

## Portsmouth Sitting Service & Community Care Service Limited

# The Portsmouth Sitting Service and Community Care Service Limited

### Inspection report

23-31 St Ronans Road  
Southsea  
Portsmouth  
Hampshire  
PO4 0PP

Tel: 02392752910

Website: [www.portsmouthsittingservice.co.uk](http://www.portsmouthsittingservice.co.uk)

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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

This announced inspection was undertaken on Tuesday 22 November 2016. The inspection was announced to ensure it could be facilitated on that day by the registered manager. We last inspected Portsmouth Sitting Service and Community Care Service in January 2014 where the service was judged to be meeting the standards assessed at that time.

The Portsmouth Sitting Service and Community Care Service is a domiciliary care agency which provides personal care, a sitting service and also emotional support to people in their homes. The service is located in Southsea, Hampshire and at the time of the inspection, there were approximately 73 people using the service.

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.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We looked at how medication was handled at one of the houses we visited. We found gaps in signatures on the MAR (Medication Administration Record), although we were able to establish the medicines had been given, which was also confirmed by the person themselves. We were told action to be taken would include additional job chats, training and supervision in response to these discrepancies. The medicines policy and procedure also required updating to ensure it referenced the safe disposal of medication.

We found there were sufficient staff to care for people safely, although several people reported that when staff turned up late and weren't always contacted by the office in advance. We raised this with the coordinator who said this should be done and would re-iterate this in team meetings. Staff spoken with didn't raise any concerns about staffing numbers within the service.

We saw staff were recruited safely, with appropriate checks undertaken before they began working with vulnerable adults. This included ensuring DBS/CRB (Disclosure Barring Service/Criminal Records Bureau) checks were undertaken and references from previous employers sought.

The staff we spoke with told us they had access to sufficient training and received supervision as part of their ongoing development. Staff were also able to have 'job chats' in between supervision sessions if there was anything they needed to discuss.

The people we spoke with told us staff often helped them prepare lunch or an evening meal, although this was usually by putting a meal into the oven or microwave during the care call. The people we spoke with

said staff did not need to help them eat or drink.

The people we spoke and their relatives with told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as possible.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The care plans provided an overview of each person's care needs and were updated when things changed. The people we spoke with also said an initial assessment was undertaken, when they first started using the service.

The service sent satisfaction questionnaires to people, asking for their comments about the service. This enabled the service to continually improve based on feedback from people and anything that could be changed.

There was a complaint procedure in place, enabling people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint where necessary. The service also collated positive compliments made about the service.

People who used the service and staff told us they felt the service was well managed. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of audits, spot checks and observations of staff undertaking their work. Staff also had access to policies and procedures if they needed to seek guidance in a particular area.

## 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.

The people we spoke with told us they felt safe as a result of the care they received.

Staff were recruited safely, with appropriate checks undertaken.

The service had carried out risk assessments in people's houses to help keep people safe.

### Is the service effective?

Good 

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work.

Staff told us they received supervision as part of their on-going development.

People told us staff sought consent before providing care.

### Is the service caring?

Good 

The service was caring.

The people we spoke with told us they were happy with the care and support provided by staff.

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff, who promoted their independence where possible.

### Is the service responsive?

Good 

The service was responsive.

We saw initial assessments were completed when people first started using the service, with appropriate care plans

implemented thereafter.

There was a complaints procedure in place, allowing people to state if they were unhappy with the service.

The service had sent satisfaction surveys, seeking people's views about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service conducted spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meetings were undertaken to discuss work and concerns.

