

Somerset Care Limited

# Somerset Care Community (Taunton Deane)

## 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

Somerset Care (Taunton Deane) is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection 369 people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 26 and 27 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People told us they felt safe with the care provided and staff who visited them. One person said, "I have never felt anything other than safe. They[staff] are excellent and I look forward to their visits."

There were sufficient staff to meet people's needs. People confirmed they had a small team of care workers whom they had got to know. People's comments on the timing of visits varied. Some people were happy that staff arrived at the agreed time and stayed the agreed length of time. Many commented on staff who stayed longer and did more than they expected. However, some people said they experienced staff arriving either earlier or later than planned. One person said they went to bed at 9pm and got up at 7am which they thought was too long in bed. The registered manager explained they tried to accommodate all time requests but they were open and honest with people at the start of the care package about any timings they could not achieve.

People were protected from harm because the provider had a robust recruitment process and staff received training in how to recognise and report abuse.

People's medicines were managed safely and people told us they received support to take their medicines

correctly and at the right time.

People were supported by staff who knew their needs and understood the importance of delivering effective care and support. Records showed all staff completed the organisations mandatory training and training relevant to the needs of the people. Staff received regular supervision and support from the management team. This was carried out either in one to one or team meetings. People told us that senior staff carried out 'spot checks.' This meant the senior staff arrived unannounced to check on staff and ask people what they thought about the team supporting them.

All new staff received an induction and initial training. Before working alone, they were able to shadow more experienced staff and meet the people they would be supporting. Staff told us the training provided was good and that they could also access training specific to people's needs.

People were supported to have a balanced and nutritious diet. Some people required meals cooked for them and support to eat. At other times, staff supported some people to prepare their own meal and maintain their independence.

People were supported to have maximum choice and control of their lives. Staff helped them in the least restrictive way possible. The policies and systems in the service also reinforced this practice.

People were supported by staff who were very kind and compassionate. People thought staff often went over and above their job roles to ensure their comfort and well-being. People told us how staff had worked in their own time to ensure they were safe. Staff had supported one person to move into a new home. Another person was assisted when they were in hospital and confused. During adverse weather conditions staff had gone above and beyond to ensure people continued to receive a visit.

People told us they could talk with staff if they wished to raise a concern. One person said, "I know who to talk to but I also know I can trust the carers to take anything I am concern about back to the office for the manager to deal with."

People were supported at the end of their life to have a comfortable pain free death. Care plans showed people's advance decisions were taken into consideration and acted upon. Staff worked with the community team and local hospice to ensure people could remain in their own home towards the end of their life if that was their wish.

People received care and support that was responsive to their changing needs. Staff had a clear understanding of people's needs and how to meet them effectively. People were involved in discussing and setting up their care plans.

The service was well run by a registered manager who had the skills and experience needed to run a domiciliary care agency. This meant people received good person-centred care. The registered manager led a team of staff who shared their commitment to providing a good standard of care.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised. The provider sought people's views and opinions through regular telephone monitoring and an annual survey.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained Good.	<b>Good</b> ●

# Somerset Care Community (Taunton Deane)

## **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.

The inspection took place on 26 and 27 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

Inspection site visit activity started on 26 September 2018 and ended on 27 September 2018. It included visiting people in their own home, talking to people and their relatives over the telephone and talking with staff. We visited the office location on both dates to see the manager, staff and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector, a bank inspector and two experts by experience, who made the telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

During the inspection we visited seven people who used the service and spoke with two relatives. We spoke with nineteen people and two relatives on the telephone. We also spoke with seven members of staff, as well as the registered manager and the regional manager. Following our inspection, we spoke to one further staff member.

We looked at a range of records during the inspection, these included five people's care records. We looked at information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, complaints, and staff training and supervision records.

# Is the service safe?

## Our findings

People continued to receive care that was safe. People told us they felt safe using the service and with the staff supporting them. One person said, "I feel safe with all of the staff, I have a team of carers, they look after me so well". Another person said, "The staff make sure I am safe and sound before they leave me". Whilst a third person told us, "I feel really safe with the staff, I should have gone into an old people's home, but these carers have allowed me to stay in my own home". One relative told us, "I am confident [the person] is safe when they [meaning staff] are around".

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

Records demonstrated staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. One staff member said, "I am very confident in not only [the registered manager] but the company. I know they would sort anything out appropriately". Another staff member told us they would be happy to speak with management about any concerns they may have.

