

3 F International Limited

Abbey Care

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 28 November 2016 and was announced.

Abbey Care is a family run, domiciliary care service providing support to 120 people living in their own homes. The service supports older people and people who are living with dementia or other conditions. It also supports younger people, people who are physically disabled or people living with mental health problems and some people with sensory impairments. The service aims to support people to continue living in their own homes. The service is based in Haywards Heath, and provides a service to people within the local area as well as in Burgess Hill, Cuckfield and Lindfield in West Sussex.

The registered manager has been in post since 2010 and has recently taken over the running of the business following the retirement of the previous owners. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse as they were supported by staff who had undertaken the relevant training and who knew what to do if they had concerns about peoples' safety. Risks had been assessed and managed to ensure peoples' safety. People received their medicines safely from staff who were trained and assessed as being competent to administer medicines. There were enough staff to ensure that all visits were covered. People told us that they felt safe, one person told us, "It's a reliable service and that makes me feel safe, knowing that they will always come."

Staff were well supported and had access to the training they needed to carry out their role effectively. One care worker told us, "I just find that you get the support and back up here, there is always someone to support you." Staff understood their responsibilities with regard to the Mental Capacity Act 2005. People told us that staff always asked for their consent before providing care. One relative said, "They know what they have to do but they still ask, I hear them making sure before they start." People were supported to have the food and drink they needed and to access health care services. A health care professional told us, "Abbey Care excel at providing feedback. They are very proactive. If they tell me someone had deteriorated and needs more support or a piece of equipment I know that is the case."

Staff had developed caring relationships with people and treated them with dignity and respect. One person told us, "I can't praise them enough really, they are all wonderful." Staff knew the people they were caring for well and people told us they felt their views were listened to. Staff had a good understanding of the importance of maintaining people's confidentiality and there were safe communication systems to support this.

People received a personalised service and their care plans reflected this. Staff told us that care plans were updated regularly to ensure they were accurate and to accommodate changes in needs. People were happy

with the care provided and spoke of a flexible service. One person said, "If I need more time, then they stay longer, there is never an issue." People knew how to make complaints and were confident that any concerns they raised were dealt with appropriately.

People and staff spoke highly of the management of Abbey Care and said that the service was well run. A health and social care professional told us, "Care providers that are as good as this are as rare as hen's teeth. They are consistently good, proactive and very caring." There were robust systems and processes in place to ensure that the quality of the service was monitored and maintained. Feedback from people, staff and health care professionals was collected and used to drive service improvements. Staff spoke of an open culture where they were able to get the support they needed at any time. One staff member said, "It's a really, really, good company to work for. It's like one big family. It's the only company I have worked for that cares as much for the staff as they do for their clients."

The registered manager and provider demonstrated that they were committed to the continuous development of the service.

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 understood their responsibilities to keep people safe.

Staff recruitment processes were robust and there were enough staff to care for people safely.

Risks to people were assessed and managed effectively and people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported with the training and supervision they needed to carry out their role effectively.

People received enough to eat and drink and had access to health care services that they needed.

Staff understood their responsibilities to comply with the Mental Capacity Act 2005.

Is the service caring?

Good ●

Staff were caring.

People developed positive relationships with staff who were caring in their approach.

People were supported to express their views and to be actively involved in developing the care plans.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to

their needs.

Care plans were detailed and accurate and reflected the personalised nature of the care provided.

People knew how to make complaints. Complaints were actively resolved and learning from complaints was used to develop the service.

Is the service well-led?

The service was well- led.

There was clear leadership and the registered manager understood their responsibilities.

There was an open culture where staff and people felt their views were welcomed and valued.

There were effective systems in place to ensure the quality of the service was monitored to drive improvements.

Good ●

Abbey Care

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 28 November 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 the registered manager and other staff were available to speak to us on the day of the inspection.

The inspection team consisted of one inspector and one inspector manager.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to five people who use the service or their relatives. We interviewed six members of staff and spoke with the registered manager. We also asked two health and social care professionals for their views on the service. We looked at a range of documents including policies and procedures, care records for seven people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating care visits and other information systems.

The last inspection of 1 September 2014 identified no concerns.