# The Portsmouth Sitting Service and Community Care Service Limited

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on Tuesday 22 November 2016. The inspection was announced to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. We also liaised with stakeholders who had involvement with the service. This included the Contracts/Commissioning and Safeguarding teams based at Portsmouth City Council. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 73 people in the Portsmouth and Southsea area. As part of the inspection we spoke with the registered manager, two care coordinators, three members of staff, six people who used the service and two relatives. We spoke with three of the six people and one of the relatives in their own home and also reviewed one Medication Administration Record (MAR). This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

We also viewed three care plans, five staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe as a result of the care they received. One person said to us; "I feel safe with the staff coming into my home and looking after me". Another person said; "I feel safe. I have fallen in the past but the staff give me re-assurance". Another person added; "I trust the staff and feel safe with them coming into my house". When we asked a fourth person if they felt safe as a result of the care they received, we were told; "I do feel safe. I feel happy knowing someone is coming to see me. It gives me a sense of security".

We found there were systems in place to safeguard people from abuse. This included having a policy and procedure in place, informing staff how to report concerns. The staff we spoke with told us they had received safeguarding training and knew about the signs and symptoms of potential abuse. The registered manager had also notified us of a recent allegation of financial abuse which occurred within the service. One member of staff said; "If someone was stolen from then that would be financial abuse. Abuse could be when people are being taken advantage of and other types of abuse could be sexual and physical abuse". Another member of staff said; "On one occasion a service user told me they had been physically abused by a family member. I was asked to come to the office and write a statement and I was happy with the action taken. Signs of abuse could be unusual bruising, not eating, having no food in the cupboards and having dirty clothes could all be signs of neglect". A third member of staff added; "People being scared and noticing bruising and new marks could be signs of abuse. Physical and financial are some of the types of abuse".

People were protected against the risks of abuse because the service had a robust recruitment system in place. Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks, interview questions/responses, contracts of employment, application forms and pre-employment medical questionnaires. There was also evidence of references being sought from previous employers. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We found there were sufficient staff to care for people safely. The service used the 'Care Manager' call monitoring system which enabled staff at the office to check that staff were completing calls as required and in the event of a missed visit occurring, could then respond accordingly. We checked a sample of people's call records and saw they were logged on the system as required when completed. The registered manager told us missed visits were extremely rare and could only recall one which had been added to the Key Performance Indicator (KPI) report and submitted to Portsmouth City Council with any actions taken.

The people we spoke with told us that although they hadn't experienced any missed visits, said that when staff turned up late, they weren't always contacted by the office to let them know. One person using the service said; "The staff don't always ring us and my husband has to ring the office. It should be the other way round if they are going to be late". Another person said; "I've never experienced a missed visit but they don't always ring when they are going to be late". A third person also added; "Sometimes the staff are late and I



appreciate they are seeing other people. They don't call me though and I have to ring the office". We raised this issue with the care coordinator who said the expectation would be that people were contacted, but that they were also reliant on staff letting them know they were running late also. We were also informed this would be raised and discussed at future team meetings.

Staff spoken with didn't raise any concerns about staffing numbers within the service. One member of staff told us; "Now there are enough staff but there was a period where we were short. Staffing is back fine again now". Another member of staff said; "Sometimes we run late but I think that is to be expected. Staffing levels are fine otherwise". Another member of staff added; "Most of the time staffing is fine. As you would expected we get sickness and holidays but we all pull together. We seem to have recruited staff and we are okay for the minute".

We found people had risk assessments in place to keep them safe within their own home. These covered areas such as having appropriate flooring, heating arrangements, use of electrical appliances, lighting, smoke detectors and trips/falls. We saw there were control measures in place if risks had been identified. The service also conducted 'Risk audits' and in one instance had identified that a house did not have appropriate smoke detectors. In response, a referral was made to the local fire department for this to be installed. There was also a system in place to monitor accidents and incidents relating to both staff and people using the service and we saw that analysis and discussion was done at senior team meetings. These systems evidenced the service was responding to risk appropriately and taking action where necessary.

