

Suffolk County Council

Waveney Home First

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

Waveney Home First is a short term intensive reablement service provided to people in their own homes who may have disabilities, who are frail or recovering from an illness or injury. The service provides personal care, help with daily living activities and other practical tasks, usually for up to six weeks, encouraging people to develop the confidence and skills to carry out these activities themselves and continue to live at home.

When we inspected on 22 and 28 November 2017 there were 67 people using the service. This was an announced inspection. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service. This service was registered on 15 August 2016. This was their first inspection.

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

People and their relatives were complimentary about their care workers. They told us that they were kind, compassionate and respectful towards them. They described how they received safe and effective care by care workers they trusted, who understood their needs and encouraged them to be as independent as possible to support their reablement.

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

People were safe and care workers knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. People's care needs were assessed, planned for and delivered to achieve positive outcomes. These were regularly reviewed and reflected individual needs and preferences.

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

Where people required assistance with their medications, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact

health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

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

Care workers listened to people and acted on what they said. They understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the MCA were followed which included steps that the provider should take to comply with legal requirements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

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

There were sufficient numbers of care workers who had been recruited safely and who had the skills to meet people's needs.

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

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection

Good 

Is the service effective?

The service was effective.

People's care needs were regularly assessed, planned for and delivered to achieve positive outcomes.

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

Where required people were safely supported with their dietary needs.

The service worked with other professionals to provide people with a consistent service.

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

People told us they were asked for their consent before any care,

Good 

treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

People told us the care workers were kind and considerate, respected their preferences and treated them with dignity and respect.

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

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

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

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

Is the service well-led?

Good ●

The service was well-led.

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

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

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

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

The service worked in partnership with other agencies.

Waveney Home First

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 22 November 2017 and ended on 2 December 2017. The inspector visited the office location on 22 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The inspector visited three people and one relative in their own homes on 28 November 2017, to find out their experience of using the service. Telephone interviews by the inspector and the expert by experience were carried out 29 November 2017 to 2 December 2017.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

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

We spoke with the registered manager, three team leaders and nine care workers. With their permission we met with three people and one relative in their own homes on 28 November 2017.

The telephone interviews with people who used the service and their relatives were carried out by the inspector and an expert by experience. We spoke with 21 people who used the service and two people's relatives. In addition we received comments about the service provided from three community professionals.

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

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service and with their care workers. One person said I have had, "No falls (with care workers around) so it's much safer for me." Another person commented I am, "Safe and at ease, (the care workers are) nice people give me confidence. (The care has) been done right. I've had falls but not when they (care workers) were about. Whilst I am recuperating I'm safer with them coming; they are helping me to get better, already I am stronger in myself than I was two weeks ago." A third person shared their experience stating, "I feel safe and comfortable in their company and trust them in my home. They are polite, considerate and respectful to me." A fourth person said, They (care workers) keep me safe when I have a wash and it's all done properly." A relative told us, "From what I have seen the care is done with total dignity and safety in mind."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "They let themselves in call out so I know they have arrived. All my carers wear their uniforms and have ID (identification badge) on when they come; they look smart and professional and lock up when they leave."

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

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

There were sufficient numbers of care workers to meet the needs of people. People and their relatives told us that their care workers visited within timescales agreed at the start of the care package and at ongoing reviews, staying the length of time it took to meet their needs. As people's independence improved and they were able to do more for themselves the length of time and number of visits reduced in line with the ongoing assessment of their needs. Equally, if people required further support and assistance to aid their reablement their visit times and duration of visit reflected this.

Conversations with people and records seen showed that there had been no instances of visits being missed and that they were usually provided with regular care workers which ensured consistency of care. One person said, "There are nucleuses of staff I know. They are friendly enough. I feel safe and at ease with them.....lovely people." Another person commented, "I know when they [care workers] are coming and if anything changes someone from the office will let me know. My carers are prompt and reliable." A third person told us, "It would be wonderful if they came at a set time of your choosing but I understand that it is not this type of service but they do come within the times we agreed. Other than that little niggles which would make them perfect and can't be helped everything is marvellous." A fourth person shared with us, "They (care workers) are usually on time but it's not a problem if they are a bit late, they can call between nine and eleven. But mostly come about nine thirty." A fifth person commented about having continuity of care with a team of regular care workers and no missed visits, "I've not been let down. It's mostly people I know and quite a few but they do the work to the same standard."

Records showed that the service's recruitment procedures were robust and systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Retention of staff was good and supported continuity of care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Systems were in place to provide people with their medicines safely, where required. The majority of people self-administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support. One person said, "I take my own tablets but they (care workers) see I'm doing this and they note it down." Another person commented, "Tablets I do myself. They (care workers) remind me but I'm well up on that."

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "My tablets are given to me by (care worker). They get me a drink so I can take them and then write to say I've taken my pills in my folder (care records)." A relative commented about the care workers, "Yes they do (person's) meds (medicines), make them available and note everything down."