Is the service safe?

Our findings

People and their relatives told us that the care provided by Abbey Care helped them to feel safe. One person said, "It's a reliable service and that makes me feel safe, knowing that they will always come." A relative told us, "We couldn't manage without the carers, they are very professional and they always wear their badges and uniform. It's reassuring to know they will be there no matter what." Another relative said, "I rely on them now, they are brilliant."

The provider had robust recruitment procedures. This ensured that people were protected against the risk of unsuitable staff being recruited. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps to ensure that staff are suitable to work with people.

Staff had received training in how to recognise abuse and were clear about their responsibilities. The provider had an up to date safeguarding policy in place which set out staff roles and responsibilities clearly. Staff were also given a pocket size booklet that detailed simple clear guidance for staff to follow. One staff member said, "I have had to raise issues in the past to the office where I felt the client was self-neglecting, this was acted upon immediately by the office staff." All the staff we spoke with were clear about the signs that might indicate abuse and what actions they would take if they had concerns. Records showed that the provider had raised safeguarding concerns appropriately and that managers were clear about their responsibilities.

Risks were identified and managed to keep people and staff safe. An initial risk assessment was completed before care staff started providing care visits. This included assessing risks associated with the environment as well as specific risks to individuals. For example, one risk assessment indicated that staff had to access a person's property via a partially lit path at the side of the house. This was identified as a potential risk to the personal safety of staff and actions had been taken to reduce the risk of trips and falls by ensuring that hazards were removed. One member of the care staff told us, "I feel very safe working for them, knowing that they always have my welfare in mind is reassuring."

Risks to individuals were also identified, assessed and managed. For example, one person had a mobility assessment in place that detailed the equipment that was needed to assist them with transfers and repositioning in bed. This included specific, clear instructions for staff to follow to assist the person to ensure that such manoeuvres were completed safely. We asked a family member about how staff supported their relative to move and transfer safely with the use of a hoist. They told us, "When the hoist was first used my relative was very anxious, in fact I'd say terrified. The staff were wonderful and explained exactly what they were going to do. They were so reassuring and now it's fine, he feels safe when being hoisted. They are very efficient but always caring."

Another person had been identified as at risk of skin damage and a pressure area management plan was in place. This provided care workers with clear instructions in monitoring the person's skin on a daily basis and

provided contact numbers to call should they notice any changes in the integrity of the skin.

Some people needed help to manage their medicines. Staff told us they had received training in how to administer medicines safely and training records confirmed this. The registered manager said that staff had to be assessed as being competent before they were able to give medicines to people. Staff told us they felt confident to administer medicines and described the various systems that people had in their homes to help them manage their medicines. Staff we spoke with were able to describe the process for administering medicines clearly and when to report concerns to the registered manager. One staff member said, "If we notice any gaps in recording we have to call the office immediately." Records showed that Medication Administration Record(MAR) charts were completed accurately.

Systems for monitoring administration of medication were robust. MAR charts were regularly checked and audited. Where a gap on a MAR was noted this had been reported to the office in a timely manner and was followed up by a senior member of staff to ensure that recording was accurate. Where an error had occurred this had been reported and recorded as an incident. Actions had been taken to investigate how the mistake had been made and to ensure that no harm had come to the person. Records showed that the issue had been discussed with the staff member concerned and further medication training had been provided to prevent any re-occurrence of the error.

People told us that they felt there were enough staff to cover their care visits safely. We checked if people received their calls when they were expected. One person said, "They always come within the allocated time slot, if they are ever running late they let me know." Another person said, "They are very punctual, if they know they are going to be late for some reason they let us know." Staff confirmed that they had enough time to travel between their allocated calls. One staff member said, "If we are ever running late we just contact the office and they will let the next client know or they arrange for someone else to do the call. The managers go out and cover the call if needed." Staff worked within geographical areas and the registered manager said that this helped to reduce the amount of travel time between visits.

People told us that staff stayed for the duration of their allocated visit. One person said, "They always stay for the time that it takes to complete their tasks, it never feels like they are rushing even though I know they are busy." A relative said, "The calls are long enough, the staff will stay longer if needed but usually the time we have is adequate." Another relative said, "The length of the visit varies depending on what's needed, they always stay for as long as it takes. The staff are very good, very flexible, it's an excellent service."

