

Contemplation Home Care Limited

Forest Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected Forest care on 28 September & 4 October 2016. This was an announced inspection. We gave the provider 36 hours' notice to ensure the registered manager and other staff we needed to speak with would be available.

Forest Care is a domiciliary care agency providing personal care to people living in their own home. At the time of the inspection 25 people received support with their personal care. Staff carry out daily and weekly visits to people depending on their needs, and provide 24 live in care to people with more complex care needs when required. Most people fund their own care, although the agency also provides services to people funded by the Local Authority and Continuing Health Care when requested. The service also provides domestic support and acts as a recruitment agency for the rest of the provider's care and nursing homes. However, we did not inspect these elements of the service, as they are not regulated activities and are not required to be registered with The Care Quality Commission (CQC).

The service had a registered manager 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.

The registered manager provided outstanding leadership and was committed, innovative, knowledgeable and organised. They provided clear and confident guidance and demonstrated strong values in all aspects of their role. Staff consistently told us they felt extremely well supported and valued and they were very happy at work. The culture at the service was open, transparent and welcoming. The registered manager made time for staff who received awards and letters of recognition to say thank you.

People consistently told us knew who the registered manager and deputy manager were. They, in turn, knew people very well. They covered shifts and visited people at home to check they were happy and find out if they wanted any changes to their care. They were flexible in their approach to delivering people's care packages, and adapted the rotas to meet people's preferences and needs if required.

Forest Care had excellent links with the local community. This was promoted by the registered manager who, along with staff, represented the agency at community events and forums, raising money for local charities and raising awareness of equality, and conditions such as dementia and diabetes.

Effective quality assurance systems were in place to assess and monitor the quality of care and drive improvements. People told us they completed questionnaires and were often contacted by telephone to check they remained satisfied with the service they received. Their views were listened to and acted upon.

Regular audits were carried out by the registered manager and quality manager to ensure the service met people's expectations, and the standards required under the Health and Social Care Act 2008. Any shortfalls

were acted upon and communicated to staff.

The registered manager understood their responsibility to submit notifications of events to the commission as required by law. People's care records and other records relating to the management of the service were well maintained, up to date and securely stored.

Staff interacted very positively with people and spoke about them with affection. They were extremely committed to the people they supported and were very caring, compassionate and kind. A health professional told us one person, who wanted to stay at home when they were nearing the end of their life, was able to do so because of the commitment and compassionate care they received from the staff at Forest Care.

People told us that staff really respected their privacy and dignity and treated their homes with the utmost respect. Staff promoted people's independence and encouraged them to do things for themselves, such as getting dressed, where possible and safe to do so. Staff understood their responsibilities in relation to confidentiality and ensured they followed this in their day to day communication.

Staff had excellent knowledge of what was important to people, their life histories and interests and had time to sit and talk with them. People and their relatives consistently told us how they valued their relationships with staff who always made time for them and went the extra mile to ensure they were happy and safe. Staff were very aware of people who were at risk of isolation and made extra visits in their own time to ensure they felt important and valued, such as on Christmas day.

People and relatives had been fully involved in completing initial care assessments and care plans which were detailed and gave guidance to staff in how to provide care in a way that put the person at the centre of their care. Staff found ways to support people to maintain relationships with family and friends which included supporting people to attend family events planned for outside of their regular visit times.

People knew how to make a complaint. They told us they would contact the office and speak with the registered manager or deputy manager who they had all met. The information about complaints was in their file at home and this had been explained to them. We consistently heard that people had no complaints about Forest Care. Where concerns had been raised in the past, these had been dealt with to the satisfaction of people.

People felt safe, had trust in the staff who visited them and knew who to contact if they were worried about their safety. Staff were able to recognise different forms of abuse, understood the provider's safeguarding and whistle blowing procedures and knew who to contact if they had any concerns.

Clear measures and guide lines were in place for staff to follow to minimise risks. Detailed risk assessments were completed for each person which identified any specific concerns and covered different scenarios according to people's health and mood. Environmental risk assessments were carried out at each person's home when they started to receive their care which identified any safety risks to both the person and staff. Staff had been given guidance and understood how to keep themselves safe when working alone in the community.

