Carers Trust Mid Yorkshire

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection of Carers Trust Mid Yorkshire took place on 3 May 2016 in their office and on 9 May 2016 through telephone calls to people who used the service. The inspection was announced as we needed to ensure people were going to be in the office. The service was previously inspected in January 2014 and found to be complaint with all requirements.

Carers Trust Mid Yorkshire is a provider of direct support for carers in Kirklees, Wakefield, Leeds and Calderdale. They provide a range of support services for carers and the people they look after. The location is registered with the Care Quality Commission to provide personal care to people of all ages. At the time of our inspection they were providing personal care to 233 people, 76 of whom were under the age of 17 years, 49 aged between 18 and 65 years and 108 over the age of 65 years. Carer support workers provide regular visits to support the person's informal carer to have a break.

There was a registered manager in post of the day of the inspection. 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 service was extremely well spoken of by all in receipt of its support. People told us they felt safe while being cared for by staff and informal carers were able to have a valuable rest as they were confident in the skills of the staff. Staff had a wide understanding of the remit of safeguarding and were aware of their unique monitoring role within the community as they were often present when other services were there, and all staff understood the impact of informal caring on an individual.

Risks were managed in a comprehensive manner, by thorough risk assessments of the environment and other specific tasks such as moving and handling. Staff had access to detailed step by step guidance on how to support someone safely and had received training on managing people's more complex health conditions.

The service endeavoured to provide continuity of support for people with the same carer support worker visiting on a regular basis. If that worker was on annual leave a replacement was always arranged if this was the person's wish. Medicines were administered and managed safely, and all staff had their competency checked at least annually.

Staff had access to an excellent induction programme which built on their own skills and ensured they developed in their knowledge and confidence. Each competence was assessed through completion of workbooks, observations and discussions. Supervision was offered on a six weekly basis and staff also had annual appraisals. All checks were recorded and evidenced in detailed notes.

The service adhered to the principles of the Mental Capacity Act 2005 and all staff we spoke with understood

the importance of gaining people's consent. Staff had knowledge of how to support people with more complex behaviour and discussed with us the various techniques they would use.

People were encouraged to maintain nutrition and hydration, and the service obtained guidance from health and social care professionals where required.

Everyone we spoke with spoke highly of the care staff. They said staff were attentive and knowledgeable, and the service was a lifeline for many as this was the only break they had. People's views were regularly obtained and care plans amended as necessary.

People told us the service met their needs as they wished them to be met and we saw in the records that people's views were reflected. Compliments were plentiful and any minor issues were logged with the service and action taken promptly to resolve them.

We were told by all people we spoke with how invaluable the service was and staff were enthused by working for the Carers Trust. It was evident that the vision for support for carers was embedded in the organisation and everyone was seeking the same outcome. Staff told us the organisation was very well managed and they received clear direction.

The service had a zero tolerance to poor practice and this was reflected in how they inducted, trained and supported staff, with ongoing quality assurance measures which showed they were constantly seeking to improve and provide the best possible support for carers.

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 kept safe as staff had a broad understanding of safeguarding and knew how to report any concerns based on their own knowledge of good practice.

Risk assessments were person-specific and comprehensive with detailed information.

People were supported by the same team wherever possible and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were highly trained with access to a comprehensive induction and training programme which sought to ensure best practice and personal development.

The service was operating in line with the requirements of the Mental Capacity Act 2005.

People were supported with their nutrition and hydration needs, and advice was obtained from health and social care professionals.

Is the service caring?

Good

The service was caring.

Staff were spoken of positively by all people using the service who said they were patient and kind.

People's consent and views was regularly checked in relation to receipt of the service, and their dignity and respect promoted.

Is the service responsive?

Good

The service was very responsive.

People's needs were always met as they wished them to be and this was reflected in the detailed records which showed their preferences.

The service had a zero tolerance to any issues and logged everything, however, minor and dealt with each situation seeking satisfactory outcomes for everyone.

Is the service well-led?

Good

The service was very well led.

