Forest Homecare Limited

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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?	Outstanding ☆

Summary of findings

Overall summary

Forest Homecare is a domiciliary care agency which provides personal care and support to people in order for them to maintain their independence within their own home. Some of the people supported by the service are living with dementia. The agency operates from offices based in Sible Hedingham and supports people living in the local area. At the time of our inspection Forest Homecare provided services to 322 people.

This was the first comprehensive inspection of the service. The previous inspection took place on 22 January 2014; at this time the service was found to be non-compliant in one area, records. This area was reviewed on 5 February 2014 and at this point it was found to be compliant with the regulations.

The inspection took place on 20 and 21 December 2016 and was announced. The service provided support to people living in their own homes, therefore to ensure that they were at home and to arrange a convenient time for us to visit them the service was given 48 hours' notice of the inspection.

The service had a registered manager in post; however they were on annual leave at the time of the inspection and so were not present. They were also the registered manager for three additional services within the organisation therefore the director of operations took responsibility for the day to day management of the service. 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.

People supported by the service, and their relatives, consistently spoke highly of the staff who visited them and the care that they received. The service placed a strong emphasis on promoting independence and empowering people wherever possible. People spoke positively about the quality of service describing staff as polite, reliable, caring and professional in their approach to their work and explained how staff went the extra mile to ensure their needs were met. We were told of occasions where the service had gone above and beyond what was expected of them.

Individual risk assessments were in place to mitigate the risk of harm. Staff were aware of the need to promote and maintain people's safety whilst taking a person centred approach to risk. This enabled people to take calculated risks which enhanced their well-being and enabled them to live as they chose within their home.

People were kept safe by staff who received training on how to recognise signs of abuse and were clear about what action to take if any concerns arose.

People were supported in line with the legislation of the Mental Capacity Act (MCA) and no unnecessarily restrictive practices were in place. The MCA provides a legal framework for making particular decisions on

behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There were effective systems in place to ensure that people's medication, money and personal information was kept safe. Accidents and incidents were managed promptly and, where necessary, thorough investigations had been undertaken.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. Careful consideration had been given to ensure newly employed staff shared the values and beliefs of the organisation and to ensure the delivery of high quality care alongside the existing staff team. New members of staff completed a robust induction programme during which they spent time working alongside more experienced staff members to familiarise themselves with the people that they would be supporting.

Staff were well supported by the management team and provided with the opportunity to progress through the service; consequently the retention of staff was good. People confirmed this telling us that they were supported by staff who knew them well and who consistently met their needs.

The service had created a positive learning environment which meant that people received care from highly skilled staff. Staff were encouraged and supported to continuously develop and extend their knowledge to ensure that they had the skills to meet the needs of people using the service.
People knew how to raise concerns or complaints and were confident that issues raised would be listened to and acted upon. The service actively sought and listened to the views of people supported by the service and acted promptly where areas of concern were identified.

The management team shared a clear vision for the service and this was firmly embedded throughout the service and in the actions of staff. The management team were visible and very supportive and their presence ensured strong leadership within the organisation. They empowered staff and placed a strong emphasis on maximising their potential by using innovative and creative ways to develop them and to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise signs of abuse and the action to take to protect people from harm.

Risks associated with people's care were managed to help ensure their freedom was supported and respected.

A robust recruitment process was in place to ensure that staff were recruited safely and appropriate pre-employment safety checks were completed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

The service was committed to promoting a positive learning environment and staff were supported to continually develop their knowledge and skills.

Staff received training on the Mental Capacity Act and understood their responsibilities to ensure people were given choices about how they wished to live their lives.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank.

Is the service caring?

Good

The service was caring.

People using the service and their relatives were extremely complimentary and enthusiastic about the staff and the care that they provided.

Staff engaged people in conversation and laughed and joked with them, as a result of which people were comfortable and relaxed in their presence.

Staff knew people well and were aware of their life histories and the impact that this had upon people's decisions as to how they wished to have their care provided.

Is the service responsive?

Good

The service was responsive.

People using the service received person-centred care which enabled them to live their life in the way that they chose within their own home.

People knew how to raise concerns or complaints and were confident that issues raised would be listened to and acted upon.

Is the service well-led?

