

Help For Carers

South Thames Crossroads

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

This inspection took place on 22 March 2016 and was announced. The last Care Quality Commission (CQC) inspection was carried out in January 2015. At that time we gave the service an overall rating of 'requires improvement'. This was because some aspects of the way medicines were managed were not as safe as they should be and the quality of records maintained by the service was inconsistent.

South Thames Crossroads, which is a registered charity, provides support to approximately 500 carers living in the London Boroughs of Merton, Wandsworth, Sutton, Lambeth and Croydon. Staff employed by the organisation provide short respite breaks for carers by taking over the care and support tasks for people or children they care for. The breaks can be anywhere between a few hours a week or over a number of days. Approximately 80 adults and 60 children, with a wide range of health care needs and conditions, receive help with personal care and support from this service. The majority of people receiving this support were funded by their local authority but some people also pay privately for support from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

At this inspection we found significant improvements had been made in the way medicines were managed and in the way important information about people, and other records relating to the service, were maintained. People received their medicines as prescribed. Improvements had been made in the way staff maintained records each time they supported people with their medicines. There was appropriate guidance for staff to follow to ensure people received their 'as required' (PRN) medicines when they needed this. We also found other records maintained by the service were accurate and contained up to date information. Measures were in place to ensure these were consistently maintained to a good standard.

People and their carers told us they felt safe with the support provided by the service. Staff had been provided with the information and support they needed to take appropriate action to ensure people were protected if they suspected they were at risk of abuse and not harmed by discriminatory behaviour or practices. Risks to people's health, safety and wellbeing had been assessed by senior staff. Plans were put in place which instructed staff on how to minimise any identified risks to keep people safe from harm or injury.

The provider ensured people were supported by staff that were suitable and fit to work for the service. They carried out employment and criminal records checks on all staff. The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were monitored by senior staff to ensure people's needs could be met at all times.

Staff received relevant training to meet people's needs. Senior staff monitored training to ensure staff skills

and knowledge were kept up to date. Staff received supervision so that they were appropriately supported in their roles to care for people. Staff were provided opportunities to share their views about the quality of support people experienced and for their suggestions about how the service could be improved.

People and their carers told us their views were taken into account when staff assessed their care and support needs. Each person had a care plan which was reflective of their specific needs and preferences for how they wished to be cared for and supported. People and their carers said staff were able to meet their needs. Senior staff reviewed people's care plans regularly to ensure staff had up to date information about people's current care and support needs.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to support them to stay healthy and well. Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

The provider had clear goals and objectives about what people and their carers should expect from staff and the service in terms of service standards and conduct. The majority of people and carers we spoke with were satisfied with the care and support they received. People and their carers knew how to make a complaint if needed. People and their carers told us staff looked after them in a way which was kind, caring and respectful. People's right to privacy and dignity was respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

The provider had arrangements in place to ensure all people, including hard to reach communities, could access information, advice and support for carers and their family members. The views of people and staff were regularly sought about the service. Senior staff used this information along with other checks to assess and review the quality of service people experienced. There was regular communication from the senior staff team to people and their carers keeping them updated and informed about the service.

People, staff and others such as local authority commissioning teams had been consulted and engaged with, in deciding the changes the service needed to make in order to continuously improve. The provider was proactive in making improvements where these were needed. This included investment in new technology and resources which will provide staff with improved tools to support them in their roles.

Senior staff carried out checks of the service to assess the quality of care and support people experienced. Where there were any shortfalls or gaps identified the registered manager took responsibility for ensuring these were addressed promptly. Progress against these actions was discussed and reviewed weekly by the senior staff team. Information about current service standards and progress against action and improvement plans was shared with Trustees so that there was oversight and scrutiny at board level.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their roles and responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People received their medicines as prescribed. Improvements had been made in the way staff maintained records each time they supported people with their medicines. There was appropriate guidance for staff to follow to ensure people received their 'as required' (PRN) medicines when they needed this.

