

Alde Care Ltd

Right at Home GF

Inspection report

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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

The inspection took place on 01 and 12 September 2016 and was announced.

Right at Home – Guildford provides care and support to people in the own homes. At the time of the inspection the service provided personal care to 56 people.

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 and associated Regulations about how the service is run.

There were some outstanding elements of the service offered, particularly around the support of people living with dementia. Staff were provided with a range of training to enhance their understanding of people's needs and use relatives told us that staff used these skills to work with people in a personalised manner. The service offered a range of activities for people to and their carers to minimise the risk of social isolation. These included a singing group, a gardening group and a weekly dementia café. Relatives told us the groups were well managed and had a positive impact on people's well-being.

Systems were in place to ensure only suitable staff were employed and all staff received relevant training to enable them to undertake their roles. Staff received regular supervision to discuss their progress and training needs. Spot checks were completed by senior staff to monitor staff performance and ensure people were receiving support in line with their needs and expectations.

People were protected from the risk of abuse and avoidable harm because staff understood their roles and responsibilities in protecting them. People received their medicines in line with prescription guidelines although recording systems were not completed comprehensively. There was a 24 hour on-call system in place and guidance was available to staff regarding the action to take if an emergency occurred. Systems were in place to monitor accidents and incidents and where changes were required to people's support to keep them safe these were implemented.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff were kind and caring towards people and upheld their privacy and dignity at all times. Staff had a good understanding of people's needs and supported them effectively. People and relatives told us that staff were respectful of their homes and supported them to maintain their independence.

People were supported to maintain good health. The service had good links with health care professionals to ensure people kept healthy and well. Support was provided by staff who knew them well which meant that any changes in people's health were recognised and acted upon promptly. Where people required support with eating and drinking this was recorded within their care plan and their preferences listed.

People's needs were assessed prior to the service starting and staff were aware of the support people required. The service offered a minimum of one hour calls to ensure staff had time to spend with people. People were introduced to any new staff who would be supporting them and were given the opportunity to shadow more experienced staff members.

During the inspection we found that systems to monitor the quality of the service were not routinely completed with regard to care plan audits, risk assessments and medicines. Complaints were logged and action taken promptly to address people's concerns. However, complaints were not reviewed to identify trends and improve the quality of the service. Following the inspection the provider sent us details to show they had responded to these concerns. We have made a recommendation regarding this to ensure the processes in place are embedded into practice.

Staff told us they felt valued and received support to carry out their role effectively. The culture within the service was open and positive and provided care that placed people at the centre.

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 received care from staff that understood how to keep them safe.

People had regular staff and received their calls at the time they agreed.

Staff were knowledgeable about their responsibilities in protecting people from potential abuse.

People received their medicines in line with their prescriptions.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's consent was obtained before their care was provided.

People were supported to access appropriate health care when required.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

Staff knew the people they supported well and knew about their personal preferences.

Staff respected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed prior to the service starting to provide support and regular reviews were completed.

People received care that met their needs.

The service planned community activities for people to support them in staying well and reducing the risk of social isolation.

People felt able to raise concerns with the service and were satisfied with response they received

Is the service well-led?

Good 

The service was well-led.

The quality of the service and recording systems were not regularly reviewed although this did not have an impact on the care people received.

Staff felt valued by the provider and the registered manager.

People had the opportunity to feedback their views of the service the received.

The service was committed to raising the profile of care services and the needs of people living with dementia.

Right at Home GF

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.

This inspection took place on 01 and 12 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed the information we had about the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about.

During the inspection we spoke with eight staff members, including the provider and registered manager. Following the inspection we spoke to seven people or their relatives to gain their views on the service they received.

We looked at the care records of six people who used the service, four recruitment files for staff, and staff training records. We looked at records that related to the management of the service including, audits, risk assessments and contingency plans. Following the inspection the provider sent details of actions they had taken following our feedback.

Our last inspection of the service took place in June 2014, when no concerns were identified.