People spoke highly of the service and thoroughly enjoyed working there. The service was open and transparent, acknowledging any issues and tackling them head on.

Staff were supported and encouraged to develop, and leadership was strong as the vision for the service was evident in all its undertakings.

The service constantly reviewed its performance through detailed scrutiny of all elements of its activity, implementing change where necessary.

Carers Trust Mid Yorkshire

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 inspection took place on 3 and 9 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Prior to the inspection we had received a Provider Information Return. 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. This information was used to assist with the planning of our inspection and to inform our judgements about the service.

We spoke with ten people who used the service, seven of whom were informal carers. We spoke with six staff including two carer support workers, one fieldcare supervisor, one care manager, the operations manager and the registered manager.

We looked at nine care records including risk assessments, three staff records, minutes of staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

One person using the service said "I know my relative is safe. They know my relative well and always arrange cover if they can't make it." Another person said "My relation is safe and I am more than happy to leave them in the care of our support worker." A further person said "I feel confident leaving my relation and have no complaints."

We spoke with staff about their understanding of safeguarding. One staff member explained "If I had any concerns I would ring my line manager. If there was an emergency I would dial 999". Another staff member said "We deal with some very vulnerable people. I have referred directly to other agencies where necessary and reported to the office. I am aware to look for unexplained bruising. We have an out of hours support line to ring as well if needed." This same staff member told us they had also had to report concerns regarding the conduct of care staff from other organisations due to observing poor practice such as when moving and handling someone. They told us "I took detailed notes and recorded the times and then reported straight back to our office who alerted the relevant people." We saw these notes which supported this comment which demonstrated the service's awareness of safeguarding.

A further staff member identified the wider remit of safeguarding by informing us "We aim to keep people safe from harm. This could range from not eating or drinking properly or something we observe while in that person's home. I would report it taking statements from people where needed." This was echoed by another staff member who was aware to look for changes in a person's demeanour such as being withdrawn. This shows that the service had an in-depth understanding about what may constitute a safeguarding concern and how to report any such incidents appropriately. All safeguarding concerns were reported and responded to appropriately.

We looked at how the service managed risk and found that risk assessments for people who needed assistance with moving and handling were detailed. Each risk was rated as high, medium or low. They contained step by step instructions that were specific to that individual. For example, in one record it was noted to assist the person from their left side as they had an injury to their right arm which caused problems. There were then a numbered series of steps detailing how to ensure the person stood safely, accompanied by photographs showing all the key actions required.

In another record there were clear outline drawings of the method of transfer along with written instructions. For example "To ask [name] to place both feet on foot plate where feet markings are, ensure the lower leg supports are positioned behind the knee caps, approximately 3cms below the knee." This level of detail showed the service had systems in place to minimise the risk of poor moving and handling practice. The safer handling assessment also referred to a person's behaviour, pain level, pressure areas, mental alertness, sight and communication and environment as all these factors can impact on a person moving safely. If a person needed specific equipment the sling type and serial number and the date of last service along with the specifics of the hoist were also recorded. The service had a detailed moving and handling competency assessment which focused on all aspects of this technique including checking equipment, positioning and communication.

The service had a comprehensive accident and incident tracker which detailed monthly incidents and cross referenced these to the incident form. Incidents were all recorded in detail including date, time, brief outline and whether a suitable risk assessment was in place, and remedial actions were taken where necessary. We saw that new risk assessments were completed and staff reminded of the information in this prior to any further visits. In incidents involving the informal carer we saw that staff from the Carers Trust provided support over and above their role by extending their visit until other support was in place for that person. It was also recorded that staff's own welfare was considered when encountering something distressing such as a death.

Issues ranged from being resistant to letting staff in, the informal carer being unwell and disputes between the informal carer and person being cared for. Each incident was checked by a senior member of staff who signed and dated the record, along with the registered manager. All concerns were then reported to the Board of Trustees as the registered provider. Notifications were sent to the Care Quality Commission as required under the regulations and the service had annually updated safeguarding policies and procedures in place.