Incidents and accidents were recorded and investigated appropriately and any learning shared with staff and across the company. Staff knew what their responsibilities were if they encountered an incident or accident in a person's home. They had received first aid training and spoke confidently about what they would do.

The provider followed robust recruitment practices to ensure that only people suitable to work in social care were employed. These included criminal records checks, previous employment references and photographic evidence of their identity.

There were sufficient staff who were deployed effectively to meet people's needs. People consistently told us staff always arrived on time and stayed for their allotted time, often longer, and care was provided in line with their wishes and preferences. Staff told us they had "Ample time" to complete their visits and did not feel rushed.

Staff had a good knowledge of people's medicines and how these should be administered, or how much prompting people required if they were able to take their medicines by themselves. Where staff were required to support with this aspect of people's care they understood their responsibilities with recording medicines.

People consistently told us staff were well trained, competent and confident. Staff received regular training including specialist learning to support them to meet people's specific needs, such as dementia or Parkinson's disease. Staff also received supervision and observed practice to check they continued to meet the required standard. Staff received an annual appraisal which provided them formal opportunities to discuss their performance and personal development.

Some people were supported to manage their health and make healthcare appointments by their family. Where this wasn't possible, staff encouraged people to seek specialist treatment and advice, for example, from their GP, if they complained of feeling unwell. Staff supported with this when necessary. Each person had a communication book and details of any health concerns were recorded by staff. Concerns were passed back to the registered manager and followed up to ensure people received the support they needed.

Staff understood the principles of the Mental Capacity Act 2005. They sought consent from people before providing any care or support and understood to report any concerns about people's changing capacity to the registered manager.

People were encouraged and prompted by staff to eat healthily and have plenty of drinks. Staff prepared food for people during their visits if this was required, which included home cooked food such as casseroles and apple pie. Staff were aware of any special dietary requirements and assisted people to eat if they were unable to do so themselves.

This was the first inspection of the service since they registered with the commission.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the possibility of abuse. Staff understood how to recognise and report any concerns.

Safe recruitment processes to ensure staff were suitable to work in a social care setting. Staff were effectively deployed and met people's needs in a timely way.

Staff were competent and had good knowledge of medicines management and administration.

Risk assessments were carried out and measures taken to reduce risks to people and staff.

Is the service effective?

Good ●

The service was effective.

Staff received regular training, supervision and appraisal and felt well supported to carry out their role.

People were supported to maintain their health and wellbeing. They were encouraged or assisted to eat a variety of food sufficient and suitable for their needs.

Staff understood their responsibilities in relation to the MCA 2005.

Is the service caring?

Outstanding ☆

The service was caring.

The management team and staff knew people extremely well and were very familiar with their family circumstances and their life histories.

Staff were kind, caring and compassionate and showed a genuine interest in the people they supported. They spoke about people with affection, understood the importance of giving people time, and consistently supported them in a way that

demonstrated they were important and valued.

Staff treated people and their homes with respect. They respected people's privacy and dignity and encouraged them to maintain their independence as much as possible. People's end of life wishes were known and respected by staff who supported them to remain at home.

Is the service responsive?

Outstanding 

The service was responsive.

People and relatives consistently told us they were fully involved in the planning and review of their care. People's care plans and risk assessments were detailed and reflected their up to date needs.

People were supported by staff to maintain relationships with family and friends, and staff often supported people in their own time to attend important events. Staff recognised when people were at risk of isolation and proactively increased support to prevent this from happening. People consistently told us staff went over and above expectations to provide person centred care.

People and relatives knew how to make a complaint if they needed to and were confident any concerns would be taken seriously. Complaints had been appropriately addressed, responded to and action taken.

Is the service well-led?

Outstanding 

The service was well led.

The culture within the service was open and welcoming. Staff felt very well supported and described a happy, relaxed and well managed service. Staff consistently told us they felt appreciated by the registered manager and motivated to provide the best service they could.

The registered manager was approachable and provided strong, confident, well organised and visible leadership. There was a clear staff structure with specific roles and responsibilities which staff understood. The registered manager represented Forest Care in the local community, raising awareness of conditions such as dementia, and fundraising for local charities.

Robust quality assurance systems were in place to monitor and assess the quality of care and drive improvements. People

consistently told us they received an excellent service.