Staff were supported to identify and take appropriate action to protect people and children from the risk of abuse or from harm that could be caused by discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed and plans were put in place that instructed staff on how to ensure these were minimised.

The provider carried out appropriate checks to ensure staff were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs.

Good ●

Is the service effective?

The service was effective. Staff received training to support them to meet people's needs. They were supported by senior staff through a programme of supervision.

The service was working within the principles of the MCA. Staff were aware of their responsibilities in relation to the Act. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this so that appropriate support was sought.

Good ●

Is the service caring?

The service was caring. People said staff were kind, caring and respectful. The provider had clear goals and objectives about

Good ●

what people and their carers should expect from staff and the service in terms of service standards and conduct.

They had arrangements in place to ensure all people, including hard reach communities, could access information, advice and support for carers and their family members.

Staff ensured people's right to privacy and dignity was maintained, particularly when receiving personal care. They supported people to do as much as they could for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive. People and their carers were involved in discussions and decisions about their care and support needs. People's support plans reflected their choices and preferences for how this was provided. These were reviewed regularly by staff.

Where the service was responsible for this, staff supported people to engage in activities to promote their overall wellbeing and reduce the risks to them from social isolation.

The majority of people were satisfied with the care and support received. People knew how to make a complaint about the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well led. The views of people and staff were regularly sought about the service. Senior staff used this information along with other checks to assess and review the quality of service people experienced.

People, staff and others had been consulted and engaged in the changes the service needed to make in order to continuously improve. The provider was proactive in making improvements where these were needed.

There was regular communication from the senior staff team to people and their carers keeping them updated and informed about the service.

Records were accurate and contained up to date information. Measures were in place to ensure these were consistently maintained to a good standard.

South Thames Crossroads

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 checked 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 22 March 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as statutory notifications about events or incidents that have occurred, which they are required to submit to CQC. We also sent out questionnaires to people and their carers, staff and other community professionals involved in people's care and asked them for their feedback about the service. People's responses were analysed to provide us with a view about what people thought about the service.

During the inspection we spoke to the registered manager, the Chief Executive Officer, a service manager and a Trustee. We reviewed the care records of seven people using service, the records of five members of staff and other records relating to the management of the service.

After the inspection we undertook telephone calls to people using the service and spoke to nine people and 15 relatives who were people's primary carers. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

At our last inspection of the service in January 2015 when answering the key question 'is the service safe?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because some aspects of the way medicines were managed were not safe as they could be. We made a recommendation that the provider considers guidance from a reputable source on the management of medicines when reviewing their arrangements in this respect.

At this inspection we found significant improvements had been made in the way medicines were managed. In the last twelve months all staff had received training in medicines administration to refresh their knowledge and understanding in this area. Senior staff assessed staff's competency before they were able to provide this aspect of support to check they had the appropriate level of knowledge and skills to do this safely. Senior staff used meetings (supervisions) to discuss and review current practice so that any issues or concerns about this could be easily identified. All staff had received a copy of the provider's medicines policy and procedure so that they were informed of their role and responsibility for supporting people with their medicines, where they were responsible for this.

People and their carers told us they were happy with the way staff supported them with their medicines. One person said, "The carer writes things down on her chart and when the medication was changed they went through everything with us, double checked it all and then we signed to say it was all accurate." People's records contained information about their medical history and how, when and why they needed the medicines prescribed to them. Senior staff had introduced a new medicines administration record (MAR) since our last inspection. Where staff was responsible for supporting people with their medicines, they had completed a MAR which provided a clear and accurate record of what medicines were given and when. We saw no gaps or omissions in these records which indicated people received their medicines as prescribed. New guidance had also been introduced for staff to follow when supporting people with medicines prescribed 'as required' (PRN). PRN's are medicines which are only needed in specific situations such as when a person may be experiencing pain. This guidance prompted staff on the triggers to look out for to help them identify when people may be in pain and in need of their PRN.