Is the service safe?

Our findings

People and relatives told us they felt safe when staff provided their care. Comments included, "Always felt very secure with them, never anxious." And "They all seem to know what they're doing and are always very professional."

Risks to people's safety were assessed and guidance provided to staff on how to support people safely. Risk assessments were completed where appropriate with regards to the environment, medicines, moving and handling, falls and nutrition. These included control measures to mitigate the risks identified, such as where people required support with moving and handling. The equipment to be used was recorded and the number of staff required to support the person was assessed. During the inspection we found that risk assessments had not always been completed for individual risks such as skin integrity and behaviours that may cause harm to people and others. Following the inspection the provider forwarded information to evidence these areas had been addressed and the relevant information shared with staff.

People were receiving their medicines in line with their prescriptions although recording systems were not effective. Staff responsible for administering medicines had received training and their competency assessed. However, records showed a number of gaps in the recording of people's medicines. Medication administration records (MAR) were in place for each person and were audited regularly. Audits showed that gaps in recording had been a consistent concern and that systems in place for reminding staff to sign MAR charts had not been effective. The registered manager told us that all staff were currently refreshing their medicines training to address this concern and electronic MAR charts were to be introduced to enable closer monitoring. This confirmed the information we had received with the Provider Information Return (PIR) Care records evidenced that staff were supporting people with their medicines and people and relatives told us this was the case. The registered manager told us that following spot checks and discussions with people and staff they were confident that this was a recording issue and that people were receiving their medicines safely.

People were protected from the risk of abuse as staff were aware of their responsibilities in safeguarding people. The service had a safeguarding and whistle-blowing policy in place which gave clear guidance to staff on how to identify and report concerns. Staff we spoke to confirmed they had received training in safeguarding adults and were able to describe the different types of abuse to look for. They were clear about how to report concerns both internally and to external agencies if required. One staff member told us, "If I saw anything I was worried about I'd report it straight away. We look after people like they're our family; I wouldn't let anything happen to them and not tell someone."

Where accidents or incidents occurred people received the support they required. Accidents and incidents were logged on the person's electronic file and were regularly reviewed. Where appropriate additional control measures were implemented to keep people's safe. One person had been extremely anxious when being supported with personal care. Additional staff had been provided to support the person and offer reassurance. Where people had experienced falls appropriate medical attention had been sought and risk assessments reviewed.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Prospective staff members were required to submit an application form, undergo psychometric profiling and a face to face interview. References were obtained and a Disclosure and Barring Service (DBS) check was completed for staff prior to them starting work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People told us the carers arrived on time and that they had enough time to provide the care they needed. One person told us, "They are very punctual and if there is a delay we receive a call to let us know they will be late." The minimum length of call the service provided was one hour. The provider told us they had implemented this policy to ensure people received a good quality of care and staff were able to spend time with people. One relative told us, "They're so good, if they've finished and there's time left they always ask what else they can do to help." Staff told us they had enough time to spend with people and did not feel they needed to rush people's care. One staff member said, "I definitely have enough time with people and they make sure there's enough travel time so we're not late." The service had an electronic monitoring system in place which required staff to log in with their mobile phones when they arrived and left each call. This enabled office staff to monitor visits to ensure that no care calls were missed and that staff stayed the agreed length of time.

People and staff had access to a 24 hour on-call service to ensure support was available in an emergency. There was a business continuity plan in place to ensure people would continue to receive care should an emergency or unplanned event such as adverse weather conditions occur. Staff responsibilities were identified and senior staff were always available to guide staff on the appropriate action to take.

Is the service effective?

