

Crabtree Care Homes Services Limited

Ladies In Waiting

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place between 19 and 29 March 2018 and was announced.

At the last inspection in January 2016 we rated the service 'Good' overall and in each domain. At this inspection we found the service had maintained its overall rating of 'Good' and improved its rating in the 'Is the service Caring?' domain to 'Outstanding'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the service was delivering personal care to 25 people.

A registered manager was in place. 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.

We found an extremely caring service. Staff demonstrated very caring values and were highly passionate about the people they were supporting. They had developed exceptionally strong relationships with the people they supported. The trust developed between people and staff helped promote people's independence, confidence and helped them achieve good outcomes. People had a say in who supported them, and great care was taken to match people and staff with shared interests. We saw staff regularly went the extra mile for people, to ensure their comfort and meet their preferences.

People felt safe using the service. Risks to people's health were assessed and clear plans of care put in place for staff to follow. People received their medicines safely as prescribed. There were enough staff to ensure a consistent and reliable service.

Effective care was provided. People praised staff skill and knowledge and said staff knew their needs well. The service was very selective about the staff it employed, to ensure they were suitable to work with the client group. Staff demonstrated maturity and a broad knowledge of the people they were supporting. The service worked with a range of health professionals to help meet healthcare needs.

The service was responsive to people's changing needs. Comprehensive care plans were in place which were subject to regular review involving people and/or their relatives. Everyone said care was appropriate and met people's individual needs. The service was very effective at meeting people's social needs and encouraging them to participate in the local community. Comments and complaints made by people were quickly responded to, to help improvement of people's care experiences.

The service was well managed. People, relatives and staff all praised the approach of the registered manager and said they were effective in their role. There was a clear and visible person centred culture. A

range of audits and checks were undertaken by the registered manager to ensure it continued to perform to a high standard. People's feedback was regularly sought to determine whether any improvements were needed to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The domain remained good.

Is the service effective?

Good ●

The domain remained good.

Is the service caring?

Outstanding ☆

The service was very caring.

Feedback about staff from people and relatives was extremely positive. People talked about staff as 'friends' and 'companions.' Staff demonstrated they had consistently caring and person centred values.

People and staff had developed exceptionally strong relationships. People received care from a small group of care workers who they knew very well. Staff had been matched with people based on shared interests, to help in the development of these relationships.

We saw examples of staff going the extra mile for people, staying with them or re-visiting them to ensure their welfare and comfort.

The service was very effective in helping people increase their confidence and independence.

Is the service responsive?

Good ●

The domain remained good.

Is the service well-led?

Good ●

The domain remained good.

Ladies In Waiting

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 between 19 and 29 March 2018 and was announced. We gave the provider a short amount of notice that we would be visited the office, because it is small and the registered manager is often out of the office supporting staff or meeting people who use the service. We needed to be sure that they would be in. On 19 and 20 March 2018 we made phone calls to people and their relatives to ask them about the quality of care they received. On 21 March 2018 we visited the provider's offices to look at care related documentation, speak with the registered manager of the service and also relatives and staff who visited the office. Between 22 and 29 March 2018 we telephoned care workers.

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; in this case, the care of older people.

Prior to the inspection we spoke with both the local authority commissioning and safeguarding teams. We reviewed information held on the provider; for example, notifications sent to us by the provider. We reviewed information the provider sent us in the 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.

During the inspection we spoke with eight people who used the service and four relatives. We spoke with eight care workers and the registered manager. We looked at three people's care records and records relating to the management of the service including staff training records, audits and meeting minutes. We also gained feedback from two health professionals who worked with the service.

Is the service safe?

Our findings

Medicines continued to be safely managed by the service. People said that they received appropriate support with their medicines. One person said, "They give me medication, always on time, no issues at all." Each person's capacity to manage their own medicines was assessed to help maximise their independence. People had clear medicine care plans in place which were regularly updated showing the exact nature of the support to be provided. This helped guide staff to provide safe and consistent support. Where people received 'as required' medicines, clear protocols were in place to support consistent use. We looked at a sample of medicine administration records (MAR) which were well completed, indicating people had received their medicines as prescribed. Staff had received training in medicines and had their competency to give medicines safely regularly assessed. This helped promote safe working practices.

