were required to people or relatives because of any delays. The service provided all call time data to the local authority, who commissioned some of the care. Outside of business hours, the service had on-call staff. The registered manager explained situations where people had called late at night because they could not obtain help from other agencies. The service's management team had attended to people outside planned calls to ensure they were safe.

We looked at safe staff recruitment. We examined the content of three staff employment files. We saw appropriate checks for new workers were completed. This included verification of new staff identities, checking criminal history via the Disclosure and Barring Service, obtaining proof of conduct (references) from prior health and social care roles, and ensuring staff were able to perform their roles. We found the service employed only fit and proper staff to care for people.

People's medicines were safely managed. There was a medicines policy. However, recent best practice advice from NICE was not included in the policy at the time of our inspection. We explained this to the management team and they assured us they would access the guidance document. We found staff received theoretical and practical training in how to manage people's medicines. This included a period of supervised practice and competency assessment before new staff were permitted to administer medicines on their own. People and relatives told us they managed their own medicines, but required occasional assistance from staff. One relative told us, "Regarding the medication...it is currently not a problem. The carers give it and the medication is not time-specific for my mum. However, when she had painkillers to be administered four hours apart, the [registered] manager would phone the family to see if we could give her evening ones, as the care visit was too early for mum to have them. The [registered] manager was fully aware of our concerns and [together] we have currently handled this issue."

We recommend that the service reviews their medicines policy to include the latest national best practice guidance.

Is the service effective?

Our findings

People told us that staff effectively supported them. One person said, "They (staff) did not at first know how to look after my [medical equipment] and I had to tell them. Now the stoma nurse has showed the [registered manager]...and the other carers have been trained. Yes, they ask before giving me care." Another person commented, "They give me my lunch and things, and how I want it. Yes, they ask before they need to hoist me or dress me or shower me. Yes, I feel that they know how to handle me with my needs."

Two relatives also told us staff were knowledgeable and skilled in how to effectively support people. The first relative said, "Yes, they are very knowledgeable in his (the person's) catheter care, how to roll him and hoisting. He is handled very expertly and I know that, as I used to be his carer....Yes, they always chat to him and say what they are about to do and make sure with his body language and that he has said 'yes'." The other relative said, "Yes they know that they have to make sure that his (the person's) bottom does not get sore and he is properly washed and dried, and his bottom and legs are creamed, because [of his needs]. They ask permission before they do anything."

We spoke with a further person who uses the service and their relative about the effectiveness of support from Forever Homecare. Together, they told us, "My mum has mobility issues and cannot weight bear. When she first came home and the [occupational therapist] brought in a hoist, the staff said that they would have to be trained before they could use it. Now it is not needed and with mum and the OT and the staff know how they can help her to stand. Regarding meals, the staff prepare lunch from ready meals. I have asked for them to ask mum to have a choice of 2 drinks and meals. So that she is able to choose, but also for the staff to make sure that she does have something as she needs to eat and drink regularly. The carers know that she likes yoghurt on her cereal. They have also suggested new meals to her choices that they have found other people have bought and liked."

New staff completed a comprehensive induction programme that included computer-based study, workbooks and face-to-face training. Staff new to adult social care work also completed Skills for Care's 'Care Certificate', which is a nationally-recognised induction standard. Staff had a good understanding of their roles and that induction had prepared them for working at the service. Staff told us and records we looked at showed there was a detailed training programme in place. This included mandatory training such as moving and handling, health and safety, the Mental Capacity Act 2005 (MCA) and medicines administration. One staff member wrote, "Forever Homecare provides great further training opportunities for all staff that want to develop further within the care sector."

Staff received regular supervisions in the office, and 'spot checks' by the management team in people's houses during care provision. One staff member was trained to provide language lessons to staff whose primary language was not English. Staff could understand, speak and write satisfactorily, but the service wanted their staff communication skills with people to be even better.

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 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.

We saw consent to care packages was clearly set out and recorded in people's care packages. The consent form also included topics such as provision of people's records (when required), access by regulators such as us, and if needed photographs. Five staff told us they understood the MCA and how to obtain valid consent. The workers also told us that they must assume that a person who uses the service had capacity to consent, unless proven otherwise. We looked at two people's records and saw they had signed their consent forms. A third person had signed their consent form and a relative co-signed with them. We pointed out to the registered manager that unless the relative held a lasting power of attorney for health and welfare or was a court-appointed deputy, their signature for consent was not valid. The registered manager and nominated individual were not aware of how to search for a person's enduring or lasting power of attorney registered in England. We explained this was possible via enquiries to the Office of the Public Guardian. The registered manager also explained they would check with each person, and where necessary their relatives, as to whether a power of attorney was in place.