Our findings

People and relatives told us they believed staff had the skills and experience needed to provide their care. They told us, "They're pleasant and professional and certainly know what they're doing.", "I can't fault them, they're always shown what to do and are very competent" and, "We have lovely carers. We had concerns with one person but we spoke to the office and they made sure they had more training. I would definitely recommend them."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Prior to starting work all staff completed a four day face to face induction programme which introduced them to the aims and culture of the service and provided training in medicines, moving and handling, safeguarding and first aid. In addition staff completed e-learning training which covered health and safety, infection control and the mental capacity act. New staff then shadowed more experienced staff members to ensure they were able to put their training into practice and had the opportunity to learn about people's individual needs. Staff told us that the induction they received had prepared them well for their role. One staff member said, "The training is really good and when you start shadowing it all makes sense and falls into place."

Staff were provided with on-going training to support them in their role. Training records were monitored to ensure that refresher training was provided within the timescales set. The provider required all staff to complete the Care Certificate, a recognised set of national standards that care workers should demonstrate in their practice. Staff told us they were supported and encouraged to complete recognised qualifications including the Qualifications and Credit Framework (previously NVQ). One staff member told us, "I've just finished my level 2 and they've agreed to fund my level 3. It gives me understanding of different conditions and makes me more professional. I'm more confident and it gives people we support confidence in me."

People living with dementia benefitted from staff who received a range of training to help them understand their needs. All staff completed dementia training and were offered the opportunity to take part in on-going training in this area through workshops and events such as 'Take Care', a drama workshop for carers supporting people living with dementia. Relatives told us that this had a positive impact on the care their family members received. One relative told us, "They cared for both my parents. Both suffered from dementia but were very different and they knew just how to support their different needs. Mum was very placid and wasn't aware of what she needed. They knew instinctively how to support her sensitively and showed great patience. Dad was dictatorial and grumpier. They supported him differently by working with his personality." Another relative told us, "Staff initially spent most of their time out walking with my wife. They have always showed understanding of her particular type of dementia and worked with it. Their responses have always been appropriate; they've all done extremely well."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have supervision every couple of months and an appraisal. I don't have to wait if I need something though; I can come in at any time and speak to anyone. They care about the

staff as much as the clients." Staff files confirmed that regular supervisions took place which gave staff the opportunity to discuss their performance, address concerns and discuss their development needs. Annual appraisals were completed with staff to set goals for the coming year and reflect on their achievements. One staff member told us, "I've never had an appraisal before working here. It's was really nice to hear how well I've done." In addition to one to one supervision, senior staff carried out regular spot checks to observe staff practice and ensure that people were receiving the support they required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's legal rights were protected. When people had started to use the service, the provider had assessed each person's capacity to consent to their care. Information held within people's care files evidenced that people had signed to consent to their care with the support of their relatives where appropriate. Staff had completed MCA training and were aware of their responsibilities to gain consent before providing care. One staff member told us, "It's just automatic, I'd always check with people they were happy and talk about what I'm doing." People and relatives confirmed that staff spoke to them about the care they were providing. One relative told us, "They talk to him all the time about what they're doing and I always hear them asking if it's okay."

People's healthcare needs were closely monitored. Relatives told us that staff supported them in identifying health care concerns and ensuring they were addressed. One relative told us, "They're super-efficient, they noticed a small sore a while ago and told me straight away so I could get it looked at." People's healthcare needs and the professionals involved in their care were recorded. Senior staff told us that all staff were told to report any changes in people's health to the office immediately and records confirmed this was actioned. Where concerns regarding one person's mobility had been noted an OT assessment had been requested. Staff told us they were able to identify changes in people's health as they supported the same people regularly. One staff member told us, "We have the same people so we get to build a rapport with them. Because we're going in all the time we notice details. Last week I noticed (name) had an insect bite which looked infected. We called the nurse who was able to sort it for them."

Where people required support to eat and drink their needs and preferences were recorded. Records for one person recorded they required their food to be of a soft consistency as they were experiencing difficulty in chewing. One person told us, "(Staff) always make sure I have a drink and ask me what I want. They're very good like that."