People and relatives said that people were safe in the company of staff. They said they knew staff well and care was always delivered by familiar faces. Comments included, "I certainly do [feel safe], they make me feel comfortable", "I feel safe and comfortable at all times", "My relative does feel very safe indeed, they have built a very good relationship up with [relative]", " My relative is very safe indeed, cannot praise them enough, they have built a wonderful relationship with my relative," and, "Absolutely wonderful with my relative, no issues about safety, in fact [relative] looks forward to see [relative's] care worker."

Staff and management had a good understanding of safeguarding matters and had received training in safeguarding vulnerable adults. Staff knowledge and competency around safeguarding was regularly assessed and staff were asked during team meetings and supervisions whether there were any issues they wanted to raise. Where safeguarding incidents had occurred we saw appropriate action had been taken by the service to help keep people safe. Systems were in place to protect people from financial abuse. If staff carried out any financial transactions for people, clear records were maintained. People and relatives were asked to review receipts of any purchases they had requested before being asked to hand any money over to the service. This helped protect people from the risk of financial abuse.

Risks to people's health and safety were assessed and clear and detailed risk assessment documents put in place to support staff in delivering safe care. The service also worked closely with health professionals to reduce the risk to people. For example, following falls the service worked closely with district nurses to help keep people safe. We saw positive risks were taken by the service to maximise people's independence and freedom. This included supporting people out in the community and encouraging them to manage their medicines as independently as possible.

There were enough staff employed to ensure a consistent and reliable service. People said staff arrived on time, stayed with them for the full call length and that calls were never missed. One person said, "Always on time, never late, they are good care workers, they have never not come either." Another person said, " They are very rarely late. If they are late due to traffic, they will always call me; they have never missed a call. They never rush off, they always ask me if there is anything else I need doing." A relative said, "The care workers are always on time, they have never missed a call. We have no issues at all about the care workers not finishing tasks; they certainly do not rush." Staff told us there were enough staff to ensure people

received timely care and support. They said they were always able to arrive on time and could always stay with people for the full allocated call time. Staff rotas were appropriate with staff having plenty of time between calls to ensure they could take their time with people.

Staff continued to be recruited safely. Candidates were required to complete an application form, attend a competency based interview and have checks on their background and character completed to help ensure they were suitable to work with vulnerable people. It was clear from speaking with the registered manager and reviewing records that the service was very selective about the staff it recruited. The registered manager told us they required staff to have a good level of experience, a very caring nature and maturity to help ensure they could develop strong social relationships with the people they were supporting. Staff we spoke with demonstrated to us they had very caring values and a good knowledge of person centred care approaches.

Staff had access to a supply of personal protective equipment and we were told care workers always wore gloves and aprons when delivering personal care. Staff had received training in infection control to ensure they adhered to the required infection control practices.

The service recorded accidents and incidents and learnt from them when things went wrong. For example, we saw there had been one missed call in the last few years due to a mix up. This had been fully investigated and the person thoroughly apologised to with measures being put in place to help prevent a re-occurrence. When incidents such as falls took place these were investigated and the advice of health professionals sought. The manager had completed root cause analysis training and had used the skills gained from this to undertake detailed route cause analysis of all incidents to aid continuous improvement of the safety of the service.

Is the service effective?

Our findings

Everyone we spoke with said the service had supported them to achieve good outcomes. The service developed care plans which met people's individual needs, seeking advice of health professionals where required to ensure care was delivered in line with best practice guidance. The registered manager regularly sought out additional training and guidance to keep up-to-date with best practice. For example, they had utilised the skills of managers and staff who worked in other services run by the same provider and attended training aimed at managers delivered by the local authority.

People and relatives consistently said staff provided effective care and were appropriately trained. Comments included, "My girls are wonderful, very trained indeed", "They are brilliant; they have taken that time to build a relationship with me. They do all the tasks with such pride and everything is done to a professional high standard", "They are certainly trained; their work gives me the assurance and comfort; I can sit back and relax", "Wonderful, they are certainly trained, they do the jobs very well, they listen, chat with my relative. My relative looks forward to meeting the care worker."

