Berkeley Home Health Limited

Berkeley Home Health Limited - Southeast

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Berkeley Home Health Limited - Southeast is a domiciliary care agency. It provides live-in personal care to people living in their own homes in the community. It provides a service to older and younger people some of whom may have a with a learning or physical disability. At the time of our inspection the service provided a regulated activity to 85 people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was available for an hour on the first day of the inspection due to planned leave. For the remainder of the inspection we were supported by the service senior management team.

The provider was not following their own policy in relation to staff training. people's confidential information was not always securely sent via emails to staff. We have made a recommendation around this.

People told us that they felt safe. Recruitment process were robust and staff understood what they needed to do to protect people from the risk of abuse . People told us that they received their medicines when needed. Medicines audits were effective in identifying shortfalls with medicines management.

There were sufficient levels of staff to support people. Risk assessments were in place for people and staff were aware of how to reduce risks. Staff were following good infection control processes. Accidents and incidents were recorded and analysed to reduce further risks.

The principles of the Mental Capacity Act were being followed and staff ensured that they gained consent from people before delivering care.

Staff had the training and supervision necessary to carry out their role. People felt that staff were effective and understood what care they needed to deliver. Staff worked closely with health care professionals to ensure that people were supported with the health care needs. This included being supported with their food and hydration needs.

A full assessment of people's needs took place before people started using the service. Care plans were detailed and people were fully involved in the planning including for those people on end of life care. Staff understood the needs of people and were effective in communicating changes in people's care.

People and relatives felt that staff were caring and respectful. People felt that staff assisted with their independence and included them in any decision making.

People understood how to make a complaint. Complaints were investigated and actions taken to resolve

complaints.

Other audits and quality assurance were robust and used to make improvements to the care provided. People and staff thought the leadership of the service was good. Staff felt supported and valued. Staff understood the ethos of the service.

The service worked closely with other agencies outside of the organisation. The registered manager ensured that notifications were sent to the CQC where necessary.

This was the first inspection at the service. During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Medicines were managed in a safe way. People told us that they had their medicines when needed.

Care plans were in place to manage risks to people. Where accidents and incidents occurred, staff responded appropriately to reduce further risks.

Staff understood how to respond to suspected abuse. People told us that they felt safe.

Staff followed best practice with regards to infection control.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable before they started work.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in line with best practice. Staff understood the principles of the Mental Capacity Act.

People were supported with their meals in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular one to ones with their line managers to discuss their work.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. Friendships

developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal needs were being met.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Care plans reflected people's needs and interests. Care needs were reviewed regularly and any changes were actioned by staff.

There was a complaints policy in place that was accessible to people.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

The provider was not following their own policy in relation to training. People's personal information was not always kept securely.

There were appropriate systems in place that monitored the safety and quality of the service. Where people's views were gained this used to improve the quality of the service.

Staff understood the ethos of the service and bought into the values demonstrated by management. People and staff thought the leadership was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Notifications were sent to the CQC where appropriate

Berkeley Home Health Limited - Southeast

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and was announced. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to arrange visits for us to people's homes with their permission. We also needed to be sure that the registered manager would be in the office.

The inspection site visit activity started on 23 July 2018 and lasted two days. It included visiting one person living in their home. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used 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.

In addition to visiting one person in their homes we also spoke with three people and nine relatives. At the office we spoke with the registered manager, the deputy manager, and two members of staff. We called and spoke with a further seven members of staff. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We reviewed audits, surveys, staff training and supervision. We looked at a selection of policies and procedures and minutes of staff meetings. We

checked for evidence of partnership working with external organisations.

Good

Is the service safe?

Our findings

There were people who used the service that required support with their medicines. People and relatives fed back that they received their medicines when needed. One relative said, "They make sure she (their family member) has her medication."

Medicines were managed in a safe way. We saw that staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines. We did ask the provider to ensure that more detailed PRN (as and when) guidance was available for staff. Where shortfalls had been identified these had been picked up a service audit. For example, there were gaps on a MAR for another person. Staff were not recording that the gaps were when the person's family were administering the medicine. This has now been corrected and staff are completing it appropriately.

We asked people if they felt safe in their homes with the staff from the service. One person told us, "I absolutely feel safe with both of my carers. I'm very careful about home security and the girls (care staff) are as well." One relative told us, "I have peace of mind knowing the staff are there." Other comments from relatives included, "I feel my son is totally safe with his carer and I can't tell you how happy I am" and "We feel she (their family member) is safe because she has the same carers so they've had a chance to build a rapport and trust."