Records of people's care were well maintained and securely stored. Notifications of events were submitted by the registered manager as required by law.

Forest Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check they are 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.

We inspected Forest Care on 28 September and 4 October 2016 which included visits to people in their own homes. This was an announced inspection and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the provider tells us about important issues and events which have happened at the service. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during inspection.

We spoke with five people, seven care staff, the registered manager and deputy manager, the quality manager and the business manager. We spoke with one healthcare professional and visited three people who received a service in their own home. We reviewed three people's care records and pathway tracked three people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken and the outcome for the person). We looked at five staff recruitment, training, supervision and appraisal records, and other records relating to the management of the service, such as medication records, health and safety checks and policies and procedures.

Is the service safe?

Our findings

People felt safe when receiving their care. One person told us they felt "Safe in the hands" of Forest Care staff. A relative said they could go out for a break and leave their family member with staff and told us "When I go out I don't take my phone. I can go out and switch off. I have peace of mind."

People were protected from abuse. Staff and managers knew how to recognise different forms of abuse and how to report it, including to outside agencies such as the Local Authority and CQC. Staff had received training in how to safeguard people and had regular refresher training to ensure they maintained their knowledge and received up to date guidance. Staff understood the provider's whistleblowing policy and all confirmed they would use it if they needed to. Whistleblowing is a way for staff to raise any concerns about poor practice.

Staff were deployed effectively to meet people's needs. Staff rotas were well managed, were planned well in advance and reflected which people required 24 hour live in care, or a minimum of one hour visits for each person who received a pop in service. Ample travel time was provided for staff to get from one visit to another. People consistently told us staff never missed a visit. They arrived on time or were early, and on the rare occasions staff were late this was always communicated to people. Staff consistently told us the rotas were well managed and gave them the time they needed to provide support to people without rushing. For example "They don't mess us about with the rota. If there are any changes they always ask if we can do it, by consultation. I've never missed a call" and "There's always plenty of time for travel in between. I'm never late." This was confirmed by people we spoke with.

Medicines were well managed where staff were required to support with this. Some people took responsibility for their own medicines, although others required prompting or physical assistance to take their medicines. This was assessed and guidance was written into people's care plan and risk assessment for staff to follow. For example, one person was given covert medicines by their relative with the authorisation of their GP and this was recorded very clearly in the person's care plan. Only staff who had been trained in giving medicines were allowed to do so and were regularly assessed for on-going competency. Medicine administration records (MARs) were signed after each medicine was successfully dispensed.

The registered manager had ensured that only suitable staff were employed. Recruitment records showed staff had been recruited safely. Staff files contained previous employment references, full employment histories and confirmation that appropriate checks had been carried out with the Disclosure and Barring Service (DBS) to ensure there was no previous criminal record. Staff were required to provide photographic identification and, where required, a right to work in the UK. We saw documents had been copied and retained on staff files which confirmed this.

Staff understood the risks to people, and others, arising from their mental health or physical conditions and how to keep safe. Risk assessments were completed with a traffic light system which gave a clear visual aid for staff to identify where there was, for example, a high risk, coloured in red. Each person had relevant, detailed risk assessments and clear guidance for staff in how to mitigate the risks. For example, one person

could present behaviour that was challenging to themselves and others. A detailed risk assessment had been carried out explaining how the person might hit out and what staff should do to reduce the risk of harm to the person and themselves. Staff knew the person well and recognised the signs to look out for that might inform them of an imminent potential risk to their safety. When our inspector visited the person at home, staff alerted them to the fact the person was having a difficult day and might therefore lash out, so not to get too close.

Incidents and accidents were reported and recorded. These were investigated and analysed for any learning that might reduce the likelihood of a re-occurrence. Staff had been trained in first aid procedures and were confident about what to do if they arrived at a person's home to find they had had an accident.

People were protected from risks in their home. Staff had carried out checks to identify any specific hazards, such as fire, and how to minimise the risks and these were recorded. For example, there were plans in place to guide staff in what to do in the event of a fire. Fire risk assessments and evacuation plans had been drawn up including escape routes and the equipment required. Each person had an emergency plan which outlined who staff should contact and the action to take in the event of an unforeseen emergency. Staff were familiar with the emergency plans for people they supported.