Staff received a comprehensive range of training. New staff required a full induction to the service and its ways of working. Training was a mixture of face to face and booklet training followed by a competency test. Training needs analysis was carried out by the manager and training plans developed for each staff member. For example, the registered manager had identified that staff needed to improve the language used in daily logs, so bespoke record keeping training had been developed with a local training provider and then delivered to all staff. Training was tailored around the needs of the people they were supporting. For example, one person required staff to perform complex moving and handling techniques. Individualised training had been provided to the team supporting them which focused on that person's care. Another person required staff to support them with a particular medicine and training had been provided to the staff involved. All the staff we spoke with said training was effective and had given them the skills to do the role safely and competently.

The registered manager explained how many of the staff working at Ladies in Waiting had extensive experience and they were able to use this to help ensure effective and appropriate care. For example, the staff team comprised of retired general and psychiatric nurses, occupational therapists, social workers and physiotherapists. Another staff member had worked in a senior position within education and demonstrated they applied the same principals of person centred support to their new role. Staff we spoke with demonstrated maturity, a high level of experience and dedication to providing highly personalised care and support.

Staff said they felt well supported. They received regular supervision and appraisal as well as spot checks of their competency. These were comprehensive and demonstrated a thorough assessment of staff members' capabilities.

People said they were supported effectively to eat and drink. One person said, "They make my choice of food, they cook very well." Another person said, "Excellent cooks; they will go shopping for me, they will

then cook the meal to a very high standard, just like I like it." A relative said, "My relative is very fussy about food, [relative's] care worker is brilliant, does not force [relative], but listens to what [relative] would like. [Relative] enjoys the food the care worker makes." As the minimum call length delivered was an hour, staff had time to cook quality meals for people. People's nutritional needs were assessed and information recorded within care plans on how to support them appropriately.

The service worked effectively with a range of health professionals to help meet people's needs. For example, the service worked with a physiotherapist to ensure detailed information was present to allow them to support a person with exercises to improve mobility during care visits. Where health professionals had commissioned new equipment, the service ensured staff were fully trained in how to use the equipment. People and relatives said healthcare needs were met by the service. Relatives told us communication was good and they were always informed if their relative's health changed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made.

The service assessed people's capacity to manage aspects of their own care which included personal care and medicines management. We saw where people lacked capacity, decisions about the care to provide was done in their best interests involving them and their family as much as possible in the process. It was clear from reviewing records that staff and management understood the Mental Capacity Act and adhered to its principals. People said consent was sought before care was delivered and this was confirmed in the records we reviewed.

Is the service caring?

Our findings

All the people we spoke with said staff were exceptionally kind, caring and friendly. One person told us, "I call them my girls; they are truly a blessing for me, caring, kind, professional, always respectful to me." A second person said, "They are wonderful care workers, always smiling. They are professional also, always give me dignity and respect." A third person said, "Absolutely wonderful; always going the extra mile; caring, considerate, always smiling and very welcoming."

Relatives also spoke very highly of the caring nature of the service. One relative said, "I am absolutely delighted, no quibbles. They are friendly, caring; every single day they will ask my relative if she needs anything else." Another relative said, "They are truly wonderful care workers; they have built a good relationship with my relative; always respectful and always give dignity to my relative." A third relative said, "Excellent, I can't fault it. When I go, I know 100% they are well cared for. It's clear they genuinely care."

The registered manager explained to us how the service was very selective when it came to employing care workers. They had to demonstrate they were committed to a person centred approach to care and display exceptionally caring attributes. The registered manager explained key staff qualities they looked for were maturity and the ability to engage with people in meaningful conversations to meet their social needs. Our discussion with people and staff led us to conclude the registered manager had been highly effective in ensuring these qualities were embedded in the workforce. We saw examples of recruitment being centred around the needs of an individual. For example, at the time of the inspection the manager was recruiting a staff member to deliver care to a particular individual. The recruitment process was being tailored to ensure compatibility with that person, showing an exceptionally person centred approach