People and their carers told us they felt safe with staff. One person said, "I get the same people and I feel very safe with them. I can't fault them." A relative told us, "[Staff member] never goes anywhere in the house without asking and making sure it's okay. She knows my [family member] has to have thickened drinks and is really careful to make sure that everything is done right. It gives me great peace of mind." Staff had been provided with the information and support they needed to protect people and children from the risk of abuse. This included receiving relevant training in safeguarding adults and children at risk. Training enabled staff to recognise and identify situations or circumstances in which people or children may be at risk of abuse and the action they must take to ensure people and children could be sufficiently protected. There was a clear reporting process for all staff to follow which outlined how and when to report their concerns and to whom. Senior staff had received advanced training in safeguarding adults and children at risk. They were clear about their responsibilities for ensuring concerns were reported immediately to the appropriate investigating local authority and for working proactively with other agencies to ensure people and children

received the appropriate protection and support.

Staff were also supported to ensure people received care and support which did not discriminate against them. They had received equality and diversity training which was focussed on how to ensure people were protected from the harm that could be caused by discriminatory practices or behaviours from others. This duty was reinforced through the provider's 'code of conduct policy' provided to all staff which set out how staff should ensure people's rights were respected and protected to ensure they did not suffer discrimination or abuse.

Information was accessible to all staff on how to protect people and children from injury or harm that could be caused from known risks. One person said, "I really look forward to seeing [staff member], he is more like a friend. He helps me to go to the toilet and is really careful to make sure that I don't fall." Another told us, "I have had some falls in the past which makes me nervous but whenever the carer helps me to move around, to the shower for example, he is so good and holds me so that I feel really safe. Records showed senior staff had assessed risks people and children faced as a result of their specific health care needs. These were assessed prior to people and children using the service and then reviewed annually or sooner if circumstances changed. Senior staff used the information from these assessments to develop guidance for staff on how to ensure identified risks were minimised when supporting people and children at home or in the community. For example, where people had reduced mobility that could put them at risk of falls, guidance was provided to staff on how they could minimise this risk by staying alert at all times when people were moving around their home.

The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. One person said, "[Staff member] is ever so thoughtful. She is always on time and on the rare occasion when she might be held up, she always phones to let me know she is running a bit late." Records showed people's specific needs had clearly been considered when planning care visits so that appropriately skilled staff could be assigned to meet these. For example where a person needed help to move and transfer in their home, two staff attended to ensure this was done safely. Staffing rotas were planned in advance and we noted in most cases people received support from the same members of staff so that people experienced consistency and continuity in their care.

The provider ensured checks were carried out on staff before they started work to ensure they were suitable and fit to support people. Evidence was obtained of staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed a health questionnaire which the provider used to assess their fitness to work. A relative said, "You can't be too careful about who is coming in. You hear all these horror stories and I know somebody who had money and credit cards stolen by carers but that has never even been a thought with Crossroads. I think that their people must have gone through all the right checks."

Is the service effective?

Our findings

People and their carers said staff were able to meet their needs. A relative said, "[Staff member] goes over and above what they need to do. He leaves everything spotless. He takes his shoes off as soon as he arrives and is very respectful of our home and our things." Another relative told us, "[Family member] can be very difficult and doesn't really get on with most people. At first we thought we'd be better having a man but after a little while they sent a lady and she is so good and now he wouldn't want anybody else. She notices how [family member] is and if she thinks he's not too well will suggest that we get the doctor." And another said, "[Staff member] is excellent and she always ask how I am as well which is nice. The best thing of all is that she focuses on [family member] and when I go out I can hear her chatting away to [them]."

Staff received training which enabled them to meet the needs of people and children using the service. People's and staff's responses from a recent survey undertaken by the provider indicated they were satisfied with the skills demonstrated by staff in meeting people's needs. Records showed staff attended training in topics and subjects that were relevant to their work. This included training in medicines administration, first aid, infection control, moving and handling, health and safety and food hygiene. Where people or children had specific needs, specialist training was provided to staff to ensure they were properly supported. For example staff had been trained to support people with a PEG (percutaneous endoscopic gastrostomy) tube. A PEG tube introduces food, fluids and/or medicines via an individual's stomach and commonly used when people are unable to swallow or eat enough and need long term artificial feeding. Senior managers monitored training to ensure staff were up to date with their training needs and attended refresher training to update their skills and knowledge.