There were sufficient staff to meet the needs of the people being supported by the service. Staff worked in geographical areas which enabled them to build up a relationship with people in their area. People told us they usually had the same team of staff whom they had got to know. This enabled staff to provide consistent care and support. The registered manager confirmed they had an on-going recruitment programme and would only take new people on if they had sufficient staff to meet their needs. The registered manager explained how they had involved staff and people in a recruitment video to explain to prospective staff how being a care worker can be a, "Valuable and much needed career."

There were mixed feelings from people about the timings of visits and whether they had experienced missed calls. One person said, "I choose my times. They are at my convenience. I've have had no missed visits. They attend on time. They've got to get to me so if they're ten minutes late it doesn't matter". Another person said, "I do choose my times. They are very good. They come on time. Never missed a visit". One relative said, "Yes we have set times. Usually on time unless they get lost and they have never missed a visit. Sometimes they do have difficulty covering the call."

However, other comments indicated that people were not always happy with the visit times. One person said, "I'm not very happy with timings. They put me to bed at 9pm and get me up at 7am that seems too long. Otherwise I'm alright". Following the inspection, the registered manager said, "We would work with the person involved to identify ways to minimise the impact of this, for example looking at bedtime routines so that even if someone is in bed by 9 they can still have things to occupy them if they are not ready to sleep, ensuring food and drink is close by, identifying equipment to help them adjust position etc."

Another person said, "The times sometimes vary enormously. My time on my care plan is 6pm with 30

minutes either side. But they come either side of even the 30 minutes. We have discussed it with the manager though and hope it will be sorted out". The registered manager said, "Unfortunately when delivering a 1:1 service we cannot always meet every customer's exact time preferences but we are open and honest when scheduling call times, and keep this under review as time slots become available." During our visit to one person's home they told us how the team leader had visited and apologised for a missed call. We saw in the service records that a full investigation had been carried out and action taken to ensure the incident did not occur again. The service issued laminated signs with important contact numbers that could be kept by the phone. The registered manager explained that the number of late or missed calls had reduced. This was due to staff using a new electronic system where any changes to rotas and visits was recorded in real time.

Some people required support with their medicines. The people we spoke with were happy with how staff supported them. One person said, "Can't fault them they always remind me when it is time to take them. They haven't forgotten yet". Records showed staff managed medicines safely and in line with the service's policy and procedure.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

Before providing care and support, risk assessments were completed. An initial environmental assessment established whether it was safe for staff and people receiving the service. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments in care plans considered areas such as assisting people to move around their home and assisting people to access the local community.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.



# Is the service effective?

## Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "They know what they're doing. They do everything I ask them. They ask me what I want done. They know the routine." Another person said, "They [staff] have all had excellent training. A good standard of help." One relative said, "They [staff] know what they're doing. They know what they're allowed to do and what they're not allowed to do."

All new staff continued to complete a full induction programme which followed the Care Certificate. The Care Certificate is a nationally recognised training programme which sets standards that social care and health workers follow in their daily working life. New staff also worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member explained the introduction to people was good and they were never asked to do anything they were not confident in.

The registered manager told us, "We introduced a New Starter Forum bi-monthly, which gives new and less experienced staff the chance to get together, share good practice and receive peer support in what can be quite an isolated lone role." This meant staff felt more supported and improved new staff retention.

Records showed and staff confirmed they had plenty of training opportunities. This included plans for annual updates of the services statutory subjects such as, training in how to safely transfer people medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said, "The training is always good, they remind you when it is due or let you know if there is something new added". Following feedback from supervisors about the rapid changes in providing care and support the provider introduced a "Back to Basics" training programme. The registered manager said, "Staff found this a very informative and beneficial session, even those experienced supervisors that had been in post a long time got a lot from the session and found they learnt by best practices from other colleagues as well."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings with their line manager, 'spot checks' or team meetings. 'Spot checks' were unannounced visits by senior staff to monitor the quality and safety of care being delivered.

Prior to receiving care and support from the service an initial assessment of the person's needs was carried out. Each person was assessed in the same way and a plan of care agreed that met their needs and preferences and complied with current good care practice. The service had introduced a new electronic care planning system which enabled staff to complete assessments and update needs and preferences immediately so any changes could be viewed by staff before they entered a person's home.

People were supported by staff who knew how to meet their dietary requirements when they were supported with meal preparation. Some people required assistance and support with eating and drinking. Some people also required assistance with shopping or food preparation and this formed part of the

general service not regulated by us but essential to the maintenance of people's well-being and independence. People's care plans were very clear about their food likes and dislikes.