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring towards them. They told us, "I feel that staff use their training and their own experiences and transfer this to their work. They are caring, thoughtful and generally just exceptional.", "They're very caring, outstanding, they like to get to know us and chat about what we've been doing.", "They are always friendly, they keep me cheerful.", And, "The care is amazing, lovely ladies."

We heard examples of how staff had responded to people in a caring and compassionate manner. One relative told us, "It's not just their manner which is caring but it's the way they anticipate what my wife needs and what problems they might encounter. They never push too far but ensure she is listened to and can still make decisions." Another relative told us, "They looked at every little detail like how Mum likes her hair and the different face creams to use. Even when I've arrived unannounced everything was done just the same." One staff member told us, "I visited one person last week who was very down and tearful. They said they didn't want to go out so I spent the time sitting with them and holding their hand. I tried to soothe him by talking about his life, sharing stories and playing music."

People were supported by staff who respected their privacy and dignity. Staff told us that throughout their training they were reminded that they should ensure people's dignity was respected. One staff member told us, "I always knock on the door before going in and shout hello so they know who it is. I make sure doors and curtains are closed and cover people where possible when helping them wash." People told us they felt comfortable with the way their care was provided. One person told us, "They always knock on the door and are forever asking if I'm alright."

Relatives told us and we found that staff were respectful of being in people's homes. They showed compassion and care when carrying out their duties. One relative told us, "They leave the place immaculate when they finish." Another relative told us, "Because we always have the same people we're all used to each other and they will always ask what else I need help with if they have a few minutes spare." Staff told us they were conscious of being in people's homes and were able to describe how they respected this. One staff member told us, "I take time to speak to people when I arrive, not just go straight into things. I make eye contact and ask how people have been and ask relatives if anything's changed. I always take clean shoes and leave everything as it should be before I finish."

People were encouraged to maintain and develop their independence. Care plans we viewed showed that staff were given guidance on how to encourage and support people. One person's care plan detailed they were able to shave themselves and should be encouraged to do so. Another person's plan stated that their mobility varied depending on how they were and staff should encourage them to move independently when possible. One relative told us, "They're very patient, they will always let him do as much as he can do himself."

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location in the office. Staff were aware of the

confidentiality policy in place within the service and had a good understanding of keeping people's information confidential. One staff member told us, "I never speak about people when I'm supporting someone else, even if they know them. It wouldn't be respectful."

The service had received many compliments regarding the caring attitude shown by staff. Comments included, '(Name) is fantastic, very helpful, very caring and she would be very hard to replace', 'Such nice, caring staff.' and '(staff) make a huge difference to his care. It has re-instated his faith in care."

Is the service responsive?

Our findings

People were supported to take part in regular events to support their well-being and minimise the risk of social isolation. The service sponsored 'Singing for the Mind', a weekly singing session for people living with dementia and their carers. The provider told us that the group was attended by between 40 and 50 people and where requested support was provided for people to attend. One staff member told us, "I've supported one person there who was unable to speak and it was hard to get them to engage. At the session they smile and play the tambourine. His family have told me he's different afterwards, happier. They can tell he's enjoyed the music." One relative told us, "The singing is brilliant. It's so lovely to watch people brighten up. They have experts involved and they always try to involve everyone. It's such a happy place for people." One person who had moved into residential care continued to receive support from the service to attend a singing group which meant they were still able to meet up with friends and pursue their interests.

The service had taken over the running of a weekly dementia café in Farnham, a support group for people living with dementia and their carers. Visiting speakers were invited every second week to provide information on areas including falls prevention, later life matters and exercise. The registered manager told us they planned to support a second dementia cafe in the Guildford area on a monthly basis. One relative told us, "The (registered) manager runs the group and makes sure she spends time chatting with everyone. It's critical that carers' needs are listened to. She makes sure she is familiar with everyone and ensures all new faces are introduced and made to feel at ease." Another relative told us, "It's good to see people being involved in activities and they always have an expert there to give carers advice. I would recommend it to anyone. They (the service) want to keep learning and want to pass this on to others."