People's records provided guidance to care workers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Care workers were provided with medicines training and the management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support of care workers where required.

From the ten responses received from people who used the service in the CQC questionnaire, 90% of people said their care workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons.) This was also confirmed by the people and relatives we met and spoke with. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects.

There were systems in place to reduce the risks of cross infection including providing support works with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were available to them in the office and they could collect them when needed.

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked closely with other professionals involved in people's care to ensure that their individual needs were consistently met. This included the Out of Hospital team who were based in the same building as Waveney Home First. This provided access and the opportunity to network and share information with their healthcare colleagues such as the community matrons and district nurses to effectively co-ordinate people's care.

From the ten responses received from people who had used the service in the CQC questionnaires, 100% of people said their care workers had the skills and knowledge to provide them with the care and support they needed. This was also confirmed by the people and relatives we met and spoke with as part of this inspection. One person commented, "They (care workers) know what they are doing... they use a hoist; it is done safely and with dignity, (been) no accidents." Another person said, "My carers are competent and well trained in using the equipment I need and are good at making me feel comfortable and safe." A third person said their care workers, "Help me in the morning (with personal care) and take the time to do that right... there's no rushing. They go at my pace and are focused on what they are doing; they don't get distracted, you have their attention. They know what they are doing. I like the fact I don't have to tell them twice what I need." A fourth person commented about the service, "It's very good. Their staff are well trained. They know what they are doing. I've got to know them and we have a chat." A relative shared with us, "I think the staff are very well trained and are incredibly caring. They have a brilliant can do attitude."

Care workers told us they were provided with the training that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. One care worker said, "Really impressed with the training. Covered everything needed to do your job well." Another care worker told us, "I feel supported. The training helped give me the skills required and is regularly updated." The registered manager explained how they were planning further training workshops to support their staff. This included enhanced care planning, risk assessment, fire safety and safeguarding training developed in partnership with relevant professionals to meet people's needs in a safe and effective manner.

Care workers told us and records showed that new care workers completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The registered manager explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. These measures showed that training systems reflected best practice and supported care workers with their continued learning and development. One care worker commented, "I have done the care certificate. It was really good. There is the opportunity for to progress professionally if you want to."

Care workers told us that they were supported in their role and were provided with one to one supervision meetings. One care worker described their positive experience of the support provided saying, "I have regular supervision; talk about how I'm getting on, what training or support I need. How I am doing, we discuss if I need anything." Records showed that in these meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [care workers] do meals for me like lunch and things; very nice. Make sure I have a drink before they leave." Another person told us, "At the start they had to get all my meals ready, cut my food up and make all my hot drinks as I hurt my arm and struggled to do even the simplest things." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, with people's permission health professionals such as the doctor were contacted for treatment and guidance. Where guidance had been provided relating to people's dietary needs, this was clearly recorded in people's care records to guide staff in how risks were reduced.

People were supported to maintain good health and to have access to healthcare services. One person described how the service had, "Suggested I might benefit from some equipment in the house to get me back on my feet. They arranged for the (occupational therapist) to visit and I had some (grab) rails fitted and a shower seat so I don't slip in the shower." Another person described how the care workers were quick to act when they spotted an injury the person had been unaware of which required assistance from the district nurse. They said, "They called the district nurse who was able to stop it from becoming a big (pressure sore)." A third person said their care workers, "Follow instructions from the district nurses and the doctors; it's all written down. I have a lot of people (involved) in my care."

Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

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

People told us they were asked for their consent before care workers supported them with their care needs, for example to mobilise, with personal care or assisting them with their medicines. One person said about the care workers, "I can't fault them. They ask me first." Another person described how the care workers were, "Always polite and considerate checking with me first what I need and will do what I ask them to do." A third person commented that, "(Their care had) been done with dignity and they (care workers) check things with me; is this what you want?' and ask how I want things done. They are very polite and pleasant." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers and management listened and acted on people's decisions.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had

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

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers always treated them with respect and kindness. One person said, "They (care workers) are fantastic. I could not cope without them." Another person said, "They are fine they just do the job and it's finished. It's been successful and helped me get back to being myself again." A third person commented, "They are all very nice, professional, kindest and most helpful (care workers) I've met. I did not know what to expect, it's the first time I've used this type of help. They have been calm and put me at ease. Can't say anymore." A fourth person told us, "They (care workers) are brilliant. They have been really good and I could not fault them if I wished to; it's a delight when they are here." A fifth person added, "They (care workers) have been marvellous and friendly but they know the boundaries and are still chatty."

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "The service is really good, the carers coming here is respite for me. A chance to recharge whilst they look after (family member). Gives me a chance to get organised and ready to take over again when they are not here. They are very caring, treat (person) with respect and are respectful and considerate."

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

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People explained how they had been asked for their preferences, including visit times, and wherever possible this had been accommodated. One person said, "From the first visit it's all made sense. I've felt involved. I'm so pleased that I agreed to it." Another person shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. They said, "It's been in place six weeks. They (management) chatted with me at the start and agreed (the plan of care with me) and my (family member) took part. It was also reviewed a few days ago. And then (management) phoned as well (to check everything was working well)."