Staff had a good understanding about safeguarding and the procedures to be followed. The PIR stated, "We manage all risks and Investigate all safeguarding concerns and complaints in a timely and transparent way and work alongside all other stakeholders." We found this to be the case. Staff were aware of the types of abuse and the signs to look for. The registered manager told us that they tried to ensure that they got the best match of carer to person to ensure that both parties were happy and felt safe. There was a safeguarding policy in place and all staff had received safeguarding training.

People were supported by sufficient numbers of staff to meet their needs. There were approximately 130 staff members providing support. Additional staff were available to cover short term care packages, respite, staff sickness and staff holiday. The registered manager confirmed that they were constantly recruiting so that there was available bank staff. They said in the event of an emergency and no bank staff available or suitable, a Field Care Manager would cover the shift in the meantime.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. The PIR stated, 'We recruit, employ, induct, train and supervise all our own staff to follow policies and practices which promote the safety of our clients. All applicants are professionally screened by obtaining DBS clearance and references prior to offer of employment.' We found this to be the case. We saw reference checks from previous employers and checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. The PIR stated, "We conduct risk assessments with all clients and a person-centred care plan before commencement of care and at six monthly intervals thereafter or as required." Risk assessments included the risks associated with people's homes and risks to the person using the service including moving and handling, skin integrity and specialised plans in place for people requiring them. For example, one person had a condition that meant that moving could be painful at times. There was detailed guidance for staff to reduce to reduce the risk of this. A relative told us, "As far as we are concerned if we hadn't had a live-in carer she (their family member) may well not still be with us. I think she is completely safe with them, on the whole I'm very pleased with the care. We've never come in and felt there was any aspect of her care that was being neglected."

Where people's food and fluid intake needed to be monitored staff completed a record of what people had eaten and drunk. However, we did raise with the deputy manager that there needed to be a target amount for food and drink so that staff could raise this as a concern when people were not reaching this target. They told us that this would be addressed straight away.

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. Staff had access to protective equipment such as hand gels, gloves and aprons when they needed. We saw a senior member of staff delivering protective equipment to staff. One person told us, "The carers are always cleaning and making sure the lounge and kitchen is tidy." Another told us, "The lady I have is very particular about wearing gloves when helping me with washing."

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support. Incidents and accidents were recorded and actions taken to ensure the risks were minimised. For example, one person swallowed mouthwash in error. The member of staff called the GP and took the recommended action of close observation throughout the day and giving the person lots of liquids. There was further discussion with the person around not swallowing mouthwash in future. Pie charts detailing the types of safeguarding received within a time frame were used to identify trends and appropriate action be taken from this.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example, in relation to personal care. The Provider advised us that further decision specific assessments needed to take place with their new MCA assessment forms and they had an action plan of when this was going to take place. This was not impacting people using the service.

Staff were knowledgeable about the MCA and the processes to follow if a person was deemed as lacking capacity, they were aware of best interest meetings and who should be involved in them. One member of staff said, "I follow his (the persons) preferences and I can support him with his decision." Another said, "People have the right to make their own decisions." A third told us they knew that people's capacity should be assumed and they should be supported in any way possible to help make a decision if needed.

We saw evidence in care plans that people's consent was sought when deciding on care. For example, one care plan had a consent form signed and stated that the person verbally agreed "X gave consent by agreed facial gestures and nodding. His mum was present and confirmed the answer."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. At the time of the inspection there had been no requirement to submit applications to the Local Authority in relation to people being restricted of their liberty.

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. Prior to providing care staff underwent a three day induction at the office that included mandatory online training, face to face training and work books. When staff met a new client, they would not provide care until a detailed handover was provided by the member of staff that was already at the person's home. This handover period was dependant on the needs of the person and could be anything from two hours to 48 hours for people with complex needs. A follow up call was made within 24-48 hours after a care package had started or a new carer had started working with a person to check that both parties are happy and the handover was informative enough. One member of staff told us, "Everything is explained to me which is good."

Spot checks on quality and competencies are completed on staff to check that they are using correct procedures and that both the person and member of staff are happy with the service. One person told us, "The staff are very efficient." Another told us, "I think they are very well trained." A relative told us, "They (staff) have all been very willing and interested to learn. I watch to see how they interact and adapt to work with him (their family member). To me how they are with him is more important than qualifications."

Another told us, "The supervisor visits from time to time to check everything is ok." A third said, "The company do spot checks on the staff from time to time and they also check with me that everything is okay. I can't fault them."