The service had also set up a gardening group for people called the Vit G group. This gave people the opportunity to take part in gardening activities in a safe environment and to meet other people. One relative told us the group had had a positive impact on their family member. They said, "Mum doesn't really interact with people but the staff there can always get a smile out of her."

People's needs were assessed before they began to receive a service to ensure their needs could be met. Care records showed that individual assessments took into account people's specific health and support needs. People and relatives confirmed that they had been involved in the assessment process. One relative told us, "They met with us and asked all the relevant questions about what was needed. It was very reassuring." Assessments included details of people's preferences and life histories and we observed that these were included with people's care plans.

Each person had a one page profile for staff to refer to which gave personalised information including the goals people wanted to achieve from their support, what was important to them and what people admired about them. Staff told us this information was useful when they started to work with people as it gave them guidance on how to approach the person and areas to chat with the person about.

Care plans had been developed using information gained in assessments to meet people's needs and preferences regarding their care. Care plans were clearly written and described the support people needed

at each visit. They explained what people were able to do independently, and what activities they would require support with. Reviews were completed regularly to ensure people were receiving the support they required. A senior staff member told us, "We initially do a review after 7 days to make sure people are happy with everything and getting what they want and expected. We then ask for feedback after 3 months and complete a full review every 6 months." Records showed this process was followed and where changes were required these were implemented. However, although staff were informed of changes and were meeting people's changing needs we found that records were not always updated in a timely manner.

People were supported by staff who knew them well. The service operated a 'no strangers' policy which meant that people would only be supported by staff they had been introduced to. People staff and relatives told us this process usually worked well and they were rarely supported by staff they had not previously met. The rota management process recorded which staff had previously supported each person and any preferences expressed regarding which staff members people preferred. One relative told us, "They make sure we get the same carers, everyone knows her now. They all do a trial with another carer if they haven't been before." People and relatives told us that having a small team of staff who knew them well had a positive impact on the service they received. Staff we spoke were able to discuss the needs and preferences of the people they supported in detail.

The service responded flexibly to changes in support or visits. Records showed that where people had requested changes to their support times or length of visits this had been actioned to ensure their needs were met. One staff member told us they had recently supported a person to attend a family party which meant their family members were able to relax knowing they were receiving the support they required. They told us, "I was thrilled to be asked and be involved. Everyone could enjoy themselves." Relatives told us that the service was responsive to any requests to changes in support. One relative said, "Lots of things have happened at the last minute and they always respond immediately. When Dad went into hospital they put 24 hour care in place for Mum the same day."

People and relatives told us that they would feel comfortable in making a complaint and that when they had raised concerns these were addressed politely and promptly. One relative told us, "My daughter complained once on our behalf. They apologised and we haven't had any problems since that time." The provider had a complaints policy in place which gave guidance as to how complaints should be dealt with. However, we found that the policy had not always been followed as responses to complaints were not always recorded. The registered manager told us they had identified that they needed to ensure complaints were followed through before being closed. Following the inspection the provider informed us they had changed the IT process to ensure complaints had been reviewed and responded to before they were closed. Although there were no formal systems in place for the review of complaints to identify trends, the information within the Provider Information Return (PIR) showed that the registered manager had taken steps to identify recurring concerns. Where a number of complaints regarding people not knowing the time to expect their support had been identified the scheduling system had been changed to increase consistency.

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well managed. Comments included, "The staff visit from the office and come to introduce new staff, they're all very nice and listen to what we say." And, "It's all very efficient so I would definitely say its managed well." And, "The office staff are all lovely, very approachable."