People told us that the support provided by their care workers helped them to be as independent as possible. One person described their experience, "They help me do bits and pieces (for example) getting into the bathroom. They are around to keep me safe, or when I ask for help. I like to be independent and they respect that I like to do things for myself." Another person said, "I am getting stronger and stronger, my carers are pleased with my progress. With their help my confidence has grown. I can do so much more for myself." A third person shared with us, "My carers are very good at encouraging and reassuring me. Good at striking the right balance of enabling and helping you." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. A fourth person commented, "Thanks to their help I am independent and coping. I am getting

stronger and almost back to how I was."

People fed back that the care workers treated them with dignity and respect. One person said, "I determine if I want a bath or not. My choice is always respected." Another person told us, "I look forward to seeing my carers they are all lovely. They are polite, kind and respectful to me. I will miss them when they go."

People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover their modesty when supporting people with personal care to help maintain their dignity. One person talking about their experience of receiving personal care said their care workers, "Were professional and maintained my dignity throughout. I have always felt totally safe and comfortable with them."

Is the service responsive?

Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said about the reablement service, "Overall it has been a positive experience getting me back on my feet. They (care workers) knew when to push me and when they needed to step in and help me. They have all been very nice and go at my pace. Struck the right balance of prompting and encouraging me when I needed it." Another person commented, "I can usually do most things myself but they (care workers) do everything that I need on the days I am struggling. Couldn't want for better. I am looked after, never rushed and they (care workers) stay the time it takes. I have never felt a burden if I needed more help. Those occasions are happening less now as my needs have changed and I can do more myself."

People and where appropriate their relatives told us that they were involved in decision making about their care and support to ensure their needs were met. One person shared with us, "I have a care plan and they (management) gave me times and what they could do. It was agreeable enough. They've (management) come out and went through it twice to check up."

Another person told us, "All the staff have been very good and considerate. I've been happy enough with them (care workers) it's worked for me; I've felt in the driving seat." A relative said, "The care plan was all discussed and agreed from the start. We knew what would be in place and that helped manage our expectation. It is very daunting if you have never been ill and suddenly you need to arrange care which isn't even for you but your (family member). The service helped us to put things into place and have been a total godsend. (Person) is doing really well. We have had (reviews) and as (person) has made really good progress the visits have cut right down."

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

There had been numerous compliments received about the service within the last 12 months. Themes included 'kind, caring compassionate and considerate' care workers and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as when the service was providing support to people following a hospital discharge and in meeting people's complex needs.

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information

left in their homes. One person said, "I've had no complaints but have raised a few issues to sort out (such as) changing a care worker." They described how their feedback had been acted on and they were satisfied with how the matter had been dealt with. They said, "The office were great when I phoned them and sorted it out immediately."

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

Is the service well-led?

Our findings

Feedback from people, relatives, care workers and professional stakeholders was positive about the leadership arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The registered manager was able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

The registered manager had established an open and inclusive culture. Morale was good; the management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt the service was well-led and that the registered manager was accessible and listened to them. One care worker said, "The (registered) manager is approachable. Respects the staff, understands the nature of the job and deals with any issues or concerns you have there and then. I would absolutely recommend working here; very supportive good place to work." Another care worker said, "I know (registered manager) is there if I need them." A team leader shared with us, "The registered manager is very approachable; been a good mentor to me. They are very fair; likes to consider everyone's points of view."

People and relatives told us the management team were available and approachable. One person said, "Any worries or problems then I ring the office or speak to my carers who pass the messages on and it gets sorted. They are very good." Another person said, "When I have phoned the office I have found everyone to be polite and professional, always return my calls, answer my queries. Can't fault them and would highly recommend Home First." One relative said, "They (management team) are very thoughtful and considerate. Ringing to check how (person) is when they knew they had a setback, they even asked how I was; checked I had everything I needed. Everyone has been so kind and willing to help. I would definitely recommend this service."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction and responses from people about their experience were positive. Feedback received showed that people felt valued, involved in the planning of their care, had regained some independence through the care and support provided, knew who to contact if they needed to and rated the overall service good to excellent.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. Care workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry. A team leader shared with us, "We have regular meetings to share best practice and keep up to date. Recently we had (senior member of Suffolk County Council) come and talk to us about safeguarding, gave us an insight into the process and our part in the

referral process."

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

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

The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "I've always found staff very approachable for advice and they respond to the written request for support within the agreed response time."

The provider's quality assurance systems were being further developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing recruitment, staff development and enhancing people's documentation to ensure consistency and to fully embed a person centred approach in line with the provider's vision and values. In addition the registered manager advised us they were setting up a new team within the service called 'Support to go Home'. This new team would be working closely with the acute and community hospitals, to support people to settle back into their homes, for up to five days, then handing over to the main Home First team or where required another provider for longer term care.