We looked at how medication was handled at one of the houses we visited. The Medication Administration Record (MAR) identified if medication had been taken, prompted, refused or had been given by others such as family. The time the medication was given was also provided along with accompanying signatures from staff. This would ensure sufficient time was left between medications being given and reduce the risk of an overdose. The MAR also provided staff with information about the quantity to be administered, the shape of the tablet, the colour of the tablet, the times to be given and directions for use. One person who used the service said to us, "The staff get me my medication each day, but it is my choice as to whether I take it." The staff we spoke with also told us they felt confident to administer medication and had been provided with appropriate training. One member of staff said, "We get training around how to administer and I feel quite confident with it." Another member of staff said, "I was happy with the medication training I received."

We did identify gaps in signatures on the MAR we looked at, although we were able to establish the medicines had been given, which was also confirmed by the person themselves who could recall taking their medication each day. We raised this concern with the care coordinator who immediately arranged for a job chat to take place with the staff this involved to discuss the concerns, as well as further training and supervision being provided.

The service had a policy and procedure in place with regards to the safe administration of medication, although it did not make reference to disposal. This meant staff could be unaware of how to do this safely. We raised this concern with the manager who said they would immediately arrange for this information to be included and following the inspection, an 'Under review' version of the document was sent to us. The manager also stated they would raise this issue at the next provider meeting with the local authority.

# Is the service effective?

## Our findings

The people we spoke with told us staff were good at their jobs and felt they provided effective care. One person said; "The staff are good at their jobs and have good skills. When they get new staff, they seem very good as well". Another person said; "The staff seem to have had very good training and always remember little personal details about me which I like". Another person added; "We seem to have gotten into a routine of knowing what I need. Generally speaking, they all seem to know what they are doing".

There was an induction programme in place, which staff were expected to complete when they first began working for the service. An induction is intended to provide staff with the skills and knowledge to undertake their role effectively. The induction covered areas such as understanding the role, personal development, equality and diversity, person centred care, communication, privacy and dignity, fluid and nutrition, safeguarding, health and safety and infection control. The staff we spoke with said they completed the induction when they first started working for the service. One member of staff said; "I met with the people I would be providing care to and did shadowing. It gave me a good introduction and was a huge weight of my shoulders compared to my previous job". Another member of staff added; "The induction covered all my mandatory training such as moving and handling, safeguarding and infection control. It gave me a good start as I worked in a care home setting previously".

The staff we spoke with told us they received sufficient training and support in order to undertake their work to a high standard. We saw staff had received training in areas such as moving and handling, first aid, safeguarding, Deprivation of Liberty Safeguards (DoLS), dementia awareness and first aid. Each member of staff also had their own 'Portfolio', which provided an overview of the training they had provided and any accompanying certificates. One member of staff said; "If we ever need to be brought in for training then it's done and we get a lot if we need it. I've done training around professional boundaries, medication, safeguarding, lone working and fire safety. I also did dementia awareness last week and there is definitely enough available". Another member of staff said; "I've done quite a bit in my first 12 months of the job. I feel quite confident so far". Another member of staff added; "The training has really taken off and is better than it has ever been. The internal training is excellent".

We found staff received supervision as part of their ongoing development. Staff supervision enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on concerns/complaints, uniforms, training requirements and an overview of things were progressing with people they cared for. We also saw records of appraisals where objectives and actions were set for staff to work towards over the next 12 months. Staff were also able to have 'job chats' in between supervision sessions if there was anything they needed to discuss. One member of staff said; "We seem to have them around every two months. We also have them on the back of any incidents to promote learning". Another member of staff said; "You can always talk about any problems in supervision". A third member of staff added; "I've just had one recently. They are regular and you can request a job chat any time".

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. At the time of the inspection, there was nobody using the service who was subject to a Deprivation of Liberty Safeguards (DoLS), although the staff we spoke with said training had been provided in this area. One member of staff said, "It's important to get people involved with the care when making best interest decisions. DoLS is for when people lack capacity and therefore need to be kept safe". Another member of staff said; "If there is a doubt over a person's capacity and could be in danger, then a DoLS would be required".