A health professional told us they were very impressed with the quality and caring nature of staff and how selective the registered manager was able to be. Staff we spoke with demonstrated they were passionate about providing personalised care and support and spoke with great fondness of their job and the people they were supporting. It was clear staff were motivated to provide the best experience possible for people. Many staff had extensive backgrounds working in care as registered nurses, social workers and physiotherapists or in other careers where there was a person centred philosophy such as education. This meant these skills could be effectively transferred into the role of care worker. Two staff had set up a singing group for people with dementia, demonstrating their passion for improving the lives of elderly people. One staff member said, "Absolutely love this job, wish I had done it sooner," and another staff member said, "When I retired I missed looking after people; I missed the caring role, so this was an ideal opportunity to keep the caring role going."

Care and support was exceptionally person centred with care and support packages built around people's individual needs. The service did not deliver care packages of less than an hour. The registered manager told us this was to ensure a person centred approach was provided. They said, "It's what the person would like us to do rather than specifying tasks." Care plans were extremely detailed and provided step by step instructions to staff on how to provide care and support which met people's precise preferences. For example the exact details of the level of personal care to be provided and how to tidy and leave the person's

bedroom afterwards. Care plans contained a strong focus on meeting people's social needs. A staff member said, "There is lots of time to take things leisurely, it's not about cracking through tasks. We can spend quality time with the person; we always put the person first." Another staff member said, "It's a lovely company. We don't have to rush, we can spend quality time with people. It's like a family; we regularly stay with people past the call length."

People reported exceptionally strong relationships with the staff who supported them. One person said, "They are like friends to me." Another person said, "I do not call them care workers, I call them my girls. They are brilliant; they are like my friends." A third person said, "Brilliant, always giving me the genuine support. Kind and caring attitude from the care worker. We have a friendly relationship; I do look forward to when they come." A fourth person said, "It's very caring; think of them as companions and friends, not carers." People were always introduced to new care workers before they delivered care and both people and staff had an active role in picking who they supported/were supported by. A high level of thought went into matching staff with people who used the service to ensure they were compatible and ensured the development of strong relationships. For example, a staff member with a background in education had been matched with a person who used to work in education. They were able to talk about their past and engage in conversation about their love of books. Another person of Scottish heritage had been matched with Scottish staff to help develop conversation about their past life in Scotland. A third staff member had worked as a psychiatric nurse so had been matched with people who displayed behaviours that challenge to help reduce anxieties and distress. People and relatives reported matching of staff was highly effective. One relative said, "They were professional, approachable and they fit [my relative] really well; they had loads in common." Another relative said, "They know how to deal with a [person] with dementia; they handled it beautiful. They communicate with [person] at the right level and they have a laugh together." We received the following compliment about the service from a relative; 'The 'ladies' who come to my [relative] are excellent; both were matched to [relative] by the company's boss.'

Staff told us and records confirmed that each person had a small group of care workers to ensure continuity. People and relatives were able to name each of their care team; it was usually a core group of between two and four staff members. The registered manager said, "The genuine goal is to re-engage individuals with activities. Will only come through trust, and will only get trust through continuity." Staff we spoke with had an in-depth knowledge of the people they supported and spoke passionately about the support they provided for people. Care records demonstrated that detailed information on people's likes, dislikes and preferences had been recorded as well as their personal histories to help staff understand them. The level of detail demonstrated people had been fully involved; for example, exactly where they wanted their slippers placing or the colours and types of cloths to use during personal care.

We were told by people, relatives and staff that staff and management regularly went above and beyond for people. A relative told us, "Fantastic. The management listen to me; they go that extra mile. My relative needed a microwave; they went out and bought one. They notice the toilet seat was broken; they mended it. They listen to me, amazing people." The registered manager told us how they had personally gone out and bought and fitted a toilet seat for this person to ensure they were able to continue using the toilet in comfort. Another relative said, "They genuinely care. When [relative] was in hospital, they went to visit in their own time; that is the level of care. They do lots more for [relative] like take [relative] shopping and for coffee." We saw staff had gone shopping for people in their own time; for example, to get certain items of clothing or people's favourite meats from the butcher. This showed they were thinking about the people they supported regularly and not just during work time. When people had felt unwell during their planned care visits, staff had called back later in the day to provide them with further companionship, support with personal care and eating and drinking. For example, we saw one person had been poorly so staff went back later in the day and spent an hour with them chatting, reassuring them and undertaking further care and

support tasks. Because of the low amount of calls on staff care rotas this was possible as was staying with people beyond their call length if they needed additional support. A staff member said, "We sometimes go over, if they are in a chatty mood. Got to give them that extra time; it's so important to them."

