Milton Keynes Council

MK Care and Response (Homecare)

Inspection report

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Date of inspection visit:
15 March 2022
22 March 2022
23 March 2022

Date of publication:
11 May 2022

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
MK Care and Response (Homecare) provides personal care to people across Milton Keynes, to promote independence and supports people to live in their own homes. This support was provided 24 hours a day; seven days a week and included a night care service and a day care service. At the time of our inspection there were 97 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The provider was exceptional at responding to the changing needs of people using the service and were quick to adapt the service to ensure they could fully meet people's needs. For example, where people had specific health needs, staff received specialist training to support them so they could continue to stay in their own homes and achieve their goals and aspirations.

The provider had been proactive by introducing various strategies to ensure they could support people living with dementia to continue living in their own homes. For example, the provider was able to support people living with dementia to access day services. This enabled a joined-up approach and meant people could receive their care and support at the day service.

Seven senior staff had achieved the Qualifications and Credit Framework (QCF) level 3 qualification in Dementia awareness. They used the skills developed from the qualification to support people living with dementia. They worked in partnership with Dementia Friends and Age UK to ensure they were meeting people's physical and wellbeing needs.

The provider ensured that people had all the information they needed in relation to the Accessible Information Standard (AIS) and made sure they understood their rights. People's communication needs had been thoroughly assessed and extra support provided where needed.

There was some dissatisfaction raised about the lack of consistency of staff attending care calls. During the pandemic and after there had been difficulties experienced with staff leaving or having to self-isolate. The provider had acted swiftly in response and had introduced numerous incentives to attract new staff, which had recently resulted in a successful recruitment drive. People told us that the lack of consistency had not impacted upon their care.

People receiving care and support felt it was delivered safely by staff who respected them and their homes. Risks to people's safety were assessed and strategies were put in place to reduce any risks. People were empowered to take positive risks, to ensure they had greater choice and control of their lives.

People received care in their own homes from staff whose suitability was established through thorough recruitment processes. People received their medicines safely and staff followed appropriate hygiene practices. The provider was committed to the training and development of staff. People benefited from the provider's approach to partnership working with other organisations and its approach to technology.

People were supported to remain healthy and access healthcare services when required. People chose what they ate, and staff supported people to eat and drink enough to ensure their dietary needs were met. People were encouraged to make decisions about their care and to be as independent as possible. Staff maintained people's dignity when providing personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager demonstrated a good understanding of the importance of effective governance processes. There was a robust quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made.

There was strong leadership and staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 14 November 2019 and this is the first inspection. The last rating for the service at the previous premises was Good, published on 21 March 2018.

Why we inspected
This was a planned inspection following registration.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cripps Lodge on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

MK Care and Response (Homecare)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2002 and ended on 24 March 2022. We visited the office location on 15 March 2022.

What we did before the inspection
In planning our inspection, we reviewed information we had received about the service. This included any

notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
As part of the inspection we spoke with seven relatives and 15 people using the service to gain their views about the quality of their care. We had discussions with the head of service for home care, reablement and occupational therapy, the registered manager and service manager. We also had discussions with two schedulers and three care and support staff during the site visit. We received email feedback from a further four staff members.

We reviewed a range of records. This included eight people's care records and risk assessments. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, records of spot checks, safeguarding records and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the staff training data, accidents and incidents analysis, complaints and governance information.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and staff respected their homes and promoted their safety. One person told us, "I am 100% safe. I don't ever have any worries about safety."
- Staff completed training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member told us, "I have completed all the training and I would be comfortable reporting anything I found concerning."
- Records showed the provider had made safeguarding referrals as required to the relevant authorities. Safeguarding records were up to date and detailed any investigation completed or still in progress.

Assessing risk, safety monitoring and management

- People told us staff knew them well and knew how to keep them safe when using equipment. One person told us, "The staff use the hoist to get me into and out of bed. They know what they are doing, and I feel safe in their hands."
- Potential risks to people's health and wellbeing were recognised, assessed and managed by staff. Care coordinators were all trained in risk management and completed assessments of potential risks before people started to receive care; putting measures in place to reduce the risk. They also identified positive risk taking and supported people to make informed decisions around their care. For example, one person had been supported to achieve their goal of finding employment, despite having many physical difficulties to overcome.
- Staff told us how they were kept up to date with risks to people through effective communication. One staff member told us, "We have easy to follow risk assessments in place that tell us how to keep people safe."