Outstanding

The service was very well led.

There was a strong emphasis on continually striving to improve and deliver the best possible service for people.
People, staff, relatives and health and social care professionals involved in the service were all consistently positive about the leadership and running of the service.

The management team empowered staff to maximise their potential and achieve their professional and personal goals.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was reviewed and, when necessary, action taken to make improvements to the service.

Forest Homecare Limited

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 20 and 21December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who lived in their own homes and we needed to be sure that it would be convenient with people for us to visit and that we could access the office. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During the inspection we focused on speaking with people who used the service and the staff who supported them. To help us gain a better understanding of people's experiences of using the service we also observed the interactions between people and staff and saw care and support being provided in people's homes. We spoke with seven people using the service and three relatives. We looked at 11 care plans and six paper care records and associated care documentation held in people's homes and looked at how medicines were managed.

We also went to the Forest Homecare office and spoke with a range of staff about the service. This included the director of operations, the training officer, a review officer, a quality monitoring officer and five staff members who provided care in the community. Following the inspection we also spoke with seven people and three relatives after the inspection visit complimenting the service about the exceptionally high standards of support provided.

We looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys. We also looked at nine staff files to see whether staff had been recruited safely and

looked at complaints and compliments received by the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People and their relatives told us they had confidence in the staff who supported them and felt safe when they received their care. They told us that on the whole the same group of staff provided their care, which meant that they knew and understood their needs and preferences. One person said, "I can honestly say that I feel safe and if I didn't I would say something."

The service had robust systems in place to keep people safe and staff were aware of their responsibilities to report any concerns to relevant external agencies. Staff received training on how to recognise signs of abuse and all the staff that we spoke with were confident in the action that they would take to protect people from harm. There was a whistleblowing policy in place and staff told us that they would not hesitate to use it if they had any concerns about their colleagues' care, practice or conduct. The director of operations had extensive experience in safeguarding and sat on the local safeguarding board. They used this knowledge and experience to support staff in their decision making and had made appropriate referrals to the local authority and the Care Quality Commission where concerns had been identified about people being at risk of harm or abuse.

Risk assessments had been completed to identify potential risk to people using the service and the staff supporting them. We saw that they provided clear instructions for staff members delivering the care in areas including; mobility; medication; personal care and nutrition. One person using the service had a urinary catheter in situ. Their care plan contained clear guidelines for staff about how mange the catheter, indicators that may suggest the person had a urinary infection and a checklist which staff completed on each visit.

The service had also undertaken assessments of the environment and any equipment used by staff when supporting people. Where potential risks had been identified any action taken by the service had been recorded. For example, following a personal and environmental assessment of a person's home staff had identified that there was no smoke detector present. Staff discussed the potential safety risks of this with the person and their relatives and the contact number for the home safety team was provided. The home safety team are a division of the fire service who provide home visits to look at potential fire safety issues and as part of which install smoke detectors free of charge.

To help determine if there were enough staff on duty at all times to meet the needs of people we looked at staffing rotas and spoke with staff and people supported by Forest Homecare. We found that staffing levels were appropriate and ensured a skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. All of the staff that we spoke with told us that they were allocated sufficient time to be able to provide the support people required. Everyone that we spoke with confirmed that they had never had a missed visit and that if staff were ever running late they were informed of this by the office or the staff member. The management team told us that service did not use agency staff to cover vacant shifts because they were able offer additional shifts to their permanent staff or use staff from other services within the organisation if the need arose. Staffing rotas confirmed this and we saw that no shifts were left uncovered. The director of operations told us, "We are

very careful that we only take a care package if we can meet a person's needs, that includes arrival time."

The service had a system in place for recording and monitoring accidents and incidents. Records showed that appropriate action had been taken to address issues and that lessons learned were shared with staff to mitigate the risk of reoccurrence. For example we saw that a member of staff had reported that they had injured their back whilst providing care to a person. Records showed that in response to this the person's manual handling risk assessment had been reviewed and clear guidelines were in place for staff to follow when providing care to this person. Plans were in place to advise staff about what action to take if an emergency situation arose. Each area team had an on-call rota to support staff overnight and at the weekends and staff told us that the system worked effectively.

