

Abbeyfield Wey Valley Society Limited

Wey Valley House

Inspection report

Mike Hawthorn Drive
Farnham
Surrey
GU9 7UQ

Tel: 01252735522

Website: www.abbeyfieldweyvalley.co.uk

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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

Wey Valley House is a care home without nursing for up to 26 older people and a home care service for people living in their own homes in the local community. There were 22 people living in the care home at the time of our inspection. Twenty-five people were receiving support from the homecare service, 17 of whom received personal care.

People's experience of using this service:

People received their care from kind and compassionate staff who knew them well. There was a friendly, inclusive atmosphere in the home, which relatives and professionals told us benefited the people who lived there.

People had access to a wide range of activities and outings and had opportunities to access their local community. People's friends and families were made welcome and were encouraged to be involved in the life of the home.

People enjoyed the food at the home. They were encouraged to contribute to the menu and their feedback was listened to.

Staff supported people in a way which maintained their dignity and respected people's decisions about their care. People were encouraged and supported to maintain their independence.

People were supported to maintain good health and to access healthcare services when they needed them. Staff worked well with other professionals to ensure people's needs were met. Risks were assessed and managed effectively. Medicines were managed safely.

Staff had the induction and training they needed to carry out their roles. The provider sourced additional training if necessary to ensure staff had the skills to provide people's care. Staff had opportunities to discuss their performance and training needs through regular supervision with their managers.

There were enough staff available to keep people safe and meet their needs. Staff attended safeguarding training and understood their role in protecting people from harm. The provider's recruitment procedures helped ensure only suitable staff were employed.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team maintained an effective oversight of the service, which ensured people's care was well-planned and delivered. The provider's quality monitoring systems ensured that key aspects of the service were checked and audited regularly.

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

Rating at last inspection

At the last inspection the service was rated Good (published 2 September 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Wey Valley House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection of the care home on 6 February 2020. One inspector carried out the inspection of the home care service on 13 February 2020.

Service and service type

Wey Valley House is a 'care home' and a domiciliary care agency, which provides personal care to people living in their own houses and flats. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection of the care home was unannounced. The inspection of the home care element of the service was announced.

Before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who lived at the care home, three relatives and two visiting professionals. We also spoke with nine staff, including the chef, care staff, activities staff and the registered manager. We visited one person receiving the home care service and spoke to two others and three relatives by telephone. We received feedback from five home care staff via email.

We looked at care records for five people at the home, including their assessments, care plans and risk assessments. We read minutes of staff meetings and residents' and relatives' meetings. We checked five staff recruitment files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

After the inspection

The provider sent us further supporting evidence by email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely. One person told us, "I feel very safe with the staff; I know they have my best interests at heart." A relative of a person receiving home care said, "It was by watching the carers that I learned how to do things properly."
- Risk assessments were carried out to identify and manage any potential risks to people. Where risks were identified, there was clear guidance for staff to follow to reduce the risk of harm. Areas assessed included medicines, moving and handling, skin integrity and eating and drinking. The home care service assessed the environment in which care was provided.
- Risk assessments had also been carried out to reflect people's individual needs. For example, one person had a risk assessment in place which supported them to access the local community independently. Another person had a risk assessment in place as they had been prescribed blood-thinning medication.
- Healthcare professionals said staff used risk assessments proactively to identify any risks to people. One healthcare professional told us, "If staff are concerned about someone developing a pressure ulcer, they will always have completed a risk assessment by the time we visit to assess the situation."
- The provider maintained appropriate standards of fire safety. There was a fire risk assessment in place for the home and a personalised risk assessment to identify the support each person would need in the event of a fire. The home care service checked standards of fire safety in people's homes and had developed an individualised fire safety plan for each person. The service manager had contacted the Fire and Rescue Service regarding visits to people in their homes for fire safety advice.
- Any equipment used in people's care, such as slings, hoists and adapted baths, was checked and serviced according to manufacturer's guidelines. Staff attended training in the use of equipment to ensure they provided people's care safely.
- The provider had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency.

Staffing and recruitment

- There were enough staff available to meet people's needs and keep them safe. People told us they did not have to wait when they needed care and support. One person said of staff, "They are there when you need them." A relative told us, "There always seem to be lots of staff around engaging with the residents."
- Staff told us they had time during their shifts to engage with the people they cared for. One member of staff said, "Staffing levels are pretty good. I have time to stop and chat with the residents, which I think is a really important part of the job." Another member of staff told us, "Yesterday it took me an hour and a half to help [person] eat her lunch. You have time to do that here; there is no rush or pressure."