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. However, we received mixed feedback about the consistency of staffing. One person commented, "There's never been continuity, its worse now than it's ever been." Another person commented, "I would prefer continuity, but I know it's not feasible." People told us that the lack of consistency had not impacted on their care.
- The registered manager told us staffing had been an issue during the pandemic, with some staff leaving and present staff having to self-isolate because of COVID-19. However, they had completed a successful recruitment drive and had introduced numerous incentives to attract new staff. The registered manager told us this would improve consistency of staff for people.
- Care staff were organised into small teams based geographically each with its own care coordinator. People commented positively about the times of their calls and that staff always stayed for the length of time allocated. One told us, "I can guarantee what time they come. If they are a bit late, they are always

apologetic, it's usually because of an emergency. They're actually doing the job because they care."
● Staff told us they had enough time to provide the care people needed. We looked at staff rotas and saw they were given sufficient time to travel to each call. In addition, there were staff included on the rota who were on standby to cover any staff sickness.
● We reviewed recent recruitment decisions and saw the necessary checks had been carried out to ensure that the staff employed were suitable to work in the service.

Using medicines safely
● People were supported by staff trained in the safe management of medicines and who had their competency checked regularly. The provider had introduced four medicines champions who ensured staff followed best practice guidance when administering medicines. Staff confirmed they had received detailed medicine training and their competencies were checked during spot checks.
● There was a night service available to people who required assistance at night, and this included help with medicines. For example, if someone needed pain relief, they could be supported with this during the night.
● We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection
● People and relatives told us they were satisfied with the actions staff took to reduce the risk from infection transmission. One person said, "The first thing the carers do when they come in is wash their hands. They put on gloves, and wear shoe covers. They always wash their hands before leaving."
● Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE). Staff told us they had supplies of PPE and completed regular testing for COVID-19. These actions help to reduce the risks from infection transmission.
● The provider had introduced nine Infection control champions who ensured staff followed best practice. They completed spot checks of staff performance to observe that staff were following the correct procedures to keep people safe from the spread of infection.

Learning lessons when things go wrong
● The provider learned from mistakes and used that learning to improve the care and support people received. This meant people's safety was enhanced because the provider systematically reflected on their practice.
● For example, where people may refuse care and were at risk of pressure sores it had been identified that staff had not been reporting back to senior staff when people refused their care. This put people at risk of neglect and pressure sores. The registered manager had contacted the skin integrity nurses and they agreed to hold workshops with the staff. Best practice was reinforced with staff during their supervisions, spot-checks and staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
● The provider's assessment tool looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
● Assessments were completed in line with best practice guidance, for example all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs and sexuality.

Staff support: induction, training, skills and experience
● Staff were sufficiently qualified, skilled and experienced to meet people's needs. People told us staff were knowledgeable and understood their needs. One person told us, "Absolutely. They have the right training in every way. Every time they go, I say 'we are so lucky'."
● We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. Staff completed competency tests alongside their training to reinforce learning.
● All new staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction was very good and very helpful, so I knew what to do and what to expect."
● The system for staff supervision and support was consistently applied. Staff told us they were supported by the registered manager through their one to one meetings.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with their nutritional needs when required. Staff were aware of people's individual food preferences and assisted them to prepare food and drink of their choice. One person told us, "They do the preparation for me. I tell them what I want, and they do it for me."
● People's nutritional needs were assessed, and care plans put in place, to ensure dietary needs were met. For example, we saw t one person needed specific support to eat their meal and there was guidance in the care plan for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and relatives told us staff helped them access healthcare services and support when needed. One person told us, "They [meaning staff] noticed I had red marks on my legs and said I needed to speak with the district nurse as they were concerned it might be the start of a sore. I did the next morning. The carers know

me well and have got to know what my body looks like. That's why I feel so safe with them."
● Referrals for support with people's healthcare needs were made through an access team at Milton Keynes Council. They made local social care support or local health service referrals such as district nurses, GP's, community therapy services, tissue viability, specialist memory services and community mental health services.
● The provider was able to access support from charities such as Alzheimer's UK, Age Concern and Advocacy Services.