The provider used an electronic system to plan and book care visits in advance. This showed that the duration of visits was consistent with people's care plans. Staff were allocated sufficient time to travel between visits and all care calls were covered. If calls needed to be covered at short notice due to unplanned absence they were reallocated to other carer workers. Staff told us that there were sufficient staff employed to cover all the visits. One staff member said, "If needed, the office staff and the managers go out and cover calls, nobody is ever left without a visit."

We asked the registered manager how they ensured that people received the care they needed in emergency situations. The registered manager told us that staff would always stay with a person in an emergency to ensure their safety. Records confirmed that this had happened. There was a robust business continuity plan in place that ensured the most vulnerable people always received a visit if, for example, an event such as heavy snow made access difficult. The plan included making advance preparations when bad weather was forecast and ensuring that people who were particularly vulnerable were identified and arrangements were put in place to ensure they received a visit. There were also disaster recovery arrangements in place to ensure that data held on the computer system was backed up and that the service

could still run if the computer was not accessible or developed a major fault.

Is the service effective?

Our findings

People and their relatives told us they had confidence in the staff and felt they were well trained. One person said, "I am very happy with all the carers that visit, they are all well trained, sensible people." A relative said, "They are efficient and professional in their approach and I think they are very well trained." Another relative told us, "They are knowledgeable about dementia and will point things out. They are all very good."

Staff said they felt well supported and had access to the training they needed to carry out their role effectively. One care worker said, "I just find that you get the support and back up here, there is always someone to support you." Records confirmed that staff received regular supervision with a senior member of staff. Supervision can be a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided them with the opportunity to raise any concerns or discuss practice issues. One staff member said, "We have one to one meetings about three or four times a year and an appraisal. You can discuss anything you are worried about but you don't have to wait for a one to one, you can talk to someone any time. I don't save things up, I will tell someone." The provider also undertook spot checks to assess staff competence and records confirmed that this happened regularly for all care staff. The spot checks were undertaken by arrangement with the person but unannounced to the staff member so that care practice could be observed and competencies checked. They made sure that agreed visit times were being adhered to and that records were being kept up-to-date and in good order.

Staff told us that they received a thorough induction and they had felt confident when starting in their role. One care worker said, "My induction was useful, it was helpful to shadow someone so I could ask as many questions as possible." All new staff were supported to complete the care certificate. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers.

Training records showed that staff had access to a range of training including topics relevant to the needs of people they were caring for such as dementia, challenging behaviour and dying and bereavement. One care worker told us that they had undertaken training about Parkinson's disease. They were able to explain the side effects of Parkinson's medication and said, "I am now so much more patient than before as I have a better understanding of how Parkinson's can affect people." The care worker explained how this had made a difference to the person they cared for, they said, "Because I understand their symptoms now I use a counting technique when I help them to walk. It gives them a rhythm that helps them to walk."

We received feedback from health and social care professionals who worked with people who received care from Abbey Care. One professional told us they were impressed with the standard of care provided. They said, "They are consistently very good, the staff are well trained, proactive and reliable."

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

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in MCA and understood the principles of the legislation. People told us that care workers asked people's consent before providing care. One relative said, "They always check what we want done." Another relative said, "They know what they have to do but they still ask, I hear them making sure before they start." A care worker told us, "I always assume people have capacity and you can never force anyone to do something." Another care worker said, "If someone lacks capacity to make decisions then a best interest decision is made." Care records included a consent to care agreement that had been signed by the person receiving care. Where one consent form had been signed by a relative the form noted that the person had capacity and the care plan had been agreed with them although they were unable to sign the form themselves.