People and children were cared for by staff who were supported in their roles by senior staff. Senior staff used supervision meetings to discuss current work practices and to provide opportunities for staff to raise any issues or concerns they had about these. Supervision meetings were planned in advance and staff were notified when these were taking place to ensure their attendance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. Any application to do so for people living in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Records showed senior staff considered and assessed people's capacity to make specific decisions about the care and support they required. There was evidence of involvement and discussions with people and their carers about the support needed and the decisions people made about this were documented. Where people lacked capacity to make specific decisions there was involvement with their carer's and relevant care professionals to make these decisions in people's best interests. Staff received training in the MCA so they

were aware of their roles and responsibilities in relation to the act.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to meet their needs. A relative said, "The [staff member] doesn't need to see to any meals because I do all of that but she does make sure that my relative gets plenty to drink which is important and everything is written down as well." Senior staff obtained information from people and their carers about their dietary needs and how they wished to be supported with these. Staff documented in people's records the meals they prepared and how they supported people to eat during their visit. They also recorded how much people ate or drank. These records indicated meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to stay healthy and well. They documented their observations and notes about people's general health and well-being and shared this information with all the people involved in people's care and support. Where they had concerns about an individual's health and wellbeing we noted they notified people's carers and senior staff promptly so that appropriate support and assistance from others, such as the GP, was sought. One person said, "[Staff member] will tell me anything I need to know and will leave a note for my [relative] as well if there is anything she thinks is really important for [them] to know."

Is the service caring?

Our findings

People and their carers said staff that were kind and caring. Comments we received included, "The [staff member] is just a lovely person... We keep having them because she is so lovely."; "[Staff member] never says no. She goes the extra mile for me and I couldn't do without her. I would recommend this company to anybody who asked."; "It's lovely to see how [staff member] is with [family member]. She couldn't be kinder. I have to say that she's my lifeline."; "It really makes [family member's] day when the [staff member] comes. They always have a bit of banter and the [staff member] listens to his stories – even though he repeats himself - they never say, I've heard that before which I really like."; "[Staff member] takes so much time with my relative helping [them] do the crossword and playing the kind of music that [they] like. They have really good conversations and he is always very gentle and kind." And "[Staff member] is excellent and she always ask how I am as well which is nice. The best thing of all is that she focuses on [family member] and when I go out I can hear her chatting away to [them]."

All the people that responded to our questionnaire agreed that staff were kind and caring. Similarly, the provider's own checks of the views of people and their carers about the service showed the majority of people felt staff were caring and kind. In a consultation and engagement exercise the provider undertook with people, staff and others such as local authority commissioning teams, the caring nature of staff was identified by people as one of the key strengths of the service.

The provider had clear goals and objectives about what people and their carers should expect from staff and the service in terms of service standards and conduct. This included being involved and listened to, encouraged to make choices, having their privacy and dignity respected and being supported to be as independent as possible. Records showed people and their carers were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People and their carers were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

The provider, in addition to providing respite services for carers, worked in a consortium with other organisations and charities to operate 'Carers Hubs' in the local community. These were located in the London Boroughs of Lambeth and Croydon, and specialised in providing information, advocacy, advice and emotional support to carers and their family members. People and their carers were provided with information about how and when they could access the services offered and the benefits this support could provide in terms of promoting people's overall health and wellbeing. People and their carers were also signposted to other forms of support that could help improve the quality of their lives such as maximising take up of welfare benefits they may be entitled to. Specialist support for people with learning disabilities or mental health needs could also be obtained through the hubs.