Ensuring consent to care and treatment in line with law and guidance
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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We found that people gave informed consent to the care they received. One person told us, "They tell me what they're doing. They talk me through what they are doing." A relative commented, "The carers always say, 'are you ready to move'. They are always considerate."
● People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff had completed training in relation to the MCA.
●. Care plans involved people and showed where their consent had been discussed with them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and treated with respect and kindness. One person told us, "Absolutely, the carers can't do enough for you. They really do understand your culture. It's very nice they adapt to what I need, and they respect that I am a [name of religion]. It's a lovely multi-cultural behaved team."
- People's equality and diversity needs were respected. People were asked what gender of care staff they would prefer for personal care and records showed this was considered. One relative told us, "We were asked would [family member] mind a male carer. It was a definite No and they have never sent a male carer."
- Staff had completed equality and diversity training that included information on people's different cultures and what this could mean when providing people with personal care. The provider had introduced diversity champions who supported staff to have an increased understanding of diversity, equality and inclusion.
- The provider had introduced the VERA (validation, emotion, reassure and activity) framework (VERA) when supporting people living with dementia. It provides a practical approach to achieving better communication in older people's health care and guides staff towards providing compassionate and caring responses.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions about their care and day to day support they received. One person told us, "The carers leave it to me to decide if I want a shower. My condition is so changeable, they never get angry or frustrated. My gratitude is overflowing for them."
- People and relatives were involved when care plans were written and reviewed. One person commented, "I wrote my care plan. The carers read it; I make them read it if they haven't been here before." A relative told us staff always discussed their family member's care plans with them and informed them if there were any changes to their care and support needs.
- People could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People received the support they required to maintain their independence. One person told us, "They do promote my independence a lot. They do what I need them to do. They are ready to step in if I need help and they do listen to me." Another commented, "They let me do things myself where I can."
- People told us they were treated with dignity and their privacy was maintained at all times. A relative said,

"The carers are very good. They always make sure the curtains are drawn. They tell [family member] what they are doing and why they are doing it."

● The provider had introduced dignity champions who influenced and informed colleagues to work in line with best practice and to promote dignity in care. Staff we spoke with demonstrated a good understanding of how to promote people's dignity and privacy. One said, "I always shut the door, close the curtains and try my best to make sure people don't feel embarrassed."

● A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The provider had responded swiftly to help people combat social isolation, particularly during the COVID-19 pandemic. They had introduced the role of a support worker who assisted people with shopping, welfare checks and visiting people to provide some companionship to reduce social isolation. This was over and above the agreed care package and people were not charged for this service. One person using the service who had no close family was visited by the support worker two or three times a week for a chat over a cup of tea or coffee or to do a puzzle together. This had reduced the risk of them becoming socially isolated and lonely and had improved their wellbeing.

● The management team were quick to respond and adapt the service to ensure they could meet the needs of people who required support. Some people using the service had very specific physical needs due to their disability and the service had engaged with health services to upskill staff members who supported them. For example, staff had received training to support with simple physiotherapy plans and stretching exercises which meant people could continue with their employment and day to day activities.

● The service had recently merged with the response wardens who react to pendant calls. The night care staff join the wardens and assist with personal care while the warden will assess if there is a fall and to establish if there is an injury or not. This had led to a reduction in 999 call outs and hospitalisation.

● People living with dementia were supported to access day services provided by Milton Keynes Council which were based in the same building as MK Care & Response. This enabled a joined-up approach to providing personalised care and support. For example, one person was anxious about receiving personal care at home and having strangers in their home. However, they enjoyed attending the day centre, so staff supported them at the day centre with their personal care which had reduced the person's anxieties.

● Seven out of nine care coordinators had achieved the Qualifications and Credit Framework (QCF) level 3 qualification in Dementia awareness. They used the skills developed from the qualification to inform and mentor staff about best practice in dementia care. This had helped the staff team support people to stay in their own homes. For example, one person was receiving care from staff which worked well in the beginning. However, they started to refuse care and staff noticed that the person was less anxious when people were not in a uniform so made the decision fr staff supporting them to attend the call in civvy clothes.