The care record for a person who was living with dementia also included a signed consent to care agreement. The care record showed that a mental capacity assessment had been undertaken and the person was assessed as having capacity to make decisions about their care and support. Another care record had been agreed with a family member who had lasting power of attorney for finance, health and welfare and therefore had the legal authority to sign the consent form. This meant that people's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

People were supported to have sufficient to eat and drink. Care plans included detailed information to guide staff about people's nutritional and hydration needs and preferences. This included details about the frequency and types of food and fluids to be offered. Any special dietary needs or preparation instructions were also included for example, if someone needed to have a pureed diet or took a dietary supplement. One care plan detailed that a person had a good appetite but needed fluids to be encouraged. Another showed that a person had developed swallowing difficulties and now required fluids to be thickened. Staff completed food and fluid charts where people had been identified as being at risk of malnutrition or dehydration. A regular weight check ensured that any weight loss was monitored. Staff told us that they offered people a choice of food depending upon what they had available in their home. One staff member said, "I make suggestions about what I can make depending upon what food they have available, but generally I am guided by them, I just ask, "What would you like?"

Where necessary, staff were proactive in supporting people to access health care services. One care worker said, "I noticed that one person had a patch of sore skin so I asked their permission to contact the GP who sent a nurse in." A health care professional told us, "Abbey Care excel at providing feedback. They are very proactive. If they tell me someone had deteriorated and needs more support or a piece of equipment I know that is the case." People told us they received support if they needed it. One person said, "I wasn't well and the carer said straight away, "Have you called the doctor? When I said no, they said they could do it for me, I was so grateful." A relative told us, "They always check that I know who to call if there is something wrong." Care workers confirmed that they would seek help for people when required. One care worker told us about an occasion when they had waited for a health care professional to support someone. They said, "I phoned the office and told them I would need to wait until the doctor arrived, they covered all my calls so I didn't have to leave them on their own." A relative told us "I am very happy with the service, they have liaised with the physiotherapist and occupational therapist to make sure that they have all the right equipment in place, I haven't had to worry at all."

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff. Their comments included, "They are all very caring people, they will come in and have a laugh and a chat," and "I can't praise them enough really, they are all wonderful." A relative said, "We are very happy with all the carers. Excellent service."

Care staff and those that worked in the office were able to demonstrate that they knew people well. They spoke about people with compassion and understanding and were able to describe their needs and preferences. Care plans included details of how people preferred to be known. During the inspection we heard staff referring to the person by their preferred name. One care worker said, "I know every face I go to and they know mine."

People told us they were happy with their care and had regular care workers who they had got to know. People confirmed that continuity was good. One relative told us, "We have regular carers that know us well, they are very fond of us and we of them." Another relative told us that they would prefer to have fewer care workers, however their relative received a high number of visits and therefore they realised that they needed a large team to provide the care. They said, "We have two care workers coming four times a day, it's a lot of people. We have got to know them all and they are all lovely but it would be nice to have a smaller group." A third relative said, "We have between 14 and 16 regular carers, they are a good team and my relative has their favourites but they are all good."

Staff told us that they worked in small geographical areas and that this enabled good continuity. They said that they had time to spend with people and had got to know them well and positive caring relationships had developed. One person confirmed this saying, "We like the regular carers because they know exactly what to do and they know us so well now, our call runs like clockwork."

People told us they did not feel rushed and that staff were respectful and kind. One person said, "Staff never come in without first knocking and calling out even though they have a key and can let themselves in." A relative said, "The carers are always very respectful, they never make us feel rushed and will just stay longer if needed. They really go that extra mile." Staff described the importance of maintaining people's dignity when providing care. One care worker said, "I have had to ask relatives to leave the room before to protect the person's privacy when providing personal care."

Care workers spoke about the importance of allowing people to do as much as they can for themselves. One gave an example of how they had supported someone to become more independent with showering. They spoke about how the person had gradually been able to do more for themselves and the positive impact this had in increasing their confidence and maintaining their dignity. Another care worker said, "I make sure that I always give people the option of doing things themselves." A third care worker added, "I encourage people to do what they can for themselves and what is safe for them to do."

We asked people if they felt their confidentiality was respected. One person said, "Yes definitely, the carers never talk inappropriately about other people and I am sure they don't talk about me." A relative said, "They

are all approachable but they know they can't talk about people and I don't ask them anything." The registered manager explained that daily notes made by staff were kept in people's home. They said that they had introduced a plain red notebook for this to make it less obvious that personal notes were being kept to protect people's privacy and maintain confidentiality in their homes. Staff told us that if they needed to contact the office they would do this from their car to ensure that nobody overheard them talking about someone they cared for. Staff received some information about care visits via their mobile phones but this information was protected by a secure encryption system to ensure that people's confidentiality was not breached.