- The number of staff required on each shift was calculated based on people's assessed needs. This calculation was reviewed regularly to ensure staffing levels took account of any changes in people's needs.
- People receiving home care told us they could rely on their care workers. They said staff time-keeping was good and that staff always stayed for the scheduled length of their visits. One person told us, "They are almost always on time." Another person said, "They are very punctual."
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The provider audited staff recruitment records to ensure that all relevant checks had been carried out and appropriate documentation obtained.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse and poor treatment. Staff said they felt able to speak up if they had concerns and were confident any issues they raised would be taken seriously. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas.
- There was evidence of learning when adverse events occurred. Accidents and incidents were recorded and analysed to identify any actions needed to prevent a recurrence. For example, potential contributory factors were assessed if a person had a fall, including medicines, cognitive deterioration and any underlying healthcare conditions. Any learning identified through this analysis was shared with staff at team meetings.

Using medicines safely

- Medicines were managed safely. People told us staff helped them take their medicines when they needed them. Relatives said staff managed this aspect of their family member's care safely. One person told us, "The carers help me with my medication; they don't let me forget about it."
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent.
- Staff were alert to any potential medicines errors and had acted when necessary to prevent them. For example, the home care service had identified a medicines error in the medicines delivered to a person by the pharmacy. This had prevented the person from taking the wrong medication. A healthcare professional said of staff, "They are very switched on when it comes to medicines; their documentation is very good."
- People were safely supported to manage their own medicines if they wished. No-one was receiving their medicines covertly (without their knowledge) at the time of our inspection. If people decided not to take their prescribed medicines, staff recorded this and contacted a GP for advice.
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Each person had an individual medicines profile and there was guidance in place for homely remedies and medicines prescribed 'as required'.
- Medicines management was audited regularly as part of the provider's quality monitoring procedures. Home care staff recorded medicines administration electronically, which enabled managers to maintain an oversight remotely.

Preventing and controlling infection

- Staff kept the home clean and hygienic and maintained appropriate standards of infection control. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home and infection control audits were carried out regularly. People who received home care told us staff helped them keep their homes clean.
- Staff attended infection control training in their induction and regular refresher training. They had access

to personal protective equipment, such as gloves and aprons, and we observed that staff used these appropriately.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access healthcare services when they needed them. Managers and staff worked effectively with other professionals involved in people's care.
- Professionals told us staff knew people's needs well and followed any guidance they put in place. One professional said, "Staff give me a good handover when I arrive and schedule the next appointment before I leave. I am confident that they follow my instructions." Another professional told us, "It feels like we work in partnership with the home. It is important to pool our knowledge and skills to benefit residents."
- The home care service communicated with healthcare professionals on some people's behalf, which had resulted in good outcomes for people. For example, the home care service manager contacted the community nursing team when staff observed redness on a person's skin. The community nursing team carried out an assessment and implemented a treatment regime, which prevented the person's skin deteriorating.
- Relatives said staff communicated well with them about their family member's health and well-being. One relative told us, "They organise [family member's] appointments and let me know, then I pop in and take him." Another relative said of staff, "They are on top of things. They keep in contact with me and tell me what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the home. They said they were encouraged to contribute ideas to the menu and that their feedback was listened to. One person told us, "The food is good. If you don't like what's on the menu, they'll make you whatever you want." Another person said of the food, "It's all home-made, you know. You can request something special at the residents' meeting."
- The home's catering arrangements had recently changed. An external provider of meals to care homes had been replaced by an in-house catering team. Relatives told us this had led to an improvement in the quality of food. "They have had a change in the kitchen arrangements. The food has improved a lot."
- Staff made the lunchtime meal a relaxed and enjoyable experience for people. They checked people were happy with the meal they had chosen when it arrived and offered them alternatives if they were not. People who needed assistance to eat were supported by staff in a dignified and unhurried way. People who were supported with meals at home told us they were happy with this aspect of their support.
- People's needs in relation to nutrition and hydration were assessed and, if necessary, a care plan put in place to address them. There were guidelines in place for people who had specific dietary needs, which were communicated to catering staff.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to carry out their roles effectively. New staff had an induction, which included mandatory training and shadowing colleagues. One member of staff told us, "I had a thorough induction and did lots of shadow shifts before being signed off." Another member of staff said, "Shadowing has helped me get to know the residents. You don't want to provide someone's care without getting to know them."
- Staff told us they had access to the training they need to meet people's needs. Refresher training in mandatory areas took place regularly and staff said additional training was if they requested it. One member of staff told us, "If there is anything we feel we need more training on, they will arrange it."
- Staff met with their line managers for one-to-one supervision, which provided opportunities to discuss their performance, training and development needs. One member of staff told us, "We get good support. I had supervision a few days ago. It's useful because you can talk about anything you're struggling with or any training you want to do."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the home to ensure staff could provide their care. Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.
- Staff shared information about people's needs effectively. Staff beginning their shift always had a handover, which ensured they were up-to-date with any changes in people's needs.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in accordance with the MCA. People were supported to express their views and wishes about their care and staff respected their decisions. The provider consulted other relevant people, such as relatives with Lasting Power of Attorney, when decisions about people's care were made.
- Staff attended training in the MCA and understood how its principles applied in their work. People confirmed staff asked for their consent before they provided their care and support. Staff understood the importance of promoting and respecting choice on a day-to-day basis. One member of staff told us, "We know their routines but if they want something done differently one day, that is their choice."