We asked people who received the service if staff were punctual and if they varied between visits.
One person told us "People turn up on time. It's always the same people. The only time they don't is if they're away and I have to have cover. This is always arranged. I've had the same person for around four years." Another told us "The service is fine. I've had the same people since I started. They are always on time." A further person said "It's a reliable service. We get the same person and they always turn up on time."

We also asked how flexible the service was and one person said "We did have to change the day they came as my relation did not get on with their first worker and the new worker couldn't make the same day. But this was done and all is OK now." The registered manager advised us that visits are usually scheduled for the same time each week as this enables the informal carer to plan and develop their outside interests. The service never use agency staff and always ask staff to inform of planned holidays so that cover can be arranged if a person wanted it. The registered manager said that people sometimes preferred not to as they had developed such a positive relationship with their regular carer support worker. If a member of staff rang in sick the visit would be covered by office staff if it was vital for it to go ahead for example if the informal carer had an appointment. Alternative provision would also be offered for a different day if this suited the carer better.

We checked staff files and found that all necessary recruitment checks were in place. Identity checks had taken place and references obtained for people. Where references had not been received in a timely manner there was a log of correspondence to evidence further chases were made. References were detailed requesting information about character and integrity in addition to work history. Disclosure and Barring Service (DBS) Checks were also carried out for all staff. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We saw that staff signed an annual disclosure saying that their position was the same. Interview questions were pertinent to the role asking prospective candidates "How would you ensure a person retains their independence, dignity and respect?" and "If a person had dementia, how would you keep them stimulated for four hours?"

We asked people receiving the service if they felt staff were competent in supporting them with their medicine. One person said "I feel confident with the staff. My relative leaves out my medicine and my carers support worker prompts me to take it." An informal carer told us "If there is a different worker due to annual leave then the new worker is shown everything before coming, and then when here in relation to medication. It's all logged in the care record." We looked at medication records and found these to be completed accurately with time of dose and signature.

We saw evidence of a two stage medication competency assessment which included observation of the staff member during their visit. This considered how the staff member had prepared to give medication such as checking the person's medication record first, gaining their consent and taking hygiene measures. The service had a leaflet given to all staff which outlined the 8 'R's in relation to medication administration including checking the right person, the right dose, the right time and the person's right to refuse. This shows the service was acting in accordance with best practice guidelines as endorsed by the Royal Pharmaceutical Society. These 8 'R's were observed during the staff member's visit and actions noted as to their performance.

Good

Is the service effective?

Our findings

We asked people in receipt of the service if they felt staff had the knowledge to support them appropriately. One person said "All staff know what they are doing – they've all had training for my specific conditions." Another person said "They offer support to me in the way I should receive it."

The informal carers also endorsed this view. One said "Staff are well trained and know how to use the ceiling lift and hoist." Another informal carer said "Staff know how to prepare food in a suitable consistency for my relation. They know they need to chop everything and support with actually feeding." A further carer receiving support said their staff member was "aware of how best communicate such as in short sentences" as their relation was aphasic.

Staff were also highly complimentary of the support and training they received. One staff member said "I have one-to-one sessions with my senior and any worries or problems are discussed. It's a two way process and there is always follow up if I've raised any issues." Another member of staff told us "This organisation is very focused on training. I've been supported to do my level 5 NVQ. It's very supportive of people who want to develop."

We looked at staff's induction records and found evidence of a comprehensive programme with details of when it commenced and completed by all staff. The induction programme included moving and handling training by an external assessor, medication, safeguarding, first aid, infection control, personal care and shadowing other staff in the community. All the activities were cross referenced to the completion of the various standards within the Care Certificate.

Staff were required to complete the Care Certificate during their probation and we found that workbooks for each competency were thorough with staff providing specific evidence to show how they had met the requirements. This was verified by the Operations Manager who decided whether the staff member had completed them sufficiently. In one record we noted the staff member had logged that they had respected someone's privacy and choice by ensuring the curtains were closed and that they were addressed in their preferred manner. We also read that they had noted some wetness on a cushion in someone's wheelchair and dried this to limit discomfort to the person. This evidence at induction level showed that staff were receiving thorough training based on individual need and being encouraged to act on this.