A process was in place to ensure the safe recruitment of staff. We looked at the recruitment files of nine staff members. Files contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained job descriptions and a copy of the staff member's contract clearly stating the terms and conditions of employment, references and proof of identity. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with people using this type of service.

The service had a policy in place for the management of medicines. People's care plans clearly outlined what level of support they required with their medication. We saw that the service supported people with their medicines and when medicines were administered a record was made in the person's medication administration record, (MAR). Staff had also clearly recorded when a person had declined their medication and the reason why had been documented. In each person's home that we visited the medicines were stored safely and appropriately. People we spoke with told us they were happy with the support they received with their medicines and that they were given on time. Staff received medication training and were required to complete a workbook and have their competencies assessed to ensure they had the skills and knowledge to support people safely. Records showed that part of the care review carried out by the service was to check upon the medicines administration and to monitor the completion of the MAR sheets. Records showed that when concerns had been identified staff had requested a GP to review people's medication.

Good

Is the service effective?

Our findings

People consistently told us staff understood their needs and that they were happy with the care and support they received. One person told us, "I have no complaints about anything." Another person said, "They are all lovely ladies and very good at what they do." A relative told us, "We have peace of mind knowing that they are coming in."

Staff told were supported to access training which enabled them to effectively care for people using the service. The service employed a training officer who had developed an extensive and robust training programme. Records confirmed that staff were supported to access a variety of training sessions including, health and safety, fire, equality and diversity, first aid, medication and risk assessment. All of the training was provided in a class room setting. Staff told us that in order to provide effective care and to develop the team they were encouraged to further develop their own strengths and interests and we saw that staff had completed external training in areas such as palliative care, diabetes and team building. Senior staff were also supported to continually develop their skills and knowledge. The registered manager had completed a National Vocational Qualification (NVQ) level 5 in strategic management and other senior staff members had either completed or were working towards similar qualifications. An NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. In order to monitor the quality of the training being provided after completing their training staff completed evaluation sheets which were reviewed by the training officer once a quarter.

An established 12 week induction programme was in place to support new members of staff when they initially joined the organisation. As part of the programme new starters worked alongside more experienced colleagues for a minimum of three shifts before they provided care for people, this timeframe could be extended if the need arose. This ensured that new staff members became familiar with people's needs and how they wished their support to be delivered. Following the introduction of new staff members to people, the service contacted people and their relatives to ensure that they were happy with the care being provided. One relative explained to us that before a new member of staff had started to provide care to their wife they were first introduced to them and worked alongside a senior member of staff before they provided care alone. A staff member told us, "I would hope that new staff would feel that they could come and speak to any of us. We support staff until they feel comfortable to work on their own." To ensure that new members of staff had the correct skills and abilities to fulfil their roles they were enrolled on the Care Certificate and required to complete a detailed five day training programme which included sessions on manual handling, catheter care, the Mental Capacity Act, consent, safeguarding, communication and health and safety. One staff member told us, "It's not all about bums on seats it's about the quality of the staff we have out there."

We saw evidence that annual appraisals of staff performance had been completed and that staff had access to regular formal supervision sessions. These took the form of group supervision, observations of practice and one to one supervision. All of the staff members that we spoke with told us that they felt well supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal.

Some of the people using the service were not able to independently make important decisions about their

care and how they lived their daily lives. The manager understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people did not have the capacity to consent themselves we saw that the service had operated in line with the requirements of the MCA. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.

We saw that staff supported people to have enough to eat and drink and to make choices about what they ate and drank. The service had thought of innovative ways to support people who were cared for in bed to access drinks throughout the day. Staff told us how they had liaised with people's relatives to purchase drinks bottles with a long tube attached to them to enable people to have drinks accessible when staff were not present during the day. One relative told us how their family member, when asked, frequently refused food however, if staff presented food to them they would eat quite happily. We saw that this was clearly outlined for staff in their care plan and the relative had no concerns about their family member's food and fluid intake. If staff were concerned about a person not eating sufficiently their dietary intake was monitored. Staff told us that they would first discuss any concerns with the person and then bring it to the attention of the manager to determine if additional advice was required from healthcare professionals such as dieticians. We saw that any specialist advice received was carefully recorded in the person's support plan.