Adapting service, design, decoration to meet people's needs

- The home had comfortable communal areas and a well-maintained garden. Adaptations and equipment were in place where necessary, including adapted bathroom facilities. People's bedrooms were personalised according to their tastes and preferences.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People told us staff were kind, caring and compassionate. Comments made by people living at the home care included, "The staff are very nice. They look after people very well", "The staff are wonderful" and, "You couldn't wish for better staff." Comments made by people who received home care included, "I am extremely happy with their care", "I am very satisfied with them, they are very helpful" and "They are very nice girls; they all try their best."
- Relatives also spoke highly of the care provided by staff. One relative told us, "I cannot fault the staff. [Family member] is very happy here." Relatives of people receiving home care told us their family members had formed positive relationships with their care workers and enjoyed their company. One relative said of their family member's regular care worker, "She is absolutely brilliant. [Family member] gets on very well with her." Another relative told us that when staff visited their family member, "I hear them laughing and joking."
- Relatives told us staff supported them as well as their family members. One relative said of staff, "I know all of them and they know me, which is nice. They have looked after me and my Dad." Another relative said, "Staff are first class. They not only think about [family member], but about the family too because they realise there are two parties who are going through this major life change." The relative of a person receiving home care said the service had provided much-needed advice when care had to be arranged at short-notice. The relative said, "Abbeyfield lifted a burden off my shoulders. They helped me then and they still do now."
- People and their relatives told us the home had a friendly, welcoming atmosphere. One person said, "I am very happy here. It is my home." Another person told us, "I chose to live here and it was a very good choice."
- A relative said the friendly, inclusive atmosphere in the home had benefited their family member. The relative told us, "[Family member] has improved since he moved here with the support he's been given, partly just having someone to talk to because he was living on his own. They engage with him and he has a laugh with them."
- Professionals confirmed that people lived in a positive, supportive environment. One professional told us, "People tell me how well cared for they are here. There is a very relaxed and happy atmosphere." Another professional said, "There is such a positive feeling here every time I visit. Staff look like they genuinely love their job."
- Staff spoke positively about their roles and the people they cared for. One member of staff told us, "The residents are what we are here for. The residents are paramount." Another member of staff said, "I think it is a happy home. The residents are very well looked after and I think we make a difference to people's lives."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people in a way that was friendly yet respectful. We observed that staff offered people choices and respected their decisions. If people needed personal care during our inspection, staff provided this in a way which maintained people's dignity.
- People told us staff treated them with respect and said they could have privacy when they wanted it. One person told us, "I am quite a private person and they respect my wishes and are not intrusive."
- People received their care from familiar staff who knew their needs. Many staff who worked at the home had been employed for some years and people receiving care at home were supported by consistent staff. The relative of a person receiving home care said, "We had a variety of people in the beginning but now things have settled down. We see the same carer almost every day except when she is on holiday. The others have been good too. We are very lucky to have the carers we have." Another relative told us new care workers were always introduced by an existing care worker before they provided their family member's care. the relative said, "It is very important that if a new person comes to see [family member] that they are introduced first and they do that."
- People's religious and cultural needs were known and respected. Communion services were held in the home each month for those who wished to attend.
- Staff said they were encouraged to support people in a way which promoted their independence. One member of staff said, "If they can do it, we promote them doing it, so we might give them the flannel to wash their face to make sure they are still involved with their care." Another member of staff told us, "They said to me in my induction, we encourage people to do what they can for themselves. It is very much focused on self-help. Some homes you just don't have the time [to do that] but here you do."
- People were supported to manage aspects of their own care where this was important to them. One person who received home care wished to continue managing their own medicines but a risk had been identified in relation to this. The home care service negotiated additional visits with the person's funding authority which enabled staff to check the person was managing their medicines safely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and reflected their individual needs. They considered all aspects of people's care, including health, mobility, personal care, nutrition and hydration, and tissue viability.
- People and their relatives were involved in the development of their care plans. People were encouraged to highlight their likes and dislikes to ensure their care reflected their preferences.
- Care plans contained clear guidance for staff about how people's support should be provided. They were reviewed every month, unless people's needs changed, in which case an earlier review was scheduled.
- People who received home care told us the service was flexible and responsive to their needs. They said the service always tried to accommodate any requests for changes. One person told us, "Once in a while I ask for an extra visit. They have always been totally responsive."
- The relative of a person receiving home care said they valued the flexibility of the service highly. The relative told us, "I can get additional help [for family member] if I need it. If I have been ill or have had to go out for more than two hours, I get them to come in at lunchtime. It is a great reassurance."