Each standard in the Care Certificate was endorsed by a workplace observation completed by a carer support worker with every entry signed and dated, and examples given as to how the person had met this objective. The service maintained a progress log for each staff member on their journey through completion of the Care Certificate to ensure timescales were being adhered to and progress satisfactory. This was signed by the assessor on completion. We saw meticulously completed Care Certificate files with evidence drawn from a variety of sources including observations, competency checks and supervision discussions. Each piece of evidence had been signed and certified.

We saw that staff signed to say they had read and understood all the relevant policies and procedures

including personal care, autonomy and independence, confidentiality and safeguarding. Alongside this all staff received a staff handbook outlining the key elements of their job role and had received a copy of the Code of Conduct for Healthcare Support workers and Adult Social Care workers in England endorsed by Skills for Care. This details the expectations for staff working in these areas.

Post induction staff received six weekly supervision either face to face or by telephone to discuss their performance. The service had eight separate teams and all had received at least three sessions since the start of 2016 by the time of our inspection showing the service was adhering to its own policy and meeting with staff on a regular basis. This was in addition to quarterly team meetings for all staff. Supervision sessions evidenced discussions about a staff member's work allocation, how they had found recent training and specific learning around matters such as mental capacity and person-centred care. As staff completed many workbooks these were marked and feedback shared with staff about their results. We saw in supervision notes that where staff had answered incorrectly this was discussed and exploration around the subject was comprehensive. Supervision sessions were always scheduled and we saw they happened when arranged.

Staff had also had an annual appraisal which considered their personal development and any training requirements. We saw where training needs had been identified these had been arranged and the staff member had attended and evaluated their learning. Feedback from people using the service was included in the assessment of a staff member's performance. In one record we saw "Feedback from service users and staff is always positive. Their performance is excellent." In another record it read "Gets on well with all the team and enjoys helping them develop. Is approachable and will help in any way they can." Staff each had objectives set and they completed a self evaluation of their strengths and weaknesses. Where the latter could be improved via training this was offered and arranged.

Each training session attended by a staff member was evaluated by them showing what they had learnt, how they will use this in their practice and what improvements they needed to make. Staff's knowledge was checked through completion of a questionnaire and answers based around a case study. In one record questions were asked around the staff member's understanding of their responsibility in regard to medication, possible changes to a person, side effects of specific medication and barriers to a person taking it. The depth of these questions again shows that the service was keen to strive for the highest levels of knowledge among its staff.

We asked people receiving the service if they felt the service responded to their preferences. One person said "It's always my choice what I do. They respect my choices." One staff member told us on one visit the person had asked them to leave. They left the person's house and waited outside in their car for about fifteen minutes and then tried again. This time the person was happy to let them in. This example shows that staff were both aware of how dementia can impact on an individual and also how to respond in such a situation, respecting that person's wishes while ensuring they were safe.

We spoke with staff about their understanding mental capacity. One told us "We always assume someone has got it. If we are doing a review and have concerns then we would discuss this. We know who has got Lasting Power of Attorney and that sometimes that people don't always make the 'right' choice but we have to respect these." This shows staff had understood the principles of the Mental Capacity Act.

Another member of staff said "If a person is deemed not to have capacity, I would always offer them choice without placing them at risk of harm. This could mean if they wished to go to the bank and wanted to withdraw lots of money, I would try and deter them. But if they insisted then I would report it to the office and ensure they were safe with all the money." A further staff member told us "I know how to support

someone with dementia. I would always treat them with respect and focus on them as an individual. I wouldn't want to be ignored, so why should anyone else be?" This demonstrates that the service had trained staff to consider the individual first and foremost.

All staff we spoke with did not have any person nutritionally at risk but all told us how important it was to make sure they encouraged people to drink during their visits. We saw in one attendance sheet "Made [name] drinks throughout visit. Gave them a banana. Encouraged them throughout to drink plenty." We also asked about pressure care and were advised that as visits were for a short period, often only once a week, this would not be a specific area addressed by staff unless they observed some concerns. One staff member told us they would relay these to the regular home care agency if this was the situation and report to safeguarding if needed.