The provider engaged with hard to reach communities, such as refugees, asylum seekers, black and ethnic minority people and lesbian, gay, bisexual and transgender (LGBT) people, to support them to access information, advice and support for carers and their family members. The provider obtained funding from The Big Lottery to do this and set up "The Beyond Barriers Mentoring Project" aimed at providing a

volunteer mentoring service to support people who may be reluctant to use agencies or services. This may be because they may not consider themselves as carers, even though they may be caring for have cared for someone with health care needs. This service was available to people and their carers to access in the London Boroughs of Merton, Lambeth, Croydon, Sutton and Wandsworth. The project had already achieved positive outcomes for some of the people that had accessed this service. For example, the carer of one of the people using the service was supported to learn how to make video calls over the internet to family members abroad. This helped them to maintain a valuable emotional support network as they had few family and friends in this country that could provide this.

People and their carers said they were treated with dignity and respect and staff maintained their privacy. One person said, "I was unsure about having people do intimate things for me but [staff member] is very patient, kind and considerate. For example, when they are washing me, they always give me a towel to cover myself so that I'm not sitting there naked. I am so happy with my carer." From completed questionnaires we asked people and their carers to complete prior to the inspection we noted all the people that responded agreed that staff treated them with dignity and respect.

People were encouraged to be as independent as they could be when they received care and support from staff. In people's care plans there was good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example where people were supported to wash and dress staff were prompted to ensure people could do as much of this as they could and wanted to do and only stepping in to help finish what people were unable to do themselves.

Is the service responsive?

Our findings

People were involved in planning their care and support needs. A relative told us, "We had a lot of input into the care plan and they totally respect our wishes. My [family member] is having palliative care and we have made it very clear that [they] must not go into hospital unless it is completely unavoidable. We are extremely lucky because they understand how we feel." Records showed, prior to using the service, senior staff met with people and their carers to discuss the care and support they required. Information from these meetings was then used to develop an individualised plan of care and support for people. These care plans contained information about people's life histories, likes and dislikes and their preferences for who they received support from and when.

People's care plans set out how their needs should be met by staff, for example the support people needed to washed and get dressed each day. People told us their care and support needs were reviewed with them regularly and they were able to discuss any changes they wanted to the support they received. Records showed these were reviewed annually or sooner if there had been a change in people's circumstances. Where any changes were identified to people's needs, their records were updated so that staff had access to up to date information about how to support them.

Where staff were responsible for this, people were encouraged to take part in activities to promote their overall wellbeing. One person said, "What I do like is the way [staff member] always asks if I want something doing. He doesn't try to tell me what to do although he does encourage me and says go on give it a try – exercises for example. If I really don't want to he doesn't push it." People's care plans contained information about their interests and hobbies and how people could be supported to pursue these. For example we saw from one person's care plan it was documented that they liked to listen to particular shows on the radio every day. Notes recorded by staff from their visits described how they had supported the person to listen to the radio and then encouraged to talk about the show afterwards.

People and their carers were also provided with information and news about social activities and events held in the community which they were encouraged to participate in. For example people were encouraged to join in with activities and events taking place through the 'Carers Hubs' such as coffee mornings, pub and cinema clubs and trips to the theatre.

The majority of people and carers we spoke with were satisfied with the care and support received. One person said "I'm absolutely happy." Another told us, "I'm very happy. I trust the carer totally and that is most important." People and their carers knew how to make a complaint if they were unhappy with the service. They had been provided appropriate information about what to do if they wished to make a complaint about the service. The service had a complaints procedure which set out how people's complaint would be dealt with and by whom. This was accessible to people in their service user guide, provided to them when they first started to use the service. Records showed where people had made a complaint these were investigated by a senior staff member and a detailed response was provided which included the action the service would take to address people's concerns.

Is the service well-led?

Our findings

At our last inspection of the service in January 2015 when answering the key question 'is the service well led?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found the quality of records maintained by the service was inconsistent.