The people we spoke with told us before receiving care and support staff always asked them for their consent. Staff were also able to describe how they sought consent from people before delivering care. Each person's care plan also contained signed consent forms in relation to reviews taking place, care being provided, any changes being made and use of the telephone when staff were in their house. One person said, "The staff always ask and don't do things without my permission". Another person said; "It's a matter of routine now, but if it's a new member of staff and they aren't as familiar then they will ask". A member of staff also added; "It's important to ask people and explain things so I will always check it is what they want. If needed, we could also bring family and professionals on board to make decisions".

We looked at how people were supported to maintain good nutrition and hydration. We saw that if this was part of a person's care package, an eating and drinking care plan was in place. This was an area that was also covered as part of the initial assessment process and during the staff induction. The people we spoke with told us staff helped them prepare lunch or an evening meal, although this was usually done by putting a meal into the oven or microwave rather than making a meal from the start. The people we spoke with said staff did not need to help them eat or drink. One person said; "Part of my care package is that staff prepare my breakfast and that is a great help".

## Is the service caring?

### Our findings

The people who used the service told us they were happy with the care and support they received from Portsmouth Sitting Service. One person said to us; "Fine and no problems at all and I get on with all the staff. The care is very good". Another person said; "Overall they do their best and provide a good, steady standard of care". Another person added; "I think they provide a high standard of care. I couldn't do without them and would be unable to get to bed, washed and dressed". When we asked a further three people about the care they received, we were told; "It's very good. They are nice people and are kind and gentle" and "I would say I receive a pretty good level of care. We also have a laugh and a joke along the way" and "The care is very good and I have no complaints. They are all nice and friendly".

As part of the inspection we also spoke with two relatives and asked them about the care provided to their family members. One relative said to us; "We are very happy with the care and have been very pleased with them. We like the girls and they do everything we ask. They very much treat my mother well. The office always keep in touch with us and overall they all do a very good job".

People who used the service spoke favourably about the staff who cared for them. People told us they found the staff to be kind and caring. One person said; "The staff are nice. They treat me well and are caring". Another person said; "The staff always cheer me up. They are very good and deliver my care exactly how I want it". Another person added; "The staff are kind, caring and all do their job as far as I can see". When we asked a fourth person about the care staff we were told; "The staff are all very nice when they come and deliver my care".

We asked people who used the service if they felt they were treated with dignity and respect by staff who cared for them. When speaking with staff, they were also able to describe how they ensure people were treated well when providing care. One person said; "The staff always deliver my personal care in the bathroom and not in front of others. When I'm assisted with dressing my dignity is always preserved". Another person said; "It is very rare when I am not treated as I would like". A member of staff also said to us; "If I am assisting people to get changed I will cover them up with a towel so that they don't feel exposed. I will also close curtains for privacy". Another staff member added; "I'll make sure doors are closed when delivering care. I'll also ask people if they would like me to assist them first out of respect".

People told us staff tried to promote their independence as much as possible. Staff were also able to describe how they aimed to do this when delivering care to people. One person told us; "The staff do promote my independence. They will let me wash myself, but will assist me if I am feeling unwell". Another person told us; "Oh they do. When I am getting washed in the morning they will encourage me to have a go, but are there if I need them". A member of staff also said to us; "If somebody can do things for themselves then let them. I go and sit in the front room sometime if people feel they can manage, such as if the gentlemen I support want to have a shave on their own". Another member of staff commented; "I'll encourage people and see if they would like to do things first such as making a cup of tea. It's wrong just to assume people aren't capable".

Staff spoken with were clear about how to offer people choices about the care they received. One member of staff said; "I give people choice about the meals they would like to eat such as having porridge or toast, or having an orange juice or cup of tea for example". Another member of staff said; "If I'm assisting people to get dressed then I will offer them a choice of clothes to wear that day. I will never just assume". Another member of staff added; "It's quite important and can change on a daily basis. I'll offer people colour choices for their clothes and explain what the weather is like to help them make a choice that is appropriate".