We saw evidence of signed consent in care records by the person receiving the service and where they had no capacity to make this decision, it was signed by their Lasting Power of Attorney. We also saw in all care records of involvement with other agencies, whether the usual domiciliary care agency, health or social care professionals. This included seeking advice about particular health conditions.

Good

Is the service caring?

Our findings

Everyone we spoke was full of praise for the service. One person said "Staff are respectful and very good. They always respect my privacy and dignity. I feel they are always focused on me." Another person told us "People are patient and kind." This was echoed by the informal carers who the service was primarily supporting. One informal carer said "The worker is lovely and great" and another told us "The worker is very kind and smiley. All the girls are brilliant and superb. They treat the whole family with dignity and respect."

People were keen to tell us that staff "are really friendly." One informal carer was keen to stress "They know what they are doing. They offer to help with anything but I'm just happy for them to sit and spend time with my relation so I can get a break. They have a good attitude."

We asked people if they received regular reviews. One said "We've had a review recently." This was echoed by a different person who told us "I had a review only two weeks ago. This was done by the team leader who spent a lot of time going through everything and making sure things were OK." A further person said "We have annual reviews. If a change is needed in between, this is also done. This is changed on the care plan or added to it as necessary. A copy of this care plan is always sent to me." This shows the service was focused on ensuring its service delivery was in line with what people needed and that records reflected current needs.

Staff were also aware of the importance of accurate records. One staff member said "I will inform office staff of any concerns. They complete a change in circumstance form based on my information and this will then result in the care plan being amended." Another staff member said "All reviews are completed with the person and their family. If this wasn't possible we would do it in stages but it is always shared with the person".

We asked people receiving the service if staff had an understanding of the importance of privacy. One person told us "Staff respect privacy and dignity, and are culturally aware." A member of staff advised "I always talk to people to put them at their ease. If I'm helping with their personal care I explain what I'm doing or about to do and would always ensure their privacy such as shutting their curtains." A different member of staff told us they were a dignity champion for the service with responsibility for promoting people's dignity at all times and were also a 'dementia friend'. A 'dementia friend' is someone who understands what living with dementia can be like and offers practical advice and support. A further staff member gave an example of how they supported someone on the autism spectrum and for them it was important not to have the door shut as this increased their unease. They supported someone with their personal care by regular talking to them while respecting their preferences.

One staff member told us that all staff had received end of life training so that effective and sensitive support could be provided at this time.

Good

Is the service responsive?

Our findings

We asked people using the service if they felt their needs were met as they wished them to be. One person told us "They take me where I want to go." Another said "They sit and talk with me and make me a cup of tea. One person recently took me to a place that I used to visit which brought back good memories." A further person advised us "We receive support on the days we wanted it and it helps my relation to get out and have a break."

We also asked the informal carers how they felt and one told us "This service is a lifeline. My relative really looks forward to their visits every week as it's someone different to talk to."

People's care records were comprehensive. They all contained copies of the assessment visit where key information was obtained. Prior to any care input being provided, a safe handling assessment was completed in conjunction with the person and their informal carer which was integrated into the care record. Care records contained essential information in regards to important people in the person's life and an environmental assessment. If a person had a particular medical condition records contained information as to how best support that person and offer them appropriate care. This included information from other professionals.

The service used a 'This is me' document which included details of people's family, jobs and interests which all assisted staff to support the person in a meaningful way, especially if they had some form of memory loss. Each care plan had step by step instructions whether it was for the use of equipment to support someone with their mobility or how to assist them in receiving personal care support. The care plans considered areas including continence care, skin integrity, eating and drinking, communication, memory, mobility, medication including any allergies, social and cultural needs and emotional health.

In one record it was noted 'to listen carefully as the person is very quietly spoken'. In another the person's breakfast preferences were recorded in detail including the type of fruit and how they liked their tea. People's morning and bedtime routines were also noted so that a staff member could ensure continuity for the individual. This shows the service was focused on the individual need and had spotted their specific characteristics.