People only received care and support with their consent. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Some people using the service lacked capacity to make important decisions because of illness such as dementia. 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 whether the service was working within the principles of the MCA and found all people who lacked capacity had their needs considered in line with current legislation. Staff knew how to identify when someone lacked capacity.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. Some people said they received support from their relatives to attend health care appointments.

## Is the service caring?

### Our findings

People continued to be cared for by kind and caring staff. One person said, "The carers are kind and considerate, really polite and are nice people, If I want to chat about anything they make time for me." Another person said, "The staff really know me well, I have the same carer every week, the carer is wonderful. They ensure that I have time to talk about any issues that concern me, they are the best." One relative said, "They [staff] are kind and caring. [The person] is comfortable with them. They enjoy a chat and like the staff. I've not picked up any worries".

There were occasions staff went above and beyond to ensure people received care and support. The registered manager could give us several examples of when staff went beyond what was expected of them. They told us how staff had used their own time to help a person move to a new house. We visited the person during the inspection and they told us, "[Care worker's name] went home and got their drill and put my curtains up. [Another care worker's name] took me round in the wheelchair to show me where everything was and introduce me to my new neighbours. They were brilliant." Two more staff had looked in on the person later in the day to check they had settled in and were happy.

On one occasion a staff member had seen "free from" snacks in the shop at a reduced price. They knew the person they were about to support had difficulty finding snacks suitable for them to eat so they bought them for the person. Another staff member stayed with a person living with dementia when they were admitted to hospital. This meant they were calm and had someone they knew to talk with and support them. Whilst another staff member went in their own time to check that a confused client had got home safely and assisted them to bed.

Staff were also involved in promoting dementia awareness in the community. They took part in various fund raising and awareness events in their own time. The registered manager said, "Raising awareness and understanding about dementia means people can continue to live well in their local community."

During the adverse winter weather staff had worked incredibly hard to ensure people did not miss out on visits. The service had an agreement with the Exmoor Park Rangers to help transport staff. They also had access to staff 4x4 vehicles with competent drivers. Compliments received reflected how much this was appreciated. One compliment said, "Lots of thanks for managing to reach people in the adverse weather." And "All the staff went above and beyond can't thank them enough." Whilst another said, "Thanks to staff who walked in to see mum." The registered manager said, "Whilst the support of the Rangers was vital, we also managed to mobilise office staff, managers, and friends and family of the service with 4x4s to help get care staff out to every customer."

The registered manager told us about the innovative ways the organisation had looked at how they could provide a more caring and person-centred approach to supporting people in the community. Following feedback from people receiving a service they had signposted people to the organisations day care centre. In signposting people to this service, they had a positive impact on the lives of some people receiving care and support from Somerset Care Taunton Deane.

Another innovative idea the service could signpost people to, was a "fine dining experience." Staff recognised that people living with dementia rarely went out for a meal at a restaurant. The organisation agreed to a room in one of the sister care homes to be redecorated as a restaurant and staffed with waiters/waitresses. Families supported by care workers if they wished could book a table and go out for a three-course meal with all the trimmings of a fine restaurant but feeling safe and in supportive surroundings. The service also planned to use this initiative for people who may not have company for Christmas dinner.

As far as possible, the service ensured people were supported by a small team of staff they knew. However, to cover staff sickness and holiday it was necessary for staff to move from other teams to ensure visits were covered. Staff told us that they sometimes went out of their area but usually managed to work with the people they had come to know. The registered manager explained how they had introduced a shadow working process. This meant people were able to build a relationship with a new care worker before they worked with them in the future.

The organisation had also developed a 'Home First Team.' The Home First team consisted of ten support workers who could build up close working relationships with the people they supported. The object of the team was to work alongside local hospitals, Somerset County Council and the Clinical Commissioners Group (CCG) to provide a co-ordinated approach to people who needed support and rehabilitation on leaving hospital. This initiative helped to minimise the bed blocking in local hospitals. It also ensured people experienced a safe hospital discharge and reduced re-admissions. For example, the team had supported one person who had experienced repeated re-admissions. They helped them plan their day and arrange for meals and build a lasting relationship with staff they knew and trusted. This meant they were able to reduce the care and support they received until they were able to live a more independent life in their community.

The registered manager told us they regularly received thank you cards from people who had used the Home First service. For example, one card received said, "A huge thank you to all the Home First team who worked so hard with me to regain the confidence I lost during my stay in hospital. I shall always remember your kindness and patience".

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. One person said, "I always feel it is me in control they listen and ask me what I want." Another person said, "They help me the way I want it done. I never feel like they are taking over." Staff cared about ensuring the people's voice was heard. The service was very proactive in acting as advocates on behalf of people. Safeguarding records demonstrated that the registered manager had supported people to be listened to and had acted on their behalf. We saw that people had been supported to make decisions that considered their best interest and personal wishes.