People's personal equipment was maintained safely. Where required, staff liaised with contractors to ensure medical and mobility equipment was maintained. One live in staff member told us they ensured the equipment was safe to use, "They contact me when [The person's] hoist needs servicing."

Is the service effective?

Our findings

People told us staff asked for their consent before providing any care or support. For example, one person said "They always knock on the door and say hello as they come in." Another person told us "Consent. Yes. They always check. I'd say if I don't like something." A relative told us "[My family member] will say "I don't want you to help me today" and they're very patient. They'll go away and come back later." This was confirmed by staff who explained how they always gained consent before providing care and would never force someone to accept support if they did not want it.

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 noted staff had a good understanding of their responsibilities under the MCA 2005. Where people lacked the capacity to make decisions for themselves, this was recorded along with any best interest decisions and guidance for staff.

People received varying levels of support, appropriate to their personal circumstances, to help them maintain their health and wellbeing. Some people managed their health independently or had help from family members to do this, such as making and attending GP or hospital appointments. Other people required more assistance from staff or prompting to manage their health. For example, one person told us they received encouragement from staff and said "If I'm not well they'll talk to me and suggest I call the doctor. They record it but it's my choice and they respect that." Staff knew people and their health conditions well, and identified any changes or concerns in people's wellbeing. The service had good links with health professionals such as district nurses and tissue viability nurses and referrals were made when necessary. Detailed records were kept in people's homes for staff to refer to. For example, if a person had any changes to medication or there were concerns about pressure areas.

Staff understood people's particular dietary needs. Some people shopped, cooked and ate independently. Other people required varying levels of support from staff such as cooking or assistance to eat. Staff explained how they supported people, where required, with their eating and drinking. For example, one person required a soft diet and assistance to eat their food due to their physical disability. Staff understood how the food should be prepared and how to assist the person to eat safely and at their own pace. Another person told us how staff encouraged them to eat, such as "Have you sent in your order [for home delivery]" and said "They'll tell me if food in the fridge is out of date. They're very careful with that." People told us they valued the help from staff with cooking and eating. One person said "They [staff member] are a marvellous cook. They did me a magnificent, beautiful casserole." We were told consistently by people that staff always reminded them to drink plenty and where required, made sure they had a drink within reach before leaving them at the end of the visit.

People's eating and drinking care plans contained information about their food preferences, likes and dislikes and any allergies, which the staff were also knowledgeable about. There were also visual daily

reminders for staff. For example, a relative told us "They [staff] do have to puree certain things. They [my family member] can't have peas or beans. Staff are clear about what they can and can't have. There's a board in the kitchen to remind them."

Staff had all received regular supervision to discuss on-going performance, training needs and any concerns or issues in their day to day work. This included observed practice in people's homes. Sometimes this was planned and at other times unannounced spot checks took place to monitor staff practice and ensure it met the high standards required. Detailed records were kept which line managers and staff could refer back to if needed. Staff received annual appraisals with their line manager which provided them with a formal opportunity to assess their performance and discuss any training and development needs.

Staff received induction and regular training to support them in their role. All new staff completed a learning styles questionnaire which informed the registered manager which methods of training would be most effective for individual staff. New staff had completed an in depth induction which included work shadowing, on-line training as well as face to face training, such as moving and handling. Staff were all required to complete the Care Certificate. This is a recognised set of standards and provides a learning framework for staff to ensure they meet the standards required to work in social care. The deputy manager had worked with the training manager and their external training provider to align their own training to the Care Certificate. They told us "Induction is important. Our training manager liaised with the assessors at [The local college] to check the documents and cross reference it to our [external training provider]." This ensured the training was relevant and did not duplicate effort for staff.

There was an on-going training programme which included key topics such as fire safety, effective communication and infection control. Staff also attended development days for more practical training such as moving and handling and medication. Staff had opportunities to learn about specific conditions such as dementia awareness which helped them to better understand some people's individual health conditions. The registered manager also invited other community organisations to deliver workshops for staff. For example, The Parkinson's Association had visited staff to talk to them about what it was like to live with Parkinson's disease. The deputy manager organised the training programme and tracked staff progress on a training spread-sheet. This informed them which training staff had completed specific training and when they needed to book additional training.

Is the service caring?