Care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw that staff had responded promptly to people's changing health needs and where concerns had been identified about a person's health staff had accessed and continued to liaise with the appropriate healthcare professional, such as the district nurse, continence nurse, occupational therapist and GP to support the person. Staff told us how they had worked in conjunction with an occupational therapist to reduce a person's anxiety when using the hoist and how they liaised with the district nurses to effectively manage people's continence and pressure areas.

Good

Is the service caring?

Our findings

People using the service and their relatives were extremely complimentary and enthusiastic about the staff and the care that they provided. One person said, "They are always very kind." Another person told us, "They look after me well and they treat me well and I can say that in all honesty." A relative said, "They are ten out of ten. They do a brilliant job. Whenever they come in they always bring a big smile to [relative's] face. They are all kind." Another relative told us, "They are all very caring. I have no complaints at all. They are all very kind, nice girls; they always have a laugh and a chat."

Staff empowered people to remain as independent as possible within their own home by providing the encouragement and support. We saw that people were given the opportunity to make choices about how they wished their care to be provided and that when people had difficulty in making these decisions staff supported them in line with the preferences outlined in their care plans. Staff provided kind, compassionate care and were passionate about their work and the positive impact that it had on people's lives. One person who used the service said, "If I need a hand or something different I just ask them." A staff member told us, "You don't just walk out because your half an hour is up. You try and work together to fix things, to do what needs to be done." Each person that we visited had a communication book in their home which staff used to communicate with relatives and visitors who also supported the person.

People we spoke with told us, and the response from care plan reviews confirmed, that they were happy with the care that they received. People told us that they did not feel rushed and that staff were respectful and maintained their dignity whilst providing care. We observed that staff engaged people in conversation and laughed and joked with them, as a result of which people were comfortable and relaxed in their presence. Staff knew people well and were aware of people's life histories and the impact that this had upon people's decisions as to how they wished to have their care provided. One staff member told us, "We just want to make sure that people are safe and receive person centred care and that they are supported to be as independent as possible." Another staff member told us, "Being a senior I like to see everyone so I know what is going on and I can help anyone if there is a problem."

People were supported to pursue activities which were important and meaningful to them. For example the service supported a person with a lower limb amputation who had previously served in the army. Staff had become concerned about their wellbeing and provided them with information about the British Limbless Ex-Serviceman's Association (BLESMA) which organises social events and provides employment support to people who have served in the armed forces. A member of staff, who themselves had served in the army, supported the person to attend a BLESMA open day where they were able to take part in various activities.

The management team ensured individuals were at the heart of their care. Staff told us how they had purchased a Christmas tree for a person who had no family support and was cared for in bed. They also described how they supported a person who suffered from vertigo, taking their time in between changing their position in bed to try and reduce their dizziness as much as possible. Vertigo is a condition where a person feels as if they or the objects around them are moving when they are not. Another person who was supported by the service had written to the local newspaper to highlight how pleased they were with the

care that they received. The message stated, "You hear about bad carers all the time but not the good ones, well I must say that I've got the best with Forest Homecare, they look after all my needs…..I couldn't wish for better."

Good

Is the service responsive?

Our findings

People using the service received person-centred care which enabled them to live their life in the way that they chose within their own home. Relatives that we spoke with praised the staff and the commitment that they showed to ensure the delivery of high quality care to their loved one. This included the registered manager driving the services 4x4 vehicle in the winter months to ensure that staff were able to continue to provide care to people living in particularly rural locations.

Prior to taking on new care packages the service contacted people to discuss their needs and wishes, to establish their expectations and to ascertain that the service was able to meet them. If people were in hospital at the time of referral a member of staff visited them to complete this assessment. The director of operations explained to us that the organisation was careful not to take on specialist care packages if they were concerned that they would not be able to meet the person's needs as this placed both the person and staff at risk. They told us, "We do what we do extremely well. We don't take on packages that we don't have the capacity for and that we don't have the skills to meet their needs." Within the first ten days of the initial visit review officers met with the person to discuss their support plan, review risk assessments and to ensure that their needs are being met. If any problems were identified during the visit the person was visited by the review team to discuss their care needs and how they could be met.