Staff told us they often prepared meals for people using a microwave or simple to prepare food. We were told of one person's care where their independence for meals was actively encouraged. As the person was in a wheelchair, they experienced some difficulty in accessing the kitchen and cooking. The registered manager explained for breakfast, staff would lay out breakfast items on the person's dining table. The person liked moving their wheelchair to the table and choosing and preparing breakfast for themselves. This was a good example of inclusion of the person in their eating and drinking. In another example, staff told us they respected people's choices regarding eating and drinking. One person liked spaghetti bolognese for breakfast. Staff told us they did not question the person's choice, but prepared and served it as the person requested. The registered manager told us people's eating and drinking was monitored and recorded. They stated where a person was at risk of dehydration or malnutrition then a food or drink chart would be commenced, but no one who uses the service needed this at the time of our inspection.

Is the service caring?

Our findings

Forever Homecare was a caring service. We received information from a variety of sources which confirmed this. When we checked our own records of contact from the community, there were no complaints and no concerns about the care provided. From a list provided by the registered manager prior to our inspection, we contacted stakeholders who worked in conjunction with Forever Homecare. These included commissioners, social workers and other healthcare professionals.

One stakeholder replied and stated, "I manage the council's employment service for local Slough residents with disabilities who are eligible for adult social care. We have a small group of two or three who attend the local [supermarket] for work experience but wouldn't be able to do this without support. Forever Homecare provide this service which includes not only workplace support but transport to and from the shop. We monitor this arrangement which has been running very smoothly since last September (2016). If there are any problems such as a change of support worker due to illness or holiday I have always been informed." This was evidence that people who use the service were assisted to work and be part of the broader community.

We also spoke with people who use the service after the inspection. One person told us, "They (the staff) know what I need and how to do it. I see the nurse every six months and she passes on what care I need (to the staff). At present, I have cancelled my lunch and evening visits to be more independent, but know that I may have to have these back as I deteriorate. They [the staff] are very respectful when showering me and use towels to keep my privacy." Another person replied, "Yes, they are very caring and respectful to me. Very accommodating. The best set of carers that I have had and they know how to do things properly, but also let me do what I am able to do myself". A third person said, "Yes. They are lovely. The carers know how I like to get dressed and which drawers I keep my clothes in and what jewellery I like to wear."

Three relatives told us they thought the staff were caring. The first relative said, "He and I are treated with great respect and friendliness and dignity. We are consulted with changes." The next relative stated, "The carers are very respectful to us. They sometimes do extra and help to put the bins out to help me. He [the person] keeps independent. He can get himself onto his commode and wash his upper self. They tell us if he has a change, [for example] of new creams." The third relative said, "They treat mum with respect and ask her how she wants to get undressed. They help her to be independent. [For example] they let mum butter her own sandwich which she likes and is able to do. They are a friendly and chatty bunch and talk to my mother about their families, which she likes."

People were introduced to new care workers by an experienced staff member accompanying them on their first visit. The experienced staff member would assess whether the new care worker and person who uses the service formed a bond. The registered manager told us that the service wanted people to experience positive relationships with the staff who supported them. In limited instances, people's care workers were swapped when it was felt a good rapport was not established between the two parties or where a request was made. The service was able to provide gender-specific care, which some people specifically requested. There were three male care workers employed, and some people who use the service preferred care from

the male care workers. The registered manager pointed out in another example, there was a 'cultural difference' between the care worker and the person who was supported. The person and their relative agreed that the best solution was to have a different named care worker. This demonstrated people who had specific requests about their care had their choices respected by the service.

People and their relatives were actively involved in choices about care and planning before care commenced, and throughout the duration of the care package. We looked at two people's care documentation for involvement in care planning. We saw the care plans clearly pointed out the people's preferences based on what the person wanted and what tasks they were unable to perform for themselves. For instance, one person could not adequately feel the urge of needing to use the toilet. The service agreed with the person and their relative that regardless of incontinence, the person would be assisted to the toilet during their care calls. At night the person was routinely assisted to the toilet by their relative and waited there a short time until the care worker arrived for the support visit. The person's choice was 'I want the care worker to be there at the right time'.

The registered manager and nominated individual explained people's privacy and dignity were respected by care workers. Staff were instructed to ensure privacy during personal care by knocking on the door to announce their arrival and seek consent to enter. Staff also closed doors and curtains during intimate personal care. People's preferred names were recorded in their care documents. The registered manager went on to explain that some people liked to be addressed by different names, and that care workers were mindful to use the person's preference when speaking with them.