Our findings

People and relatives consistently told us they were very happy and the staff who provided them with care at home were extremely kind and caring. Comments included "They're the same carers. They get to know you and sit and have a chat. That's the best part of it" and "They go over and above. Nothing is too much trouble" and "All the girls [staff] are kind and considerate" and "They're wonderful." One person said "My family are happy with them. My daughter lives [a long way away] but is in touch with them. It takes a great weight off her mind. [My care worker] is popular with my family."

Staff were genuinely committed to delivering care that made people feel as though they mattered and were valued. One person had some apples from their garden and had said they would like an apple pie so their care worker brought in their own weighing scales and made pastry to make one. One staff member said "I absolutely love my job, meeting people and having a natter. Some people just want a natter. [A person] likes history so we sit and chat about that." A person confirmed this and said "[My carer] spends a lot of time. We get on so well. She gave me a big hug. She's good, kind. We have a laugh." Staff told us they worked in such a dedicated team. We consistently heard how staff all went above and beyond and would help people in their own time. For example, a person wanted to clear out their garden shed, so staff helped them do this in their own time. They also returned to paint the shed in the style of a beach hut. A senior staff member told us "They will let us know but will stay on and do what needs to be done."

The registered manager, deputy manager and care staff all knew people extremely well and gave us detailed information about people when we asked questions about how they supported them. The deputy manager accompanied the inspector to visit people in their own homes and it was clear people felt at ease and had a good relationship and easy rapport with them. The registered manager told us about one person who was not able to communicate verbally and who had moments of lucidity. They told us "When you get to know [The person] you can tell. You will see a spark." They went on to say that staff knew how to make the most of those moments and engage the person while they were able to. This was confirmed by the live in staff who supported the person. Another staff member explained how a person they supported had a great sense of humour. However, they also understood that laughing caused the person pain and demonstrated they were sensitive to this and explained the importance of observing and knowing when they had had enough.

There was an outstanding culture of putting people at the centre of their care and people were supported to express their views and were listened to. For example, one person could not express themselves verbally and could not use their hands to write due to their physical condition. However, they were able to use their eyes and eye recognition technology, a specialist computer system. The person had produced a personal account of their life history, hobbies, their likes and dislikes and personal preferences which staff had placed prominently at the front of the person's care plan. Staff had read this and understood the person's perspective of their life and frustrations which enabled them to have a better insight and empathy when supporting them.

Staff confidently explained about people's family circumstances, their life histories and interests and how they adapted or augmented the support to take account of this. Staff consistently told us how they had

developed excellent relationships with families as well as the people they supported as they cared about "The whole person." One person said staff always included their partner, who themselves was unwell, in conversation and told us "They [Staff] are kind and caring. They make sure she doesn't feel isolated. They work very hard at that." Another person told us "I have the same carers who know me very well. It's like having another daughter around the place."

People consistently told us that they had regular staff who they trusted and who treated them with dignity and respect. Another person said "[My carer] gets me up beautifully. They get me a cup of tea and it starts me off for the day." Staff understood the importance of maintaining people's dignity. A relative told us "[My family member] likes to keep his modesty. They always cover him with a bath towel. He's kept well covered. They're so respectful." They went on to say that staff spoke to their family member "As though he understands." A staff member told us they supported a person to go to the toilet, they made sure they were safe and comfortable and then waited outside until they called them back in. They said "I like to treat people how I would like to be treated."

People also consistently told us that staff treated their homes and their belongings with respect. We heard that one person had asked staff to remove their shoes when entering their home. As this was against Forest Care's health and safety policy for staff, the registered manager discussed this with the person, and purchased shoe covers for staff to wear and the person was happy with this compromise.

The registered manager had designated two members of staff as 'Dignity Champions' who kept up to date with good practice and provided advice and guidance to other staff. They had received additional training and mentoring from the registered manager to help perform this role. A dignity audit had recently been undertaken and nine people had responded. The results demonstrated 100% of people who responded felt they were treated well, and with great dignity and respect. The dignity champions had created a 'Dignity Tree' which had pride of place in the office. They had covered a tree in green fairy lights and asked staff and visitors to write down on paper leaves what dignity meant to them. These were attached to the tree for people to read. The registered manager told us this was to promote the importance of dignity.