Staff worked flexibly and changed working hours to ensure they met people's individual support needs around activities or visits of other health professionals such as district nurses. This ensured effective and joined up care was provided, demonstrating a truly person centred approach.

There was a strong focus on promoting people's independence and this was at the centre of the service's philosophy. For example, rather than going shopping for people, people were encouraged to go shopping supported by staff to help them maintain their skills. In another example, staff had been administering medicines for a person each morning. They had realised that the person was able to take their own medicines if the task was incorporated into their routine, around the reading of their morning paper. A new care plan had been developed resulting in the person successfully taking their own medicines. A staff member told us how one person wanted to get out and about in the local community so they had been out collecting pamphlets of what was on at the local theatre, to encourage the person with this. Other people were encouraged to attend a local singing and dementia group sponsored by Ladies in Waiting to help improve their confidence and participation in the local community. People and relatives said the service was exceptional at helping people to build confidence and maintain their independence. We saw a compliment stated, 'over the past year, Ladies in Waiting have enabled [person] to stay in [person's] own home with a better quality of life than before they were involved.'

Staff were extremely sensitive when people needed caring and compassionate support. A relative said the support had been exceptional from the service when their relative had passed away and staff had attended the funeral. On speaking with relatives both in the office and on the phone it was clear they had developed a good rapport with the registered manager and staff and were provided with a high level of support, as well as clear communication about any changes in their relative's condition or needs.

People said that without exception they were treated with dignity and respect. One person said, "I have a brilliant relationship with my care workers; they always treat me with dignity and respect; they are caring and kind at all times." Another person said, "Always gives me dignity and respect. I could stand there naked; they would never make me feel embarrassed. They are so kind and caring when they give me a shower; a true pleasure." Staff we spoke with demonstrated a good understanding of how to ensure people were treated with respect during personal care, maximising people's independence and upholding their privacy. They talked of the importance of attending on time consistently, at the time people wanted their calls and always staying for the full amount of time, completing the tasks the person wanted them to do.

Staff were highly effective at helping people to express their views. People and staff felt respected, listened to and influential. There were various mechanisms for people to air their views. This included regular informal contact with the registered manager, care reviews, spot checks and questionnaires. One relative said, "Always involved; the staff always keep me up to date; they always take notice of the comments I make in the book. They keep in touch with how we find the service; we have been through the care plan. We have filled in a questionnaire in the past." The registered manager knew people very well and it was clear they had regular contact with people to keep up-to-date with their needs. One person said, "The manager comes to see me unannounced; he will check if I am ok. He always asks if I am happy and satisfied; they are good." Another person said, "The management come to see me; they keep me updated. We have been through the care plan together."

Is the service responsive?

Our findings

People and relatives told us that care was appropriate and met individual needs. One person said, "We have been through the care plan; my needs have been met." People had clear care and support plans in place. These contained a high level of detail of exactly how the person wanted their care to be delivered. Care plans contained a strong focus on meeting people's social needs and ensuring staff provided companionship and held meaningful conversation with people. Daily records of care showed that staff consistently provided the required care at each visit.

People said staff consistently arrived on time and stayed with them for the full allocated call length. This helped ensure that appropriate care was provided in line with people's individual preferences. One person said, "Very punctual; never missed a call. Always complete all the tasks, never rushed off." Another person said, "Always on time, no issues whatsoever about the timings. They never miss a call; they always give me that comfort that I can rely on them." A third person said, "They come either on time, one care worker comes early, I do not mind at all. They have never missed a call; they stay and never rush off."

People's care needs were regularly reviewed and people were involved in this process. One person said, "All the staff are brilliant, they talk to me, they update me, we discuss my care plan, wonderful people." Another person said, "I have seen the staff regarding my care plan; they are always very approachable."