One member of staff said, "They tell me if I'm not doing something right and tell me how to improve." Staff told us (and we confirmed from records) that they had supervision every three months when they discussed their work, the people they attended to and training. In addition, staff attended an appraisal each year to discuss their performance, any training and objectives they may have and their development. We checked the training and supervisions records and found that all staff were up to date with this.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. The PIR stated, "Our live-in care and management team are in constant contact with other health professionals, communicating the ever changing needs of the people we support to live independently and safe within their own home." This was evidenced in people's care plans. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person told us, "The girls (staff) are very aware of my health. It's their priority." A relative said, "She (staff member) is always careful to check her skin integrity and draws my attention to anything she thinks needs medical help." Another said, "They're (staff) always very good at getting in contact with me if they think one of them needs to see the doctor."

Other specialist services involved in people's care were a respiratory physician and a specialist nurse for people with a learning disability. A 'Hospital Passport' was used for when a person was admitted to hospital, to inform hospital staff of their needs and to ensure staff accompanied them to medical appointments if required.

People were supported and encouraged by staff to maintain a healthy diet and to ensure that they ate and drank sufficient amounts. One person told us, "The carers cook food. They like the same sort of food that I do." Another told us, "They cook all my food from scratch. They ask me what I want the day before so it's always what I want not what they want to give me." A third told us, "They take me shopping once a week and I choose what I want to eat and they cook it all for me. Occasionally I have a microwave meal but mostly its fresh prepared. I really have no cause for complaint." A relative told us, "They don't just give her (their family member) microwave meals they make sure she has a healthy diet."

People's needs and choices were assessed in line with current best practice. Prior to using the service detailed pre-admission assessments took place to ensure they could meet people's needs. This was always undertaken with the person and their representatives. The PIR stated, "We set up initial meetings with new Clients to discuss the care needs and what outcomes they would like to achieve." We found that this was taking place. People told us that they met with a senior member of staff before any decision was made about the care package. One relative said, "Certainly we have noticed that her (their family members) overall health has improved since they (the staff) have been looking after her. The proof of the pudding as they say."

Good

Is the service caring?

Our findings

People and the relatives we spoke with told us that staff were always kind and treated them as people. One person told us, "It's like having a nice mummy around you. A nice family lady." Another said, "The staff are very good at chatting to me and always treat me with respect. I wouldn't stand for it any other way." A third said, "(Staff are) always thoughtful about making sure the door is closed and I'm not getting cold. I'm very happy with them." A relative told us, "The carer we have is very patient and kind to my mother. She is not able to do anything for herself so I need someone I can have confidence in to care for her the way I would when I'm not there. This carer does that." Other comments included, "They(staff) are very pleasing personalities, willing to help in every way" and "Always chatting and laughing with her (their family member) and willing to explain things to her."

Positive comments from the service's 'People and relative' survey included, "[Member of staff] is a huge asset to the team and the family could not manage without her", "Truly committed and a great "mate" to [person]."

We observed interactions between one person and their care staff. They were joking and laughing together and you could see that they had developed a good relationship. One person told us, "They are so caring. It's the most important thing when you are being left with strangers." A relative said, "I feel they have been matched perfectly and the carer works together with me. We've never had any problems with them, they've been patient with him always offering him reassurance when he gets anxious They've been very accommodating with us." Another told us, "She [the staff member] manages to bring a bit of sparkle into her [their family members] life and I have heard them laughing together."

A profile of each carer was created including experience, likes and dislikes and values. This was then sent to people using the service to decide about whether they feel the member of staff was suitable for them. The registered manager told us that the profiles were used to try and make the best match to a person. One person told us that their previous profession was the same as their carers previous profession which gave them a lot to talk about. One member of staff told us, "It's an excellent company because they've matched my expertise and skills with the client." They told us that they had an engineering background and they had been matched with a person who likes mechanics. The same care staff attended to people's needs to provide continuity of care and to assist with building relationships.

Staff were positive about the people they cared for and what they meant to them. One member of staff said, "He [the person] needs to enjoy his life although he may not remember it, but he knows the feeling of being happy." Another member of staff said, "It's rewarding to help people. If they are happy then I am happy. You give them what they need."

People and relatives said they felt involved in the planning of their care. One person told us, "It's important that they ask me what I would like. "Another said, "My daughter drew up the care plan with the agency and they often check with me to make sure it's enough and meeting my needs."
A third said, "We have had the time to build up a rapport, they know how I like things done. Everything is my

choice, they are considerate of my personal space. I think they give me the right level of support." A relative said, "They listen to what mum wants." Another told us, "They always treat him [their family member] as an adult and ask him how he wants things done. That's really important because you can really upset him by not doing things in a set way." A third told us, "The live-in carer is very good at explaining what she is doing to her [their family member] even though she can't respond."