People were supported by staff to maintain their independence. One person told us "I like to do things for myself" and went on to say that staff listened to them and respected their wishes. Staff explained what people could do for themselves and how they supported them to do this. One staff member told us "[The person] does things his way" and encouraged them to do so. Other staff described how they encouraged people to carry out their own personal care as much as they could, and they would help when they were unable to. For example, where people were able to wash their face and upper body, but needed help to wash their back.

People were supported to stay at home, if they wished, when nearing the end of their life. A health professional who was involved in one person's end of life care told us this had been made possible due to the compassionate, safe and effective care provided by staff at Forest Care. They told us it had not been an easy environment but staff knew the person very well and had a good relationship with the family members. They told us staff had been "Brilliant" and always contacted them if necessary to discuss any concerns. A senior staff member described a time when one person had passed away at home. They explained the deputy manager visited their home at 3am as they knew everyone well and wanted to offer comfort and support to the staff member and the family, who were all very upset. Staff checked with the family before attending the funeral and asked about their preferences for staff dress, such as uniform or own clothes and what colours they would like to be worn. Eighteen staff attended the funeral to pay their respects as the person was so well known to them all.

Is the service responsive?

Our findings

People and relatives consistently told us that staff at Forest Care fully involved them in planning and reviewing their care. People understood the care and support that was agreed and had copies of their care records at home to refer to if they wished to do so. Comments included "Staff involve me and explain everything" and "I feel in control of the visits." One person said "I have a folder here. Staff explained about the information. They're responsive, I can ask them anything. I'm quite happy."

People's care plans were very person centred and individual to their needs. Plans included an initial assessment of people's needs which was developed into detailed guidance for staff in how to support them. This included support with their skin care, mobility, nutrition and personal care needs. For example, one person's care plan explained "I like my hair to be combed in a particular way and will tell staff how I like it. I like to check it has been done correctly in a hand mirror." Staff used innovative ways of involving people. For example, one person's communication care plan stated the person used a pictorial aid to help basic communication. Guidance in their plan included "Carers ask questions and I move my eyes to the picture with the answer. It is a long process and needs patience from both parties." Staff understood their role in this and told us it was important to give the person the time they needed to communicate their needs and wishes. Care plans were reviewed regularly by senior staff or by the registered manager. These reviews were carried out with people in their own homes.

Care plans included people's preferences, their likes and dislikes, their life histories, social needs and hobbies and interests, which staff told us helped them gain a better insight into each person and gave them topics of interest to engage people in. Staff were extremely flexible and responsive to meeting people's needs in different ways and ensured they lived as fulfilling lives as possible. For example, staff knew how much some people liked to maintain their attendance at church. Three members of staff were members of a local church choir so arranged to take people along to services, when they wished to do so, in their own time. People were encouraged by staff to attend community activities where possible. Staff had details of local events and activities such as day centres, coffee mornings and lunch clubs which they shared with people when looking for ideas to go out.

Staff were clearly very passionate about providing person centred care that would make a difference to people. For example, one person was at risk of isolation as they had no family. The registered manager knew they would be alone on Christmas day so, in their own time, they visited the person on Christmas morning taking with them fresh coffee, croissants, smoked salmon and eggs. They also took a Christmas card, some flowers and crackers. They sat together and shared breakfast and pulled a cracker before the registered manager left to continue their own Christmas. The registered manager ensured each person received Christmas flowers and a card, and kept a record of each person's birthday so they would not miss being given a birthday card. Staff told us giving people time was important. One senior staff member said "If people are on their own it can be worrying. I'm well known for being out quite a long time. We'll have a cup of tea and a chat. It depends on them and what they want. The registered manager knows some of the ladies and gentlemen are on their own so I'm not under any pressure to get back."