The service was committed to ensuring people's social needs were met. Because the service did not accept call lengths of less than an hour, this gave plenty of time to develop relationships and meet social needs. The service encouraged community involvement; for example, sponsoring a singing and dementia support group and where appropriate encouraging people who used the service to attend these. People, relatives and staff all told us that engaging and having conversations, laughter and fun was a key feature of the service. Staff gave us positive examples of how they had supported people to get out into the community, for a coffee, shopping or to planned events. Staff we spoke with demonstrated they were truly committed to this approach.

We looked at what the service was doing to help meet the requirements of the Accessible Information Standard. Information was available in an easy read format to promote understanding. The registered manager told us that at the time of the inspection nobody had any specific communication needs. However we saw communication needs were robustly assessed as part of the care planning process which gave us assurance any needs would be appropriately identified.

Complaints were managed effectively by the service. People said they knew how to complain but had not had any cause to. A complaints policy was in place and this was communicated to people through the service user guide. We saw a low number of complaints had been received about the service. Where they had they were fully investigated with measures put in place to help ensure learning. This included an apology from the registered manager when things had gone wrong. A high number of compliments had been received and these were recorded so the service could monitor where it was exceeding people's expectations. One read, 'The care I am receiving and the care of my [relative] received before has always

been cheerfully given and efficiently.' People had numerous opportunities to raise issues. This included regular checks by the registered manager.

The registered manager demonstrated that when people had end of life needs appropriate adjustments to the service would be made to meet them. This would involve a flexible approach to call times and liaising with the necessary professionals.

Is the service well-led?

Our findings

People and relatives spoke very positively about the overall care and support experience provided by Ladies in Waiting. A relative said, "Everything is wonderful and my mum is so happy with [staff member]."

People spoke positively about the way the service was managed. They clearly knew the registered manager and had developed a very good relationship with the staff team. One person said, "The management come to see me; they keep me updated; they are extremely good to me." Another person said, "Management are good; they keep in contact with me. They always ask me if I am happy." Another person said, "I can ring them anytime."

Staff demonstrated a dedication to providing people with highly personalised care and support. It was clear staff had good values and personal attributes, demonstrating experience, maturity and understanding of people's individual needs and desires. Staff praised the service, said morale was good and that they would all recommend the service to their own relatives. One staff member said of the management team, "They are very interested in the people. It's not just a business; they are always talking about the people and what we can do to ensure they have a good quality of life." Another staff member said, "[Registered manager] is very accessible, he lets us know of any contact between the office and families so we are up-to-date." A third staff member said, "Couldn't ask for a better manager, he cares and goes out of his way to make sure people and staff are well looked after." The registered manager demonstrated a dedication to ensuring person centred care was provided. They were passionate about ensuring people's social needs were met and tailoring care and support visits around people's precise preference and needs.

The registered manager kept up-to-date with best practice guidance to help ensure a high performing organisation. They attended a number of meetings externally; for example, at the local authority to keep up-to-date. They regularly accessed training and development provided by the local authority and NHS trusts and worked with other providers and agencies effectively.

People said they were regularly asked their opinion on the care and asked to complete questionnaires. One person said, "The management know who I am; they keep in touch; they come to see me occasionally." Another person said, "I have been through my care plan with the staff; they do come out to see me. I have filled in a questionnaire."

Systems were in place to audit and check the service. Medicine charts and daily charts were returned to the office monthly and reviewed by the registered manager to ensure they were completed correctly. Staff were required to log in and out of calls. This allowed the office to monitor in real time whether staff were arriving on time and reduced the chances that calls were missed. Systems were in place to monitor training, care plans and staff activity in the community through spot checks of working practice. We concluded these systems were appropriate as we found a consistently high performing service across the areas that we looked at.

People's views and feedback were sought through various mechanisms which ensured people had a voice in

how the service was run. For example, six monthly quality questionnaires were sent to people to ask their views about a comprehensive range of quality indicators. People's feedback was also sought regularly through reviews and informal contact with the management team. Staff feedback on the service was regularly sought through regular meetings and an annual staff survey. We reviewed this feedback, which was without exception positive about the service.