We saw evidence that care records were reviewed regularly, a minimum of annually and more often if their needs changed. These reviews included the person and family members. In one record we noted "The service is 5 out of 5. Nothing could be done better. The service has made a big difference and provides me with a regular break and peace of mind."

The service was keen to meet people's needs as they wished them to be met whether this was through spending time at home chatting to them or taking them out. As the person we spoke with in the statement at the start of this section said, their worker had taken them somewhere they had used to visit and they had found this hugely moving as it had family connections. The worker had taken photographs to share with the person afterwards and discuss their memories. Another carer stressed how vital the service was allowing

them to go off shopping every week, meaning their wellbeing was supported as much as their relative who had different social interaction.

Feedback from the annual survey included comments such as "It has given me peace of mind while attending my evening class so that I feel more relaxed about it", "It enables me to keep my job" and "The service has allowed me to keep contact with my friends and the walking club that I'm a member of." The impact of the support was immeasurable when reading comments like "I can stop worrying about my relative while the support worker is with them; it takes that little pressure off me."

The service monitored visits through completion of an attendance sheet where staff recorded what activities they had undertaken, how the person had been on their visit and the time they were there. These records were subject to monthly scrutiny via one of the co-ordinators to ensure staff were fulfilling their role as required. It was evident from the ones we looked at that staff continuity had been maintained. Each record reflected the actual visit including reference the discussions held between the person receiving the service and the member of staff. In one record we saw "[Name] showed me their new budgie. They are really pleased with him." Another said "We chatted and laughed til [informal carer] got back."

The service had received numerous compliments. We counted over 25 for 2015 based on cards received by the service. Comments included "Thank you for caring. Wednesday was the best day of the week" and "It's a pleasure to know someone so thoughtful and it's hoped your kindness will be returned to you." Other people spoke of the individuals who had supported them. One person said "It's great to have a carer like [name] I feel confident having" and another wrote "[name] was very professional and thorough." A further individual said "Just to say the team are a credit to your organisation."

None of the people we spoke with had ever had cause to raise a complaint. One person told us "I've never had any concerns but would feel able to raise some if I had." Another said "I've never had to complain and I know my relation enjoys the visits." A further person told us "I've never had to complain. If I've raised any minor issue it has always been dealt with promptly."

The service had a contemporaneous complaints log to show that nothing had been amended. The date, person, issue and outcome were all recorded along with any further action taken including referral to other agencies as necessary. Most issues were minor concerns rather than complaints but the responses showed the service took all such matters seriously and offered everyone the same degree of response regardless of seriousness. Investigations were thorough. Where a staff member had fallen short of expected standards it was evident the service had taken appropriate action by offering further training to that person and having further supervision and competency checks in place. Responses were timely and apologies always offered by the registered manager including visits to see the person face to face. Each complaint was recorded in detail on its own form in addition to being logged in the continual record, and any detail was cross referenced in the files of the staff member and the person receiving the service.

Good

Is the service well-led?

Our findings

People in receipt of the service were very complimentary. One person told us "Everything has been excellent and we've had the service nearly two years." Another said "I'm very happy with my support worker. We get on really well." A further person said "It's a brilliant service. I'm really happy with it."

Informal carers were equally forthcoming. One was keen to say "If it wasn't for this service, I couldn't do what I do." Another said "It's a smashing service and always very good." A further person said "It's an essential service which means I know my relation is in good hands and looked after. I couldn't be more pleased."

We spoke with staff about how supported they felt. One staff member said "I feel the service is managed well and I get the support I need. There's an out of hours number we can use if needed." Another staff member was keen to say "The service is managed well partly due to the structure of the team. We are very cautious as to who is employed as we want to maintain our high standard of care." A further member of staff said "I'm making a difference and supported to do that through regular training. I am encouraged to understand and am much more tolerant as I've learnt about conditions such as dementia and autism." This staff member said "We have quarterly team meetings and monthly memos. But we can talk to anyone anytime. I am supported to get it right and they don't mind how many times I ask as long as I do it right!"