At this inspection we found significant improvements had been made in the way important information about people, and other records relating to the service, were maintained and managed. The senior staff team had completed their review and update of all records which they had started at the time of our last inspection. Our checks of people's records, staff files, the service's policies and procedures and other records relating to the management of the service showed these were well maintained, up to date and accurate. They were easily accessible to staff when they were needed, yet stored safely. Measures had been introduced to ensure records remained up to date and accurate. For example the registered manager told us they used IT systems to produce reports that would identify when people were due for a review of their care and support needs, to ensure these were done in a timely manner. They also said the quality of records were checked and reviewed by senior staff through audits to ensure these were being maintained to a good standard. Checklists completed by senior staff on files confirmed this.

Since our last inspection the acting Head of Care at that time had been appointed the new registered manager for the service. They demonstrated a good understanding of their role and responsibilities particularly with regard legal obligations for ensuring compliance with CQC registration requirements and for submitting statutory notifications of incidents and events involving people and children using the service. The registered manager informed us that the service was being renamed from 1 April 2016 as 'Help for Carers'. They had completed the necessary paperwork with CQC to notify of the name change, although this will have no effect on the provider's companies house registration number or their registered number with the Charities Commission.

People and their carers were positive about the management of the service. One person said, "I've had no problems at all. I know a few people who all have Crossroads and we would all recommend them to anybody. I hope nothing gets changed because I wouldn't want anybody else. That's my only fear to be honest." Another told us, "They do try very hard to be accommodating and are very sympathetic and understanding."

Senior staff promoted a culture that was open and welcoming of people and staff's views about the service. They used a range of methods to enable people and staff to do this, such as undertaking unannounced spot checks on staff, telephone calls to people and their carers and asking people and staff to complete annual surveys rating their satisfaction with the service. They held regular meetings with staff which provided opportunities for them to share their views about the service. These checks gave senior staff good information about the quality of care and support provided to people and any issues or concerns people and staff had about this.

There was a regular programme of communication and information sent to people and their carers. These consisted of newsletters and letters from senior managers in the organisation which provided useful and informative information for people, about the service. For example newsletters provided people and their carer's information about services, events and social groups which they could access in the community. One relative said, "Communication is really good. I only ever contact the office if I need to change visits but there is never any problem."

People and others were proactively involved in developing the service. After our last inspection, an external consultant was brought in by the provider to analyse the service's strengths and weaknesses and to identify opportunities for how the service could be improved. As part of this exercise people, staff and other key stakeholders such as local authority commissioning teams were engaged and consulted about how the service needed to develop in order to continuously improve. People's ideas and suggestions about this had been used by senior managers to develop an improvement plan for the service.

During our inspection we looked at some of the improvements introduced by the provider in response to the consultation exercise. For example the service was currently piloting a new care plan and records system that staff would be able to access via tablets during scheduled visits. This would enable them to access and record information in real time so that they had the latest information about people's care and support needs available to them. The system could be monitored by senior staff in the main head office to ensure that people received their care and support as planned. The registered manager told us one of the benefits this would provide immediate opportunities to respond quickly when there was an issue or concern about the support an individual received. For example where people should have received their medicines during a scheduled visit but this was not recorded by staff, an immediate alert would be sent to senior staff to enable them to investigate quickly why this had happened.

Other improvements being introduced included a new call monitoring system that would enable senior staff to record calls to and from the service for quality monitoring purposes. The provider had also purchased 'homecare worker handbooks' for all staff from the United Kingdom Homecare Association (UKHCA). These handbooks were intended to complement staff's current knowledge and skills and act as a reference book for key aspects of the provision of care and support to people using the service.

The provider carried out their own checks of the service to assess the quality of care and support people experienced. Trustees from the organisation had recently carried out a review of the service and shared their findings with senior staff. Where there were any shortfalls or gaps identified the registered manager took responsibility for ensuring these were addressed promptly. Progress against these actions was discussed and reviewed weekly by the senior staff team. Information about current service standards and progress against action and improvement plans was shared with Trustees so that there was oversight and scrutiny at board level. The senior staffing structure that was new at the last inspection was now well embedded and there were clear lines of reporting and accountability throughout the service.