● The provider strived to find innovative and creative ways to enable people to be empowered and to stay in their own homes. There was a nominated lead for assistive technology who was working to identify ways that people could be supported to maintain their independence and autonomy. For example, one person living with dementia had been provided with a bed absence sensor that triggers an alarm if they leave their

bed at night. This had resulted in a positive outcome when the person could not be located on one occasion. The use of the bed sensor also meant they were able to stay in their own home safely because the risk of falls was reduced and staff were alerted if the person left their property at night which placed them at risk of harm.
● The provider was able to provide emergency or short-term support for adults who were experiencing a sudden change in circumstances where other services were not able to be sourced at short notice. The overnight care provision could also provide short notice additional visits to people to prevent admissions to hospital or other 24hr care settings.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were thoroughly assessed and identified during the initial assessment. With this information the service was able to contact relevant agencies such as interpreters for non-English speaking people, British Sign Language and lip-reading interpreters for people with impaired hearing and advocates and mentors if they were required, to support effective communication.
● The provider was able to access braille, easy read and large print formats for documents required so that people were given the information they needed in a way they could understand. One relative told us, "They have been brilliant at providing [family member] with the information they need in large print. It's meant they know what to expect and also what they need to do if they are not happy and want to raise a complaint."
● People understood their rights under the AIS because the provider was exceptional at ensuring people had the information they required. For example, Information relating to the Accessible Information Standard was on display in the provider's office buildings. People using the service had this information included as part of their care plan documentation in people's properties. There was a video produced by the charity Sense which was used to help the care coordinators understand Accessible Information Standard, and for them to share this with staff in staff one to one meetings.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy in place which was available to people and could be provided in different formats. Overall, people who had made complaints in the past told us the complaints were mainly about staffing and lateness of calls. They were satisfied by the way in which they were handled.
● People and relatives who had not previously raised complaints told us they understood the provider's complaints procedure. One person told us, "I would know how if I had any issues."
● We looked at the complaints received by the provider locally and saw these had been responded to in a timely manner. We saw action plans had been put in place following the complaints to minimise the risk of the same occurrence happening again.

End of life care and support
● People identified to be approaching the end of their lives were supported compassionately. Two care coordinators had completed a vocational qualification in this area and were able to share their knowledge and experience to support and advise staff about end of life care.
● End of life care plans were developed with people and their relatives to ensure that wishes and care preferences were recorded. Staff liaised with healthcare professionals so that people were not in pain and followed end of life care plans to maintain people's dignity.

● The two care coordinators would contact Macmillan and Willian hospice for support. They had been in contact with Milton Keynes hospital bereavement centre who had provided advice, information and leaflets with phone number and websites. They also encouraged the provider to sign post recently bereaved families to them.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated management team and staff team. Their commitment to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion was apparent during our inspection.
- People experienced positive outcomes because staff understood their needs and preferences. One person told us, "They are keeping me mobile and keeping my independence." Another commented, "They're just so friendly. There is nothing they wouldn't do, like pass me something or move me into a different position. Anything to make me more comfortable."
- Due to the complex nature of people's needs and to provide them with a consistent service, the provider held open people's care packages for as long as required to enable prompt discharge home from hospital with a service and staff that were familiar to them.
- The provider promoted equality and inclusion within its workforce. For example, rotas were changed to allow staff time off for religious holidays and extended leave was permitted for staff who wanted to visit family abroad.
- There was an in-house career and development pathway that offered opportunities to all staff to complete level 2, 3, 4 and 5 diplomas in health and social care and in key areas such as understanding dementia and end of life qualifications. There were also apprenticeship schemes that staff could access to further their development in the service.
- The provider had three main core values that were dedicated, respectful and collaborative and all staff were expected to work with these values at the core of everything they did to ensure they became embedded into staff practice. These were discussed at staff meetings and staff supervisions and formed the basis of monthly discussions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had been proactive and had swiftly introduced numerous schemes to recruit new staff which had proved to be successful. For example, they were in the process of recruiting two drivers to drive staff to care calls. This meant the provider could encompass non drivers in their recruitment process. In addition, to help retain staff the provider had given staff a bonus for their hard work and commitment. They had introduced a bonus payment scheme for any staff that recommended someone for employment (refer a friend scheme) and staff were also given additional payments for working extra hours to show