Private and confidential records relating to people's care and support were securely maintained in lockable offices. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

## Is the service responsive?

### Our findings

The people we spoke with and their relatives told us they felt the service was responsive to their needs. One person said; "The help me to get out of bed, put my walking frame next to my bed and assist with my personal care. They do all of that during each visit". Another person said; "I receive a good service and get everything I need". Another person added; "I'm quite satisfied with the service I am receiving". A relative also said to us; "The staff assist my mum with a full body wash, to get dressed and leave some food out for later in the day. The staff are doing all they should and we are very happy with what they do".

We saw that before people's care package commenced, the service carried out an assessment of people's needs. The initial assessment would allow staff to establish what people's care needs were and how staff needed to care for them. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. The people we visited and spoke with said they had an assessment when they first started using the service. One person said; "The staff came out to see what my requirements were". People were also given a 'Welcome pack' when they first started using the service. This provided an overview of the services provided, how to cancel visits or the service, staff qualifications, quality assurance systems, how to make a complaint and acceptance of gifts/gratuities.

People also had individual care plans in place which were compiled once initial assessments were undertaken. These were kept in the office and also at people's houses. During the inspection we looked at three care plans and saw they took into account continence requirements, dietary needs, mental health/cognition, mobility, personal care/well-being, personal safety and communication. There was also a focus on people's preferred choice of name, family background and things they enjoyed doing. We also saw that reviews had been completed both at people's houses and over the telephone. This presented people with the opportunity to discuss their care options and see if there was anything they would like to change or do differently.

We looked at the most recent satisfaction surveys sent to people who used the service. We saw people were asked for their views and opinions about if staff were punctual, if they felt they received consistent care, the attitude of staff, if staff required any further training, if they felt treated with dignity and respect and if any changes were needed to improve the service. Once the surveys had been returned, an overall analysis of the feedback was then created. We looked at the analysis and saw there was strong praise for the staff received from people who used the service. Sending surveys provided the opportunity for people to be involved with their care and support and make changes or suggestions where necessary. One person said; "We were sent one recently and left feedback to state we were very satisfied". Another person said; "I've received one but haven't filled it in yet. The vast majority of the feedback will be positive".

The surveys were sent to people on an approximate six monthly basis. At this point, 'Communication Topics' were also sought from people who used the service. We looked at a sample of these and saw they captured information about where people were born, employment, places people had travelled to, things people liked to talk about, favourite TV programmes and social interests. These documents were sent out with the

surveys with the aim of capturing background information about people which would enable staff to have relevant information about people based on their hobbies, likes and preferences.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. There was one complaint on file since our previous inspection which we saw had been responded to appropriately with a written response provided. The people we spoke were aware of the complaints process and how they would report concerns. One person said; "I've mentioned to the office in the past about staff turning up late. It is much better now and I was happy with how it was handled". Another person said; "I've raised in the past that care staff were inconsistent but it got sorted out. It's settled now".

The service also collated compliments made by people who used the service, expressing their satisfaction with the service they received. We looked at a sample of these, with comments including; 'I just wanted you to know what a wonderful help and delight my carer has been. She is just marvellous' and 'I am very pleased with my carer. They are pleasant, efficient and eager to please' and 'My carer is first rate and I really like them a lot' and 'My carer is always bright, happy and is lovely'.

## Is the service well-led?

### Our findings

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.

In addition to the registered manager, the service also employed 'Care-coordinators'. They line managed care staff, monitored the work they carried out and were responsible for tasks such as initial assessments, spot checks and observations. The coordinators then reported directly to the registered manager. This staffing structure ensured there were clear lines of accountability within the service.

The Portsmouth Sitting Service is one of 11 'Preferred Providers' with Portsmouth City Council. This meant that the council would offer packages of care to these services before contacting other providers in the area. There was also the requirement to submit quarterly Key Performance Indicators (KPI) to the local authority with an update about timeliness of visits, staff retention, staff training and complaints. This would ensure standards were consistently being adhered to and a high level of care was being provided and in line with their contractual requirements.