The registered manager told us how they had taken over the care package from another service within the organisation. They had put a senior member of staff in to work alongside the existing staff team. This meant the person could build a relationship with the staff member and the staff member could pass on their knowledge and suggest the right team mix to support them effectively. The registered manager said, "This resulted in a very smooth and successful transition at a time when the original service was no longer able to support this customer."

Staff explained how they always obtained consent before carrying out any care. One staff member said, "You just need to remember you are going into their home. I always ask if it is ok before I do anything." Another staff member said, "We have key safe numbers, but I always call out and ask if it ok for me to go in." One person said, "They [staff] always ask me first before doing anything. Sometimes I just don't feel like doing something and they are alright with that."

People's care was provided in a way that respected their lifestyle choices, abilities, sexuality, race and culture. Staff had received training in equality and diversity and worked with people in a way that respected them as individuals.

People told us they felt staff treated them with dignity and respect. One person said, "The girls are really good. They always think about the little things that make you feel comfortable when they are helping you wash and dress." Another person said, "I never have to worry about reminding them to shut doors and windows they are very good about that."

Compliments reflected the positive feedback we received. One compliment read, "We are grateful for the kind and lovely people from your Home First team. Everybody was so friendly and helpful." Another read, "We just want to say a massive thank you. They [staff] were all very professional and also found time to chat to us." A further compliment ended saying, "The bonus was the kindness, humour and generosity of spirit and support you gave."

## Is the service responsive?

### Our findings

People continued to receive responsive care and support which was personalised to their individual needs and wishes. People told us they were involved in developing their care plans and they were personal to them. One person said, "I have a detailed care plan, everything is written down. I am involved in the care planning every step of the way. They talk to me about everything all of the time." A relative said, "[The person] has a care plan and we were all involved in what went in. They are now done on their phones so that is a bit more difficult for us to read."

The registered manager explained how they had introduced an electronic care planning system. They were still in the process of changing some people over to the new electronic system so some people still had paper copies in their home. During the transition they had received some concerns about there not being a paper copy for people or relatives to see. The provider was developing a relative portal so relatives, with permission from the person, could read the daily records and see what had been done.

One relative said they did not like the idea of the electronic system so the service had agreed to use a communication book. The relative told us they could write messages in the book for staff and the staff could record anything they thought they needed to know about. Everybody we visited said they liked the idea of the system. One person said, "It doesn't make much difference really. I agreed the care plan then never looked at it until the next review." Another person said, "I was concerned at first. They [staff] were always texting on their phone. But they explained it to me and it all made sense." One staff member said, "I was wary of it at first but it is brilliant. I find out about any changes straight away before I walk through the door so I am pre-informed. If I need to pass on changes in medicines or a routine I know it is updated straight away and the next person in will know."

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. The care plans were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about.

People said they could express a preference for the care worker who supported them for example, they could choose the gender of the care worker who visited them. One person said, "I know I can say if I don't want someone like a male carer but I am happy with either. Sometimes the men are funnier." However, one person told us they had been visited by a male care worker when they had clearly stated they preferred not to receive care from men. Another person told us, "If I don't like someone I can ask for them not to come again, but I usually like them all. They [senior team leaders] call and ask if a new carer is alright. I tell them as it is."

The registered manager explained how they would discuss with the person the support they were able to provide. If they felt the service could not meet the person's needs they would refer them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. The registered manager explained how they could be flexible to meet changing

needs, For example they had adjusted the times of care visits for one person so they were able to visit their loved one who had moved into a care home.

The service worked closely with other professionals to support people to remain in their own homes. For example, they worked closely with the Musgrove Hospital discharge and Occupational Therapy departments to ensure a safe discharge for people who needed support in their own home to return to independent living. This usually lasted 11 to 12 weeks then people were either discharged or assessed to receive on-going support.

People and their relatives knew how to complain. Most people spoken with said they felt their concerns would be listened to. Records showed complaints were investigated and managed in line with the services procedures. People's concerns had been responded to in a timely manner. The service would then follow up with the person whether they were satisfied with the outcome or not. When necessary, the service worked with other professionals to conclude the concerns.

We spoke with the registered manager about how they were meeting the Accessible Information Standard. This is a standard to ensure information is provided in a way that people with recognised differences can still access it. They explained they could access different formats to enable people to be able to access information. For example, they were able to use large print, or access information in other languages if needed. One person the service supported was assisted to maintain contact with family members over the internet. Some people living with dementia used 'white boards' as reminders. They would include information about the day, any activity they had planned and who was coming in next. One staff member explained how they always made sure one person's board was up to date so they knew who the next care worker would be.