A process was in place to enable staff to respond to people's changing needs. Staff explained that if they were concerned about any changes in the needs of a person they completed 'carer concern' forms which were taken into the office and facilitated a review of the person's care. People supported by the service told us they found the office staff were quick to respond if they needed an extra visit or additional support or if they needed amendments to their care package. Staff also confirmed that if they were finding it difficult to complete people's care in the time that had initially been allocated they could highlight the problem and, if appropriate, the visit time was increased. One staff member explained how they assisted a person with showering however they had initially struggled to meet the person's needs effectively within the time allocated to the visit. They went on to tell us how they discussed this with the care co-ordinator and the length of the visit was increased to accommodate the person's needs.

Care records were person centred, informative and reflected people's current needs. They provided staff with clear guidelines about how people wished to be supported with their daily routines and personal care needs. Care plans were reviewed annually or more frequently if the need arose. Records showed that where appropriate family members were involved in the review process. The quality of the service provided and customer care satisfaction were all monitored during the review and we saw that the service had responded to the changing needs of people by updating care records and referring people to services, such as the falls clinic, for additional support and guidance. Records showed that where possible the service had responded to requests made during reviews, such as altering the time of visits, and that where it was not possible to do this an explanation had been provided and an interim plan was in place to ensure that people's needs were being met. One relative told us that their loved one had fallen out of bed. A low rise bed had been provided and their care plan had been updated to ensure that staff lowered the bed at night time.

Review officers, care co-ordinators and some senior care workers had completed an accredited trusted assessor course, which enabled them to assess, provide and fit basic daily living equipment such as raised toilet seats, rails and assistive technology. Assistive technology is any aid that can assist a person to live safely and well. In a person's own home it can enable a them to safely use domestic appliances and to summon help in an emergency situation. One of the review officers told us how they had arranged for a key safe to be fitted to a person's property when they were no longer able to get to the front door to let staff in. Another staff member explained how they were able to support a person to have the correct shower chair fitted when their housing association had initially installed one that did not meet their needs. This meant that people using the service had their needs assessed by staff who were working with them in the community and who consequently knew them well. In addition staff responded promptly to people rather than referring them to outside agencies and waiting for an assessment for the equipment.

Staff told us that they were kept well informed of any changes in people's needs or circumstances through their team meetings and weekly newsletters or if it was information that was urgent for staff to know prior to the person's next visit an email was circulated to staff. One staff member said, "They are very good at keeping us informed." This ensured they had up to date information about the care needs of people they support.

Due to the geographical size of the area that the service covered the office staff were split into locality teams. This meant that they knew the staff making the calls and were familiar with the service people received and so were able to efficiently and effectively deal with calls as they came into the office. During the inspection we observed staff dealing with calls from people using the service and found them to be polite and professional in how they responded to people.
People supported by the service and their relatives confirmed that they understood the service's complaint procedure and knew how to raise a concern or make a complaint if needed. Everyone that we spoke with was confident in the management's ability to respond promptly and appropriately to any concerns raised. The director of operations told us that the service had not received any formal complaints in the last 12 months. They went onto say, "The key thing is when someone raises an issues you need to get straight onto it and resolve it. Much more importantly we then review the situation and follow it up a couple of week later." The service had logged concerns that had been raised on 'carer concern forms'. Records showed that these issues had been resolved by review officers during care plan reviews and as such had not escalated into formal complaints.

Outstanding ☆

Is the service well-led?

Our findings

The service was driven by a strong and supportive management team. People, staff, relatives and health and social care professionals involved in the service were all consistently positive about the management team and how the service was run. One staff member told us, "It is a really nice company to work for. I love my job."

There was an honest and open culture embedded within the service which was driven from the top down. We spoke with the director of operations about the culture of the service. They told us the people they supported were at the centre of everything that they were trying to achieve. They went on to say, "I don't want to be indispensable. I want staff to know what to do and to be safe." Another staff member told us, "I think would I want you looking after my Mum?"