During the time we inspected we attended part of a meeting with the fieldcare workers and found that these were detailed and followed up previously raised issues. Minutes were comprehensive and structured to ensure that nothing was missed. The service issued monthly memos to staff and the supervisors were asked if these had identified any issues. Information was shared between staff and ideas offered for problems. Matters discussed included the importance of confidentiality of records showing the service was mindful of data protection. Clear direction was offered by the Operations Manager who offered both practical advice and a listening ear when issues were raised.

We saw evidence that all staff had to sign to say they had read and understood any policy changes and this was addressed in supervision if the staff member did not oblige. Reference to key policy changes was made to the fieldcare supervisors whose job was to cascade this information to their teams. As everything was written down it was easy for the service to give consistent messages and ensure each staff member had access to the same information. Policy changes were linked to the fundamental standards that the Care Quality Commission inspect against, demonstrating the service was using current information and was aware of its responsibilities.

The team minutes were detailed and showed who had attended meetings. They were invited to one in a different team if they could not make it. The agenda was clear and discussions around important topics noted. Evident in one of the recent meetings was discussion around completion of the Care Certificate and how the service was implementing this. The service also used quizzes to test and reinforce learning for particular topics. In February 2016 there was a quiz based on personal care, choice and independence. The quiz asked for examples and was not just multiple choice to show that staff had understood all the key areas. We noted one question as 'How would you help the client to remain as independent as possible?'

which demonstrates that the service was ensuring staff could share knowledge and ideas, thus reinforcing best practice.

We asked people if they could think of anything that could be done better. One person said "I can't think of any improvements needed. They always accommodate my wishes." An informal carer reiterated this view "I can't think of anything that could be done better. We get asked our opinion regularly on questionnaires." One member of staff also said "No, not really. This service offered me counselling after three of my people died around the same time. That's being looked after." This shows the service was regularly evaluating its impact and standards, and ensuring its staff team were equipped for their role.

We asked staff what they felt the values of the service were. One staff member said "It's so that a person can live as they want. It's to help the carer have freedom." Another said "The service exists to relieve unpaid carers. We may allow them to have a sleep or get out as this is the only chance they get." One member of staff said "It's independence – we promote this and respect people. We always seek other people's views without giving our own opinion. It's important we listen to what people have to say."

We discussed with staff how they knew they were doing a good job. One member of staff said "So many people are pleased that we are here. Having that for free, even though for a limited time, helps those with less money." Another staff member told us "As everyone is happy with the service – that includes the manager, people using the service, the Board of Trustees and all the staff. We also get told by other professionals." A further member of staff told us "Because we have a waiting list. We try to look after as many people as possible, offering them quality time and a normal life."

Staff were asked what they felt the achievements of the service were and one told us "quality and continuity. If anything needs changing we respond quickly so it works." They also said "We get such positive feedback from people. One staff member recently checked on someone who had lost their relative. This shows we care."

We saw evidence that the service conducted frequent spot checks on staff. Detailed notes were made of the findings and these were shared with the staff member to promote good practice. The opinion of the person receiving the service was sought at these checks and we saw comments such as "good, calm and good companionship" and "can't fault them". This shows the service was constantly considering its impact on people and keen to promote high quality, which dovetailed with the systems in place to address any issues promptly. The extent and depth of training offered to staff showed the service was aware of the latest guidance and able to implement this effectively.

The service conducted annual customer surveys and this generated a report outlining the findings and also an action list if issues had been raised. These were logged confidentially with the comment made and then the action point was evidenced with specific details as to how issues had been addressed. The survey asked people about the assessment process, communication, politeness of staff, care plans and the overall service. In 2014 and 2015 the service received a score of 95% as good or excellent. Any major concerns that were received were followed with a visit by the registered manager and all concerns were resolved.

Although creativity and innovation was limited as the provision was guided by the people themselves, we saw a well run and visionary service that sought to promote the wellbeing of informal carers through high quality support of the people they cared for, enabling them to have a rest, confident that people were safe and happy.