People said that staff were always respectful and treated them with dignity. One person told us, "My dignity is so important. We can be humorous with the carers when I'm having a strip wash in the morning." Another person said, "They [staff] are lovely people who've always treated me and my home with respect. Everyone I've had has been excellent, very supportive." A relative told us, "She [staff member] will sit and talk to her [their family member] and always treats her as if she is a fully functioning person. She does things for her not to her. I've never seen her treat her with anything but the utmost dignity and respect." Another told us, "She [the staff member] treats her [their family member] as a person and cares for her the way I want her too. She keeps me informed of how she is and I've never seen her treat mum with anything but dignity and respect."

People were supported with their independence. One person told us, "It's a big thing having someone living in your home like this. Their help keeps me as independent as I can be in the circumstances. I make the decisions and they respect me but they are friends with me too. It's friendly and professional at the same time." Another said, "The carer I have is very kind. I need her help to live independently but I make all my own decisions and although she is my employee she is also my friend. My companion. She doesn't just do the work she will sit and chat to me as well which I think is so important." A relative said, "She's [the relative] a good communicator and he [their family member] is much more independent now."

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis and changes made to the support they required if needed. The care plans were written in a person-centred way and provided detailed guidance for staff on how best to support the person. Care plans gave details of life history, likes and dislikes and a clear explanation of their health needs and conditions. For example, one care plan included preferred times for washing and personal care in the morning. The care plan requests that staff read 'Xs Bible' of information around their needs and interests and directs them where to find this.

Care plans had detailed guidance to staff on how to support people. Where a health care condition had been mentioned there was a summary of what this condition was and the impact this had on the person. There was information around the person's backgrounds and how staff could support them with their emotional needs. This was confirmed with one person who told us how they came to need the assistance of homecare. Their care plan detailed this information and captured how the person's personal circumstances had impacted on them emotionally.

Any changes to people's care were updated in their care records to ensure that staff had up to date information. One person told us, "They [staff] do review meetings and I have to sign to say I'm happy with everything that's agreed. I'm very vocal and if I have questions or comments I make them." Another told us, "I know exactly what is in my care plan and it is undoubtedly person centred. Every bit of my care is my choice. If I want to go out, the carer helps me into the wheelchair and off we go." A relative said, "The carers we've had have been wonderfully kind and he [their family member] has improved dramatically since he has been having their help." Another told us, "They [staff] call me and keep me informed, let me know if anything changes and they respond quickly to any change in her. It's first class in my view." A third said, "She [the staff member] takes them [their relatives] out. Not just occasionally but regularly and that provides interest and stimulation in their day. I think the care is good and I have no concerns."

Staff told us that they would ensure that any care provided was written in the person's notes. They said that if there had been a significant change to the person's needs they would call the office. The office would then ensure that all staff were contacted and informed of the changes. We reviewed the daily notes for people and saw that they contained detail on medicines that had been given, what food and drink people had been offered, what personal care they had been provided and information on how the person was feeling.

Where people were receiving end of life care there were plans in place. The deputy manager told us that they were looking to introduce more detailed care planning to look at how people at their end of their lives wanted their care to be.

The service viewed concerns and complaints as part of driving improvement. Complaints and concerns received were talked through at team meetings to discuss findings, trends, and how to prevent these happening again. Each person was provided with an information pack that included the complaints procedure. People and relatives said that they would not hesitate in making a complaint if needed. One

person told us, "I don't have to shout down the phone. I just tell them and they get it sorted." A relative told us, they raised an issue with the provider who investigated. The said, "I was impressed by the way they dealt with it. They promptly organised a replacement and the new carer that is there seems to be working out very well." Another told us, "I have no complaints at all. I've got details of the complaints procedure in the book and would speak to the company straightway if there was even the suspicion of a problem."

Requires Improvement

Is the service well-led?

Our findings

Records were not always kept securely. Prior to a new member of staff being allocated a person to provide care to they were sent an anonymised profile of the person to the member of staff's personal email address. In addition, once it has been confirmed the member of staff will be providing support, they are then sent another email with the person's name and address. This information was not sent securely or password protected which puts people at risk. We discussed this with the staff at the office who advised us that they would take steps to ensure that this was addressed.

People told us that they did not always know who the carer providing replacement cover was until perhaps two weeks before they were due to come to them. One relative said "I would like more notice of who was coming as I get anxious but it has always worked out. They generally send us a picture and a profile of the new carer so that we know what they look like and it gives us time to familiarise ourselves with their background before they come. That's helpful." Another relative said, "They [the staff at the office] do send us the details of who is coming but it's often only a few days, maybe a week before they come." The deputy manager told us that this had been raised to them prior to the inspection and that they were working on this.