Whilst it was clear, from how people, relatives and staff described the service, the provider and registered manager were passionate about delivering high quality, personalised care we found that monitoring of the quality of record keeping could be improved. From our discussions with staff, people and their relatives we found that people were receiving the care they required. However, care records were not audited on a regular basis and we found some records did not include up to date information on the care people required. One person's care file, which was kept in their home for staff to refer to, did not contain and up to date care plan. Care files were not organised to ensure that staff had easy access to the most up to date information relating to people's care. The last recorded audit of care plans was completed in August 2015 and had identified a number of areas which required improvement. Whilst some files had been reviewed within supervisions with senior staff, action plans were not in place to monitor improvement. Following the inspection the provider forwarded evidence of systems they had implemented to ensure that the quality of the service was regularly reviewed. These included care plan audits, risk assessment reviews, medicines management and complaints monitoring.

We recommend that the systems implemented to monitor and improve the quality of the service provided are embedded into practice.

Where quality auditing systems highlighted areas which required improvement action had been taken to ensure people were safe. An audit completed in August 2015 highlighted that recruitment checks for staff were not consistent. The registered manager had taken prompt action by auditing all staff files and obtaining any outstanding information required.

The service promoted a positive culture and the staff were clear about the values they aimed to achieve. Staff had worked with the registered manager and provider to develop a set of 10 values designed to ensure people received holistic, personalised care and were treated with dignity. The values were displayed prominently throughout the office and were discussed during each staff meeting to ensure staff remained aware of the priorities within their role. One staff member told us, "The ethos of the company was made clear to me when I was recruited and we're all reminded of it."

Staff told us they felt valued by the registered manager and provider. One staff member told us, "We have a carer of the month where staff are recognised for what they've done and (provider) sends out a letter to all staff every month, it always starts with a thank-you." Another staff member told us, "It's the best company I've ever worked for. Everyone in the office always says thank you and it's lovely to come and see the board with all the compliments from people." The registered manager spoke highly of the staff team. They told us they recognised the contribution they made to the organisation and the commitment they showed to the

people they supported. They said, "The staff are fantastic and there is great team work here. Everyone in the office is able to support each other's roles as we work so closely." In recognition of the commitment staff showed the service holds an annual Christmas party and Easter egg hunt for staff and their families.

Due to the outward looking nature of the provider and registered manager there were some outstanding elements to the service. The provider was committed to raising awareness of the needs of people living with dementia and worked extensively to raise the profile of people's needs within their community. As a dementia friends champion with the Alzheimer's Society the provider had delivered information sessions to over 500 people at various forums including church groups, GP's surgeries and social groups. The sessions aim to teach people about dementia and how they can help to create dementia friendly communities. Through the use of research the provider has worked with experts to develop the Dementia DELAY programme which aims to support people diagnosed at the early or mid-stage dementia to live well and delay the progress dementia. The programme is based on developing personalised care plans which are based on the five areas of diet, engaging with others, learning and mental stimulation, avoiding stress and your body and exercise. Initial feedback has been positive and Right at Home has begun to roll out the programme nationally. A testimonial provided for one person supported on the programme showed this had had a positive impact on their life. Staff and relatives had noted the person was more alert and engaged more in conversation and activities.

The service worked actively in the community to promote care services. The provider had worked with the local council to look at ways of providing sustainable care services in the area. They had developed a video to showcase care services and held workshops to address concerns regarding recruitment and accommodation for care workers. The registered manager and provider supported the local school in running mock interviews for students to develop their skills. The provider was a committee member for Waverley Carers Support who offer free independent advice and support to carers. A display of newspaper articles showed that staff were regularly involved in raising funds for a variety of charities. This included an annual musical event, 'Musical Memories' which was organised by the service.

People and their relatives were given the opportunity to give feedback on the service. An annual satisfaction survey was used to gain people's views and the results distributed to people receiving a service. The last survey showed that people were satisfied with the service they received. Where comments identified improvements were required the service had taken steps to address this. In response to concerns regarding communication each person had been allocated a named staff member as a point of contact. The staff member was responsible for contacting people on a regular basis to discuss their support and any changes they required. The service was externally recognised in 2015 by an independent review website as being the most highly recommended care agency in the south east of England and in the top 10 of providers in the UK.