The staff we spoke with told they enjoyed their work and that Portsmouth Sitting Service were good to work for. Staff also felt there was a good culture within the service. One member of staff said; "It is a good place to work. I feel it's organised and they have the best interests of the staff at heart. We all get on well together". Another member of staff said; "I enjoy it and like working in the community. I feel they are supportive and are flexible around my personal circumstances". Another member of staff added; "There is a good culture and we all work well together. Problems are always resolved and the door is always open to raise any issues".

The staff we spoke with felt the service was well – led and managed. One member of staff said; "I like the manager and like the enthusiasm and ideas they come up with. The manager is supportive and approachable also". Another member of staff said; "I have worked for the company for 12 months and have really helped me in my role. They have made me the person I am now". Another member of staff added; "I must say they are supportive. I feel I can talk with them about things".

We found there were systems in place to monitor the quality of service within people's homes. This included audits of areas such as medication, finances, staff training/supervision, infection control, the statement of purpose, accidents/incidents, complaints and service user questionnaires. These audits were completed each month by the registered manager and provided an overview of findings and any actions to be taken.

There were also spot checks and observations of staff undertaking their work. We looked at a sample of these records and saw these provided a focus on staff punctuality, appearance, treating people with respect, ability to carry out care, knowledge and skills, communication and using moving and handling techniques. Based on the observations, staff were then rated as either good, satisfactory or poor. This provided the



opportunity for managers to see how staff worked and offer suggestion as to how things could be improved in order to monitor the quality of service. A member of staff told us; "The managers will just turn up if they are doing a spot check and will observe us. We are then assessed on the quality of care we are delivering".

The staff told us that team meetings took place regularly and we noted several had taken place throughout 2016. Team meetings allow for information to be cascaded and for staff to discuss their work and concerns. We noted some of the agenda items discussed included an upcoming CQC inspection, mental capacity act, logging in when using the call monitoring system, disposal of continence pads, visit notes and record keeping. One member of staff said; "We do have team meetings. Everyone voices their opinion and we feel listened to. Another member of staff said; "I find team meetings to be beneficial. It is a good opportunity to raise concerns and discuss any problems".

The service had a representative in the 'I Care Ambassador Scheme'. This is a national team of care workers who talk about what it's like to work in social care with one of the aims being to get more people working in the care sector and retain existing members of staff. The service had also achieved the basic award in 'Investors in people. Investors in People provides a best practice people management standard, offering accreditation to each organisation that adheres to their framework.

A newsletter was also cascaded to people using the service and staff at various points throughout the year. This presented the opportunity to brief people about 'Goings on' within the service. The newsletter provided updates about any changes to call times, infection control, new members of staff, upcoming reviews and any changes within the office. Staff were also reminded about changes to the weather, to dress appropriately when outdoors and to remain vigilant when lone working, all of which evidenced a concern for staff welfare.

There were various policies and procedures in place at the service. These covered equality and diversity, complaints, health and safety, medication, confidentiality, whistleblowing and safeguarding. Staff told us these were covered during induction and were available to look at if they needed to seek advice. The registered manager also submitted notifications to CQC as required where there had been allegations of abuse, serious injuries or expected/unexpected deaths. This was in line with legal requirements and displayed a transparency about incidents which had occurred within the service.

We saw evidence of partnership working and links with other organisations. The proprietors were members of the Hampshire Care Association (HCA) executive board and the registered manager was also a representative at the Hampshire Domiciliary Care Providers (HDCP) and often chaired meetings on their behalf. The registered manager also worked closely with the local authority to determine annual rate setting for domiciliary care providers. We were told up to three providers meetings were held each year where providers, local authority officers, hospital teams, community health services, Skills for Care, Healthwatch, and Job Centre were regular attendees.

The registered manager also worked with Portsmouth City Council regarding their future commissioning, with the plan to move their commissioning from traditional service contracts to outcome based personal budgets, with work also underway to see how recruitment and retention could be improved in the area.