People were supported to maintain relationships that were important to them by staff who were determined to overcome obstacles to achieve this, even when it was not part of their care package. For example, one person had been invited to their grandson's wedding which was taking place a long way away and they had no means of getting there. The deputy manager arranged to take the person to the wedding, which included an overnight stay due to the distance, despite it being their husband's birthday that weekend. They told us "I couldn't bear the thought of [the person] not going." The deputy manager was extremely caring and thoughtful and we heard that when it rained during the wedding they held an umbrella over the person whilst transferring them into the church in their wheelchair to prevent them from getting wet. Following the wedding, the deputy manager sent the family some photographs they had taken at the wedding. Emails received back from the family included the comments "Once again, thank you so much for your help over the weekend without which it would not have been possible for the family to share [The wedding] with their granddad. You made the business of getting [the person] to the wedding and looking after him seem so effortless and I know how much he appreciated your kindness and care" and "The family pictures are ones that we did not have so thanks again. Amongst them you have captured the youngest and oldest members of the congregation and they are great granddad and great granddaughter!"

People were able to say who they wanted to support them with their care and their preferences were met. One person told us they had been unhappy with a care worker on one occasion but this turned out to be a misunderstanding. After a short break, the person had asked after the care worker and had asked for them to return, which had been facilitated by the deputy manager. Another person was supported by a regular member of staff and when they decided to leave Forest Care the person did not want anyone else to support them. The staff member agreed to "stay on the books" for two hours a week specifically to support the person as they knew it was what the person wanted.

People knew how to make a complaint. They told us they would feel able contact the office and speak with the registered manager or deputy manager who they had all met. They felt confident any concerns would be taken seriously and addressed. The information about complaints was in their file at home and this had been explained to them. We consistently heard that people had no complaints about Forest Care. Where concerns had been raised in the past, these had been dealt with to the satisfaction of people and actions had been taken to prevent a re-occurrence and these were recorded.

Is the service well-led?

Our findings

People and relatives consistently told us they thought that Forest Care was extremely well managed and organised. Comments included the registered manager was "excellent", "friendly" and "helpful." A relative told us "[The registered manager] is very knowledgeable and approachable." A person told us "Every one of them, they're all different but all sensible and I'd love to know how [The registered manager] gets them all to be so good." People and relatives consistently told us they couldn't think of anything the service could do better.

The registered manager was very visible and fully involved with care delivery, providing strong leadership and direction to staff. It was apparent that people who received services knew who the registered manager was. They worked alongside staff when carrying out spot checks and told us this was important to assure themselves the staff were meeting the appropriate standards of care, as well as developing working relationships and leading by example. A staff member told us the registered manager was "Very, very 'hands on' always making sure we know what we're doing." A relative told us "[The registered manager] comes and looks at what's going on. They write things down, discuss things with staff and they sign it. It's very well managed." The registered manager told us it was important that they, and senior staff were good role models. "The management team all do shifts. With high dependency we always go out periodically. Staff need extra support at times. For instance they may say they're finding it difficult because something has changed with moving and handling. We'd go and support and it also gives us the chance to see for ourselves what the problem is." They explained this also gave them more information to feedback to funders if the person may require additional resources.

The culture of the service was relaxed, open and transparent and staff consistently told us they felt extremely valued and supported in their roles. Staff said they always felt very welcomed in the office and regularly stopped by for support or for a chat. We observed staff visiting the office during our inspection and saw this to be the case. The deputy manager explained "You can tell when someone walks in if they are okay or not. We'll make them tea and have a chat if there's a problem." A senior staff member told us "There is an open door policy here. Staff are in and out. We never get any work done but it's great. We're here for them."

Staff consistently told us that Forest Care was the best agency they had worked for and it was good to be a part of it. A senior staff member said "[The registered manager] is amazing. They are patient and a good teacher. I haven't ever loved working anywhere as well as here. I want to work here until I retire." Another staff member said "It's the first job I've had where I want to try harder than just doing the basics." Comments from other staff included "I'm really impressed with this agency" and "It's like a family" and "I feel wanted. It's a great team" and "I wouldn't be here if I didn't feel supported." Other comments included "There when we need them" and "They never get angry, they're always so calm and relaxed" and "Communication is really good. We always know where we are."

Staff attended staff meetings where they were encouraged to share ideas and any concerns about any aspect of the service. A senior member of staff said "We discuss ideas between us. We have different backgrounds, different skills." Another staff member confirmed this and said "[The registered manager] will

listen to anything, we bounce ideas, talk about what we're going to do." Staff told us they felt listened to and involved in the development of the service. They were kept up to date with information or any changes through staff meetings, text messages and memos or when they came into the office to collect rotas or to have a chat.