People could be confident that at the end of their lives they would receive compassionate care which respected their wishes and beliefs. The service worked closely with the community team and local hospice to support people to remain in their own home towards the end of their life if that was their wish. Staff could access end of life training so they were able to provide effective care and support to people and their relatives. The registered manager told us how they had built up a relationship with one GP practice in an area they covered. They attended monthly palliative care team meetings where they could discuss how they were going to ensure people received a holistic approach to their care needs. They also regularly discussed the use of the Gold Standard Framework (GSF) with a GP and how they were going to work to its principals and guidelines. The GSF is a comprehensive quality assurance system which enables care services to provide quality care to people nearing the end of their lives. One compliment printed in a funeral service sheet said, "The family would like to especially express their deep gratitude to all the lovely community carers of Somerset Care who have looked after [name] so wonderfully for the past seven years following her stroke."

## Is the service well-led?

### Our findings

The service continued to be well led.

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

People told us they thought the service was well run. One person told us, "The manager [senior team leader] comes around from time to time to check up on things. They [staff] never know when they are coming, but they take their job and responsibilities very seriously." Another person said, "I never ring the office, but the manager [senior team leader] comes around from time to time to ensure everything is okay, I cannot fault Somerset Care." Whilst another person said, "The management and the carers are all very good in everything they do." However, one relative explained, "Ringing the office in Taunton was difficult, the answer phone is on, but sometimes they don't get back to you. Ringing the Minehead team was better. I have been given the personal phone number for [person in Minehead team], I use this now and communication is good." The Minehead team is part of the service with a separate satellite office in the area for staff to go to.

People had mixed feelings about contacting the office. Some said they would ring and had no problems. They told us office staff were always very polite and helpful. One person said, "I have rung the office and told them I am going on holiday. They were really nice. They have arranged for my visits to commence when I come back. Everything is good, no problems at all." However, another person said, "Ringing the office is a no starter, if they answer the phone they are lovely but rarely get through first time." Whilst a relative said, "The communication with the office is not very good. But I can't fault the care staff." The registered manager explained they had started to keep the office open six days a week so people could contact them at the weekend rather than going through the out of hours team. They confirmed they were also actively recruiting so they had more staff available to answer phones.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload

There were effective quality assurance systems to monitor care and plan on-going improvements. Quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. For example, an audit of medicine record charts had shown some gaps where staff had not signed they had given people their medicines. Staff



were immediately booked to complete further training in the safe handling of medicines. Records showed one staff member had completed a reflective report and attended one to one supervision with a senior staff member before they could administer medicines again. The registered manager explained how the new electronic system reduced the incidents of missed or unrecorded medicines as senior staff could identify immediately when a record had not been made. The registered manager told us, "With each carer having a smart phone where they log in and out of each call, we have much greater visibility and can be much more proactive in communicating with customers if there has been an unforeseen delay. Our quality monitoring checks also include reviews of planned versus actual call times so where a regular deviance from the scheduled time is noted we can identify the reasons and take appropriate action. For example, increase the travel time allocated, review whether the care package might need increasing or reduce a care package if a customer has regained greater independence."

A customer satisfaction survey was carried out annually. We looked at the last returned surveys and saw that people were satisfied with the service they received. For example, comments included, "Excellent service." And, "Friendly staff." And, "Very happy with all staff and when I ring the office it is a positive experience." Where issues had been raised the registered manager revised working practices. For example, one person had said they found the timings of their morning visit too early, staff had rearranged the schedule to make the morning call later. This meant the person felt they had been listened to.

The service could demonstrate how they listened to other healthcare professionals when feedback was given. For example, the registered manager told us how they had worked to minimise call outs to the ambulance service when a person fell but sustained no injury. They told us, "The service purchased two [inflatable lifting cushions]. This equipment now means that our staff can call for assistance when they discover someone has fallen but is not hurt. This improves outcomes for customers because delays in waiting for ambulance assistance are reduced and our staff are able to support them safely."

A staff survey had highlighted the need for uniforms that were more comfortable to wear in the hot summer. Records showed and staff confirmed polo shirts had been provided. The office staff also carried out regular telephone monitoring calls talking directly with people about the care they received.

The registered manager told us they were well supported by the regional manager and the provider. They confirmed that the regional manager was there to support them with one to one supervision when they could discuss their vision for the future of the service.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.