People's confidential personal information was securely protected. Limited information was stored within folders in people's homes. When documents were no longer required in people's homes, they were archived and locked away in the service's office. Information pertaining to staff and other confidential management information was locked away or protected by passwords on computers.

At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We pointed this out to the registered manager. Although previously registered with the ICO, the registration had lapsed. On the day of our inspection, the management team rectified this promptly. After our inspection, we checked the ICO records and found the provider had reinstated their registration in line with the requirements of the legislation.

Is the service responsive?

Our findings

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told staff could speak languages in addition to English. Some staff were fluent in Polish, Slovenian, Punjabi, Urdu, Hindu, Swahili and Serbian. The registered manager told us one person who received care used basic hand gestures to communicate with staff. We heard the staff organised another person to speak with their relative overseas using a computer programme. This helped the person keep in touch with their loved one at regular intervals and to see each other via the computer cameras. The registered manager said they were considering training a small number of staff in British Sign Language and Makaton to increase the service's ability to communicate effectively with people who may use the service. We saw people's needs assessment, risk assessments and support plans also included information about how to effectively communicate with them.

We looked at the care records for 11 people who use the service. We found people's care documentation was person-centred. Each person had a care plan that contained personal details such as their next-of-kin and social background, their medical history and a range of categories that specified different aspects of care and support needs. Care plans indicated people's preferences for their support. For example, in one file the plan stated, "Ask what she wants [for breakfast]. She especially likes cheese on toast." In another person's care file we viewed, we saw person-centred support details were specified. The care plan stated, "On some days, [the person] would like a shower; on other days they prefer a bed bath. [The person] will tell you what she would like." Daily care notes were also recorded. We reviewed the notes that care workers made on previous support calls. We noted these were appropriate. We provided feedback to the management team about the use of some words and crossing out of handwriting which may be considered inappropriate. The management team told us that this would be raised as a topic for discussion with staff.

Compliments, concerns and complaints were satisfactorily managed by the service. The service received many written compliments. Our pre-inspection survey of people and relatives produced many examples of compliments about the service. Feedback included, "In all the years I have received care, I have never had to complain. The morning carer has been with us since we needed care and this is really important to us", "The...care workers [check] in on arrival and again when they are leaving. This seems a good idea to ensure timekeeping is maintained and recorded as required" and "My mother is 96 and although restricted in her movement and strength is still very bright and mentally capable. Her carers understand how frustrating it is for her to have to ask for help and are always understanding and patient with her. We are very happy with the service they provide."

Most people knew how to make a complaint. Staff also felt their concerns were listened to by the management team. The staff and management were aware of how to deal with complaints. The 'service user guide' (or service handbook) contained appropriate information about how to report complaints. This pointed out a variety of ways to make a complaint such as telling a care worker, ringing the office, writing or

sending an e-mail. There was a complaints policy in place which set out the steps to use when there was a concern or complaint. We looked at how the service dealt with one complaint they had received prior to our inspection. This was appropriately investigated and all of the communication and documentation between the service and the complainant was available. The outcomes of each complaint were clearly recorded.

We asked people and relatives whether they had any concerns about the service. One person told us, "If I have any concerns I will phone the owner. Sometimes staff are a little late, because of roadworks or someone has fallen, but we are not always informed, it would be more helpful if we were." Another person said, "I have not needed to raise a concern, but would call the office. Yes, I get it all [care] as I need it." Relatives' comments included, "No concerns. They have never said no [to our requests]. If I have ever had a concern I have spoken to the owner and all has been sorted" and "If I need to I would call the office [to make a complaint]."

Is the service well-led?

Our findings

There was a positive workplace culture at Forever Homecare. On the day of our inspection, the registered manager, nominated individual and three other staff eagerly participated. They were honest and knowledgeable and were able to provide the evidence we requested to look at. The registered manager was receptive to our feedback about particular issues. We observed the interaction and teamwork between three of the staff as they carried out their roles. They worked well together, solved problems quickly and thought of lateral solutions for issues with people's care. For example, at one point of our inspection we needed to stop as a telephone call was received in the office to inform that a person's food was in short supply. Although Forever Homecare was not responsible for the person's shopping the office staff worked together to contact a relative, obtain funds for shopping and organise a care worker to buy groceries. Later during the inspection, we heard the staff check with the care worker that the person had adequate food in their house.