Staff told us there were a number of ways in which the management team showed their appreciation. For example, they held a summer BBQ for staff and held a regular 'tea and cake club' for staff to pop in and meet up with each other. The registered manager told us this helped develop stronger team relationships, as staff worked alone most of the time and often communicated through written memos and texts. They established the 'chocolate awards' for staff nominated by people and their families for work well done. If nominated, staff received a box of chocolates, a card and the award was recognised in the quarterly newsletter. Each member of staff received birthday cards, Christmas cards and hamper. One member of staff told us "I got a letter a couple of weeks ago to say thank you for all my help over the holidays." They went on to say this made them feel valued and appreciated.

There were clear lines of accountability within the service. Staff understood their roles and responsibilities including their duty of candour if things went wrong. The staffing structure had been reviewed and an administrator had been employed. This enabled the management team to spend more time visiting people and supervising staff. The registered manager had reviewed staff responsibilities and had created some lead roles which enabled staff to develop specialisms and keep up to date with guidance, such as infection control and diabetes, which ensured the service met best practice guidelines. The infection control lead told us how they had talked to staff at a recent staff meeting about how to wash their uniforms properly to ensure they were hygienically clean. They told us this role tied in with their job role and carrying out spot checks on staff which included wearing personal protective clothing and appropriate uniforms.

There were robust and effective 24 hour on call procedures in place. All staff understood how to contact senior staff or managers if they needed support outside of office hours. One member of staff explained about a time when there had been a situation in someone's home and told us "[The registered manager] was there in five minutes." The registered manager cared about their staff and had robust procedures in place for staff in how to keep themselves safe when lone working. This included keeping their mobile phone charged, parking in well-lit places, and to stay on their usual travelling route between visits. The registered manager explained this was important because there were a lot of blank spots in the forest where mobile phone coverage was poor. Staff might not be able to call for help if they got into difficulty, but if a person called to say their care worker had not arrived, one of the management team would travel along the agreed route to look for them. The registered manager had done this on previous occasions.

Robust quality assurance systems were in place to assess the quality of the service and drive improvements. The registered manager had clear expectations in relation to the quality of care provided by their staff. They told us they had a very good reputation locally and were regularly recommended by word of mouth to people wanting care at home. However, they did not have the staff resources to take on further work so had turned it down because they wanted to maintain the high standards of care they currently provided.

People confirmed the registered manager regularly visited to check they were satisfied with their care and they could speak to them in private if they wished to raise any concerns. Comments from people confirmed they were extremely satisfied with their care. Recent quality surveys had been completed by people and relatives and responses included "Extremely happy with all of it. Thank you so much" and "Have always found the carers very friendly, efficient" and "The support and friendliness from all of you has made a big difference." Every survey rated the service very good, excellent or outstanding. Telephone surveys were also undertaken regularly and 29 recent responses were all extremely positive.

Regular audits were carried out by the company Quality Manager to help drive improvements, and any concerns regarding the service were identified and rectified promptly. Regular management meetings and visits from senior management provided opportunities to keep up to date with any changes in legislation and address any areas for development within the service.

The service worked in partnership with other organisations to ensure they followed best practice. For example, the registered manager represented Forest Care with a number of charities and shared information and learning with them, such as the Alzheimer's Society, where they had gained The Dementia Friend's accreditation. They were members of Hampshire Domiciliary Care Providers Association and the UK Homecare Association and had received numerous awards, including Care manager of the Year (The registered manager) and Agency of the year from the Hampshire Care Association.

Forest Care was well known in the community and took part in local events to promote equality and care. In their PIR the registered manager explained "We feel it is paramount that we remain in the heart of the community and understand the family values that play a big part in the cultures of the people we reach as a provider. We have built over the years strong connections with the community and obtain a lot of forward business through word of mouth recommendations. We ensure that we uphold strong community connection by supporting local town events, providing free advice sessions, and organising charity coffee mornings." We found this to be the case. They had recently taken part in a Pride event promoting gay rights, and had handed out 1000 flowers to people. This year they had arranged to be in the local Christmas parade where they would again hand out 1000 Christmas flowers to people. A senior staff member told us how last year the registered manager had "Promised the town they would make it snow for Christmas, so they got a car and a snow machine and made it snow!" whilst also promoting Forest Care and care at home.