There were also some inconstancies around staff undertaking their mandatory update training and the support the provider gave around this. Staff at the office told us that when staff were required to do their update training this could be done at the client's home whilst they were on a break, in their own time or they could come in to the office to complete it. When we asked if they would be paid for the time they completed their online training they told us they would if they came to the office to do it but not otherwise. However, when we spoke with staff they told us that they would not be paid for training even if they came to the office to complete it. Staff at the office advised us that this issue had been raised before and that this was something they were working on. We checked the service policy that stated that staff could request two days paid study leave per year. Staff did not appear to be aware of this policy.

After the inspection the registered manager confirmed that staff would be reminded of the training policy.

We recommend that the provider ensures that appropriate steps are taken to ensure that people's records are kept securely, that quality assurance checks are robust in all areas and that staff are aware of all policies.

People and relatives told us that they were happy with how the service was managed. One person said, "From my perspective it is a well-run company and I think the care is very good so I would have no hesitation in recommending them to others." Another told us, "BHH (Berkeley Home Health) have been excellent at communicating with us. We think they provide good care and I would recommend them." A relative said, "Excellent company, I can't recommend them highly enough.

Staff told us that they felt supported and were happy with the leadership at the service. Comments included, "They listen to us", "They're supportive", "The support system is very good, there is always someone

available" and "The people in the office care about me." There was evidence of an open culture amongst managers and staff on our visit. Managers were approachable and staff reported that they knew how to get advice and support.

Staff told us that they felt valued and that this in turn gave them the motivation to do their job well. One member of staff said, "It's a good company to work for because they really care about the clients." Another told us, "I have very good contact with the office, they come back to me immediately and answer my queries." There was a 'Carer of the Month' award for staff going above and beyond. The winner each month was shown on the monthly newsletter.

The visions and values of the service were regularly discussed with staff and staff understood them. These included that care was to be of a high quality, professional, responsive, flexible to help people to remain independent in their own homes. We saw letters sent to staff that reminded them of these values and from conversations with staff they understood them. One member of staff told us, "They take care of the staff and the people we look after." We saw from monthly newsletters that a theme around a particular health care condition was highlighted in each addition.

The provider formally sought the opinions of staff to make improvements. A staff satisfaction survey was undertaken in November 2017. The main feedback from survey was that carers would like better communication with the office. 79% felt supported, 75% felt valued, 74% felt that their concerns were listened to. As a result of the feedback regular meetings took place via webinars with staff to discuss policies, changes with the service and to gain staff feedback. Webinars included specialist speakers for a range of subjects, such as an end of life nurse. Feedback from staff from the Dying Matters webinar included, "Very useful and interesting" and "It's given me some ideas about how to improve my client's life." Another staff member stated, "It was clearly explained and with the images the concepts were easy to understand."

There were a number of systems in place to make sure the service assessed and monitored its delivery of care. The PIR stated, "Registered manager in post who regularly audits the business through staff plan and KPIs. Six monthly internal audits completed by the Quality and Implementation Manager - Business manager has weekly meetings with the director of operations to ensure - Regular team meetings with the management teams - Board level review of complaints, compliments, safeguarding, accident/incidents, operations and quality." We saw that these were taking place.

Other than the audits around medicines, quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. Various audits were carried out such as care note audits and care plan audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again.

Surveys were sent to people and their families to gain their views of the care. One person said, "They do send out satisfactions surveys and I've always been more than happy to fill them in and mark them highly. I can't think of anything particular they need to improve on." Another told us, "We had a survey form through recently and I was more than happy to mark them up. "A third said, "We've filled in the survey forms when they've sent them and I think we have seen improvements. The new carers seem to be more proactive and there's more interaction with us. The best thing about them is they listen to me. I can't think of anything particular they need to improve on."

The records that were kept at the service were comprehensive, well ordered and easy to navigate. There was a business improvement plan in place with deadlines for actions to be completed through the year,

The service worked closely with other agencies outside of the organisation. The PIR stated, "We work closely with CHS hospital discharge services to help facilitate effective and efficient care at home services to support with rehabilitation and ongoing live in care support. We will also contact commissioning bodies to introduce our company and the services we provide in the homecare community." The registered manager and staff at the service have been involved in the campaign to end loneliness and have been promoting this at local coffee mornings and events such as Farnham Assist Day.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.