Care workers agreed they were supported by the service's management. In our pre-inspection survey, 100% of staff who responded agreed that " My managers ask what I think about the service and take my views into account" and "The staff in the office give me important information as soon as I need it." One care worker wrote, "The service [must be] difficult to operate. The people supported all have their own problems. The carers all have theirs also. To keep all those balls in the air at the same time is virtually impossible. In the Slough area there are plenty of jobs, so recruitment for this work is very difficult. I have had experiences of four 'providers'; however Forever Homecare is by far the best. No firm in this business can be perfect! But the last one [Forever Homecare] are excellent."

People told us the service was well-led and they knew who the management team were. People who completed our survey told us they knew the management team. Comments we received included, "Basically the management is a good service. I have just also filled in a questionnaire for them for this...I now have a permanent carer with them, which is good", "All [staff] in the office very accommodating and helpful" and "The [registered] manager will come herself if staff are ill! I appreciate all that the company does for me." Relatives also felt the service was well-led. They told us, "They [staff] all seem to get on well with each other. They have always done what we have asked them. I have absolutely no complaints and we are very happy with the service and the care that they give us", "Best of all the companies that we have used" and "They are a friendly and chatty bunch and tell my mum about their families which I know that she likes. There have been different staff recently, as staff have left and new ones joined and not the same member of staff at the same time. Having said that, we have never been let down. As a positive, the [registered] manager will come out [to provide care]."

We looked at documents that related to checks on the quality of people's care. These were 'quality assurance' telephone calls with people who use the service. A set of questions was used to measure the service's provision of support to people. The registered manager explained that a selection of people were phoned each month to ask for feedback about the service. The registered manager told us they had received a large amount of positive feedback from the calls. When we checked May, June and July 2017 results we saw the complimentary feedback was recorded in the telephone record forms. Comments included, "Keep up the good work", "Happy with the time carers arrived", "Personalised care", "Stayed for the allocated time

[of call]", "Very happy with carers" and "[The person] is very happy with [the care worker]. She said he [the staff member] is very polite and caring." We asked the registered manager what process was used if any negative feedback was received. They told us they would seek further details and act on any issues identified. They gave us an example where a person was dissatisfied with the call times and these were changed by the service after consultation with the commissioner of the care.

The service also sought feedback about whether people and staff thought personalised care was provided by Forever Homecare. Between January and March 2017 surveys were sent out with a series of questions. We saw 10 responses from people who use the service and 10 from staff. In all 20 instances, respondents agreed that care was individualised and suitable. The registered manager explained they would repeat this survey periodically to check the quality of care, and the next planned survey was for September 2017.

Regular staff meetings were held to provide management information and allow care workers to have a say in the operation of the service. We looked at the meeting record for May 2017. We found that management had explained the introduction of the computer-based care planning system and asked staff their opinions or any questions they had in relation to this. The meeting also spoke about particular people who use the service where care could be improved. We noted from the minutes that staff were reminded about one person's communication methods and how to ensure effective conversations with them during their support calls. There was also a plan to commence a staff newsletter from August 2017. The registered manager showed us the first draft they had created. They told us this would help staff who did not visit the central office often to receive relevant information in a timely way. The service already had an 'employee of the month' system in place for recognition of outstanding practice and a 'carer of the year' award would commence in January 2018. People who use the service, relatives and staff could nominate care workers for either of the awards.

A staff survey was completed but the 2017 results were not available at the time of our inspection. We looked at the feedback from staff in the 2016 survey. We saw staff requested to have more regular team meetings and increase their ability to meet new team members and get to know each other more. The registered manager told us that actions from the survey included a retirement party for one care worker and a pizza evening, with more events planned.

The registered manager explained further steps the service used to ensure the safety of people and quality of care. When there were any suggestions that care was below the service's standard, an investigation took place involving any relevant person who uses the service and staff members. We looked at one example where disciplinary action was taken and remediation of the staff member's care practices was completed. The registered manager also showed us the service's goals and action plans for the 2017 year which included a number of ideas for improvement. We noted some of the targets for changing systems or processes were achieved and some items were still for discussion or implementation. The service also provided weekly statistics of performance to stakeholders, including commissioners of people's care. These included any missed visits, the number of care hours provided in a week and the number of calls, how many people required one staff member or two staff members and the number of reviews held. We looked at the June and July 2017 data. We saw a decrease in the number of calls classified as late. In July, the number of late calls was half that of the prior month. The registered manager explained this was partly due to the implementation of the computer-based call planning system.

The service also used data to measure how much people's conditions improved with the use of support calls. This was useful when the person had a long period in hospital and required rehabilitation. In the June 2017 data, we noted that the service managed to reduce the number of calls to some people who use the service. Although a small number of people were included, this showed that with the right support from the

service, people were enabled to regain independence without the need for a hospital or care home.