People and their relatives told us that they felt supported to express their views. One person said, "I am in control of my care and I am very happy about that." A relative told us, "We were both very much involved in developing the care plan and making sure the care arrangements suited us." One relative said, "The carers go out of their way to help my relative understand what is happening and to give them choices. I think they are very respectful in that way."

Is the service responsive?

Our findings

People received care that was personalised according to their needs. They told us that the care workers were responsive to changes and were flexible in their approach. One person said, "There have been lots of changes to the care package and they have always been able to accommodate it."

People's care records were holistic, detailed and personalised. They included an assessment of different aspects of the person's life including particular areas of risk and identified needs. The assessment identified issues that were of importance to the individual. For example, one assessment detailed communication difficulties as a result of hearing loss and noted that the person needed to wear a hearing aid in their right ear. This prompted care staff to ensure that the hearing aid was in place before trying to communicate with the person.

Care plans were clear and provided detailed guidance for staff. For example, one care plan stated, 'Enjoys a morning cup of coffee, made in the caffetiere, with one scoop of coffee and cream.' Another care plan provided detailed guidance in how to reposition someone in bed using prescribed equipment. Staff told us the care plans were useful. One care worker said, "They are always evolving, the managers write them initially but after the first or second week we feedback anything that we think needs to be changed. For example if there is equipment that would be helpful, any changes are usually completed within a day." Staff told us that they were informed of changes to care plans via text messages sent to their mobile phones or through phone calls with office staff. This provided an effective way of ensuring that staff were up to date with any changes.

People confirmed that care plans were reviewed frequently. One person said, "As time has gone on we have needed more help, they keep a close eye on how it's going and just increase the time we get as and when it's needed." Other people spoke positively about the flexibility of the service. One person said, "If I need more time, then they stay longer, there is never an issue. If we need to change a call time or cancel I just let the office know. They are very accommodating and flexible." Staff told us that care workers were able to be flexible because they were never overloaded with care visits on their schedule. Care workers confirmed that they could be reasonably flexible. One said, "Going the extra mile can make all the difference, picking up some milk for example." We heard a care worker contacting the office to discuss a change of needs for one person. The office staff immediately responded by arranging for an additional call to assist the person to heat a meal in their microwave.

Staff had received training in equality and diversity and were able to give examples of how they provided personalised care that respected people's cultural and religious beliefs. One care worker described how they had cared for someone of a different faith and the sensitivities that they had to be aware of when supporting the person with personal care. One care plan detailed the importance for someone of attending church on Sunday and staff were aware that calls had to be arranged to enable this to happen.

Staff told us that they recognised when people were at risk of social isolation and would report this to the office. One staff member said, "I have made several suggestions and tried to encourage someone to help

prevent social isolation but clients are not always interested." Another care worker said, "I have time to spend individual time with people and we always make time to speak and if they need more time just call the office and they create time." People told us that they enjoyed the contact with their care workers. One relative said, "My relative is always so pleased to see them, they have become like friends and they look forward to the visits."

People and their relatives told us that they knew how to make a complaint and that they would feel comfortable to do so. One person said, "I would ring the office but I haven't had to so far." A relative said, "I did make a complaint about one care worker but they sorted it out and they don't come here anymore." Another relative said, "I complained once because I felt a carer was rushing. It was dealt with straight away and has never happened again." The provider kept a log of all complaints that included details of the issue and the actions that were taken to resolve the matter. Staff told us that the introduction of the electronic call scheduling system had been helpful to address complaints. One example given was of a relative who was concerned that care workers were not staying for the allocated length of the care visit. The registered manager was able to check this and show the relative the exact time that the care workers were arriving and leaving the visit to reassure them that calls were being delivered appropriately.

Is the service well-led?