Although the registered manager also managed other services within the organisation they based themselves at the offices of the service and staff confirmed that they were a visible and supportive presence. Records showed that the director of operations and the registered manager worked closely together and there was a clear line of communication between them regarding the progress and oversight of the service. The registered manager was supported by an established management team who were knowledgeable and experienced. During the inspection they demonstrated that they were both familiar with the needs of the people that the service supported and understood the skill set of the staff that they employed. There were clear lines of responsibility and accountability within the structure and staff understood their role within the organisation and where to go to for advice and support. All the staff that we spoke with had confidence in the management team and were positive about the support and encouragement that they provided. Staff told us that they felt valued within the organisation and were empowered by the management team to make decisions and to progress into new roles within the service. One staff member told us, "I've had lots of opportunities to progress and grow."

The management team used innovative methods to develop and improve the service for the people using it by developing their staff's roles and responsibilities. They told us, "We do try and recognise staff potential and move them on as able." For example, staff had been supported to complete trained assessor courses to enable them to develop their own skills and improve the quality of the service delivered to people using the service. Senior care workers were also supported to work some of their hours within the office to enable them to gain a greater understanding of the care co-ordinators role. This also provided them with the opportunity to increase their skills and increase the opportunity to gain promotion when other roles within the organisation became available.

The management team held regular meetings to monitor and develop the service and in turn we saw evidence that this information was passed down to staff at team meetings. Formal management meetings were held on a quarterly basis and team meetings were held regularly and gave staff an opportunity to meet together and discuss and receive information about the service. Records showed that the management team provided regular feedback to staff about the service's performance in areas such as the management of complaints and the outcome of safeguarding alerts.

The management team were proactive and placed a strong emphasis on continually striving to improve their service in order to deliver the best possible care for people using the service. In order to achieve this systems were in place to assess and monitor the quality of the service. Regular audits were completed in areas including medication, complaints, training, staff supervision and reviewing care plan records. People supported by the service confirmed they were regularly visited and asked for feedback about the service they received. The views of people using the service were formally obtained through annual satisfaction surveys. People were asked a number of questions including if staff arrived on time and at a time that suited them and asking how the service could be improved. The surveys had been summarised and although feedback was generally positive each area had produced an action plan to address areas where people felt improvements could be made. A management team meeting was then arranged to review the action plans and ensure that the plans were implemented. One problem which had been highlighted was that people felt that they were not always being kept informed of any changes to their support arrangements; this was particularly a problem at the weekends when all telephone calls were diverted to the on-call telephone. In response to this the service had implemented a system whereby the on-call telephone was diverted to the office telephone on Saturday and Sunday mornings to enable office based staff to deal with routine telephone calls and to inform people if there was a problem and staff were running late.

The service had a quality monitoring team in place who were responsible for ensuring that any actions identified through care plan audits were implemented. For example, a problem had been identified with the administration of a person's medication because they were not always swallowing the tablets administered by staff. In response to this the person's medication risk assessment was reviewed to include guidelines for staff about how to support the person appropriately to ensure that their medication was taken correctly. The quality monitoring team liaised with staff to ensure that they were aware of the changes in the risk assessment. In addition to this quality management officers completed smaller satisfaction surveys once a quarter during which they met with people to review their care package to ensure that it was meeting their needs and audited the care and medication records kept in people's homes. This showed that the service listened and responded to the views of the people they supported and their family members.

The service had a statement of purpose in place which was seen to be adhered to. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals, and actively used their advice for the best outcomes for the people using the service.

To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations. At the time of the inspection the director of operations, in conjunction with the local hospital and the local authority, was involved in a project aimed at improving the sharing of information amongst the organisations with the ultimate aim of improving discharges into the local community. The director of operations also sat on the county safeguarding board as a representative for the care providers in the local area and used their knowledge and experience to provide help and support to managers from other services in the local area. Records showed that positive feedback had been received from health and social care professionals regarding the standard of care provided by the service. A social worker commented, "My professional opinion [is] that the approach of the carers is having a positive effect on [their] recovery post stroke. Although physically [they] still require significant support, [their] sense of wellbeing has been enhanced by the positive experience provided by the carers visiting."

The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). This information is used to monitor the service and ensure they respond appropriately to keep people safe. We saw that the information provided in the pack was correct and we saw evidence of it

being put into practice during the inspection. Records relating to people's care were accurate and up to date. Staff maintained daily records for each person, which provided information about the care they received, their health and the medicines they took.