recognition for additional work.
● The management team together provided a high level of knowledge and were committed to the continuous improvement of the service. For example, the service manager had previous reablement experience and the management team was keen to drive forward positive change in this area. There were plans to expand training across the team to enable staff to become low-level equipment prescribers for equipment, minimising referrals to the community occupational therapy team and obtaining essential equipment more swiftly.
● The management team fully understood their roles and regulatory responsibilities. The staff support systems ensured all staff received regular training and supervision, and opportunities were made available for staff to diversify in their roles and progress in their career. Employees of the service were supported with professional and personal circumstances through the provision of a free to access Employee Assistance programme. This provides staff with access to confidential counselling for well-being support.
● The provider had a health and wellbeing hub that staff could access to obtain support with improving all aspects of their health and wellbeing. For example, a piece of work localised to the service was being carried out to assist staff to improve their health by providing support to stop smoking.
● Systems in place to review, audit and analyse data and other records ensured quality standards were high and processes were in place to ensure oversight and scrutiny of the care being delivered. Any areas identified for improvement had action plans put in place with timescales for completion. For example, extra travel time was allocated for calls when it was identified this was needed. A full-service analysis was completed in 2020/2021 through consultation with both care staff and people using the service to identify improvements that could be made. In addition, service managers within the home care, reablement and occupational completed internal audits on each other's services, focusing on the CQC key lines of enquiry.
● The provider invested in staff training and development which made staff feel valued and told us they were supported to achieve their full potential. One staff member commented, "The training is very good. I feel I have a good career prospects."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The management team ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
● Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider actively sought the views of people and relatives to drive continuous improvement at the service. For example, we saw evidence of regular spot checks that observed staff practice, checked they were working in line with best practice and sought feedback from people about the quality of their care.
● Some people felt communication could be further improved. One told us, "Communication is never going to be on par with everything; 90% of the time it's fantastic, every now and again it's not. Especially when carers arrive and they say, 'did they let you know I was running late'?"
● Effective communication systems were in place to ensure the whole staff team were involved in decisions, with updates of outcomes and any concerns or changes to people's care. One member of staff told us, "The communication between the different staff groups is great. The manager shares everything with us, we feel included and our views are valued." In addition, the heads of the different services had monthly meetings to share learning, best practice and to raise awareness of different concerns or issues.

● The registered manager sent out a weekly newsletter via an email to all staff and we saw these covered areas such as COVID-19 updates, staff recruitment and training.
● There was a dedicated person responsible for completing an annual review of people's care. They sought views and feedback from people using the service and any relatives or representatives involved in their care.
● The service manager had devised a satisfaction survey that was due to be sent out. This could be made available in different formats if it was required.

Continuous learning and improving care
● The registered manager held fortnightly workshops with the care coordinators to update and inform them of any changes and to embed best practice. As part of these workshops staff completed a CQC quiz and looked at case studies to share good practice and improve knowledge. After each work shop the staff worked together to complete action plans that identified improvements within the service.
● Nominated staff took on 'Champion' roles, they researched good practice, attended training and meetings with other champions and cascaded their learning to the staff team. Areas included, end of life, dignity, medication, positive behaviour support, assistive technology infection control and mental capacity.
● The provider and management team were very committed to improving the service. For example, the management team were continually introducing new initiatives to improve the service such as investing in new equipment and the training of staff. There were also new initiatives to combat social isolation, loneliness and support people living with dementia.
● Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.
● The registered manager told us that Milton Keynes Council runs an apprenticeship programme which gives staff access to further vocational learning, diplomas and higher learning opportunities. Those on an apprenticeship programme are given 20% of working time to complete the qualification.

Working in partnership with others
● The management team worked collaboratively with other services and were involved in networking with them in order to provide specialist services and promote best practice initiatives. For example, we saw numerous examples of collaborations between the service and Age UK, Dementia UK, Parkinson's UK, Willen Hospice, Marie Curie and Macmillan nurses.
● The service was working collaboratively with the Milton Keynes Council Reablement service to utilise their skills and knowledge and to promote the independence of people where they need extra support following an illness or a specific event such as a fall.
● Referrals were made through an access team at Milton Keynes Council to access local social care support or local health service referrals such as district nurses, GP's, community therapy services, tissue viability, specialist memory services and community mental health services.
● The provider was in the process of appointing an Admiral Nurse who would be able to provide further support to people and family members requiring support caring for those living with dementia.