Our findings

People, their relatives and staff spoke highly of the management of Abbey Care. Their comments included, "The service has improved and is more professional now," and, "I know all the managers and they are all excellent and accommodating." A care worker said, "They are the best, I have worked for lots of different companies, I never worked for a place that makes me feel so welcome. I am 100% confident that we are looking after everyone which not only includes the clients but often their families as well." A health and social care professional told us that they thought the service was very well led. They said, "Care providers that are as good as this are as rare as hen's teeth. They are consistently good, proactive and very caring."

Staff turnover was low and one staff member attributed this to the care provided to staff saying, "A lot of emphasis is placed on staff wellbeing which is why staff turnover is low." Another staff member said, "It's a really, really, good company to work for. It's like one big family. It's the only company I have worked for that cares as much for the staff as they do for their clients."

People told us they knew who the registered manager and the provider were and found them to be approachable and friendly. One person said, "I have been with this agency a long time and I know them very well. If I ever have any concerns I only have to speak to (registered manager's name) or her husband and they will sort it out immediately." Another person said, "I knew the previous owner and they were lovely too, it is a friendly, family run concern. It works very well indeed." Staff said that the management at Abbey Care were easy to talk with. One care worker said, "They are very approachable, I never worry if there's a problem I can approach them about anything." A second care worker said, "The management are approachable and efficient. It's nice to be able to ring someone when there is a problem day or night." Another care worker told us, "They are amazing with everything, they will always help you, for example taking time off if you need to."

Staff told us that the scheduling process for care visits was well planned and efficient. One care worker said, "The system for scheduling is working so much better now and I receive so much information about the calls." If changes were needed at short notice this was communicated to the care workers and people receiving the service effectively. Office staff told us that the electronic system that was used for planning the visits assisted them to maintain an efficient and effective service. The system was monitored by office staff regularly to ensure that all care visits were allocated and that there were no missed calls. This ensured that people could be confident in receiving a reliable service. The system also provided information that enabled the provider to monitor if staff had arrived at their destination safely. This provided additional lone worker protection for care workers covering solo visits.

Staff told us that they were empowered to express their views regarding care provided to people and that their opinions were valued and listened to. For example, one care worker contacted the office on the day of the inspection. The registered manager was heard discussing a care visit with them, asking their opinion about the duration of the visit and whether there was sufficient time to complete the allocated tasks. Following this call we noted that the care worker's suggestions were incorporated into the next scheduled visit to ensure they had the time they needed to spend with the person. Staff spoke positively about team meetings and notes from previous meetings showed they were regular and well attended.

The provider sought regular feedback from people in a number of ways. This included seeking their views during regular review meetings, when undertaking spot checks for care workers, during any visits made by managers to people in their homes and as part of the complaints process. A quality assurance survey was also sent to every person or their relative and this was used as a basis for drive improvement within the service. In addition to this the provider surveyed staff and health and social care professionals to gain their views on the service provided. The results were mainly positive and any themes that emerged were identified as areas for improvement. For example, there was a high demand for visits to be provided between 8am and 9.30am and people were sometimes frustrated if their care worker did not arrive on time. This was acknowledged and a system was introduced to ensure that people's expectations were better managed. This meant that people were offered a scheduled time slot during which they would receive their call. This assisted in reducing the pressure on care workers to arrive at an exact time and reduced complaints from people about late visits.

Regular file audits took place as part of a three monthly review. This ensured that people's care plans, MAR charts and other records were accurate and reflected the care provided. Staff told us this also provided opportunities for managers to hear people's views and gather information about the service. For example, during one review the person mentioned that they particularly liked a certain care worker so the scheduling was amended to ensure they had that care worker on a more frequent basis.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They kept their knowledge and skills up to date by undertaking essential training as well as maintaining links with a number of local health and care professionals. Records confirmed that staff had regular contact with GP's district nurses, occupational therapists and social workers. The registered manager had developed links with a local hospice and told us of plans to introduce more in depth end of life care training for care workers. During the inspection we noted a number of phone calls between the registered manager and a variety of health and social care professionals which demonstrated their approach to maintaining a high standard of communication with other involved professionals. The registered manager and provider demonstrated a high level of commitment to developing the service further whilst maintaining high standards of care.