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

- People told us they enjoyed the range of activities and outings available at the home. One person said, "I enjoy the trips." Another person said, "I like the whole package; I do Pilates and Tai Chi and the outings are very good. There are lots of volunteers who help and we go out to garden centres, formal gardens and for afternoon tea."
- Relatives told us their family members benefited from the availability of activities and outings. One relative said, "They have got the minibus and they have lovely activities in the summer; days out, trips on the river, garden centres, shopping, visiting stately homes."
- Staff encouraged people to participate in activities but respected their decisions if they chose not to. A relative told us, "They do their utmost to get [family member] to join in and he has started to [join in] more, which I think is good for him." A person living at the home said, "I prefer to spend time on my own but there are always things going on."
- The activities programme was supported by an established team of volunteers. This included supporting people who used wheelchairs to attend outings and helping to organise in-house activities.
- People were encouraged to give their views about the activities programme. Activity coordinators attended residents' meetings to hear people's feedback and ideas for new activities.
- The service had a strong community presence and was involved in the town's annual carnival as well as organising a charity fun day annually. These events provided opportunities for people to meet and engage with others from their local community. Staff told us they often accompanied people on a one-to-one basis to, for example, shops, cafes and libraries.

- People were protected from the risk of social isolation. Activities co-ordinators visited people in their rooms to ensure they did not become isolated and volunteers provided companionship on a one-to-one basis for people who wanted it.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured that important information was available to people in accessible formats. For example, the complaints procedure had been produced in Braille and large print and a hearing loop system had recently been ordered. One person's welcome pack had been translated into their first language when they moved into the home.
- People were supported with their individual communication needs. Two people who had a hearing impairment used amplifying headphones which helped them engage more fully with other people and their surroundings. One person receiving home care communicated with staff using gestures and communication cards.

End of life care and support

- The service was not providing end-of-life care at the time of our inspection. Care staff attended end-of-life training and the service had access to specialist support from a local hospice.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. People and relatives told us they knew how to make a complaint and said they would feel comfortable doing so if needed.
- The complaints record demonstrated that complaints had been investigated and responded to appropriately.
- Complaints and the responses to them were monitored by the management team to ensure action was taken to address people's concerns.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us the service was managed well. They said they could always speak to the registered manager or a senior member of staff when they needed to. Relatives told us communication with them was good. They said staff kept them informed about their family member's well-being and they could obtain information when they needed it. One relative told us, "It is very well-run, right from the top." Another relative said, "The communication is very good. I know they will phone me if there is anything I need to know."
- Staff said they received good support from their managers to carry out their roles. They told us managers were approachable and supportive. One member of staff said of the service's managers, "If we have got any issues, we can approach them. They have got an open door." Another member of staff told us, "All the managers are approachable; I can go to any of them. None of them are ever too busy [to see staff]."
- Staff and managers were aware of the provider's vision and expectations of them in terms of their values and behaviours. Information about the provider's vision and core values were provided to staff and discussed during induction. The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- The provider maintained an effective oversight of the service, which ensured people's care was well-planned and managed. Key areas of the service were checked and audited regularly. These included accidents and incidents, medicines, infection control and health and safety. Any untoward events that occurred were reviewed to ensure learning and improvements took place. The provider's Trustees also carried out regular quality checks, which included checking that any areas identified for improvement at previous visits had been addressed.
- The home care service used an app-based monitoring system, which enabled the office to track call completion in real time. The home care service manager and senior care worker carried out spot checks on staff, which monitored the quality of care people received. Spot checks assessed staff practice and the way in which they engaged with the person they were supporting. Staff received feedback following spot checks, including about any areas in which they could improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to give their views about the care and support they received. Residents' meetings were held regularly at which people were encouraged to give their views about any aspect of the

service they wished to discuss.

- The provider distributed satisfaction surveys to people who used its services and other stakeholders. The most recently-returned surveys contained positive feedback about the service, in particular highlighting the quality of care provided by staff. Where people had suggested improvements, the registered manager had taken action to implement them. For example, one person said they sometimes felt rushed when receiving their care. The registered manager had addressed this with staff in a team meeting.
- People who received home care said the service manager or senior care worker contacted them regularly to ask for their feedback. One person told us, "[Registered manager] did a review recently." Another person said, "[Senior care worker] comes to see us quite often; she asks us how things are going."
- Staff felt valued for the work they did. They told us managers acknowledged their efforts and supported them to develop and progress. One member of staff said, "The charity encourages career progression at every level and allows you the freedom to grow and develop. The manager looks after our well-being and has supported me through professional and personal challenges, I doubt I would be still working here today without that." Another member of staff told us, "I feel valued. We get asked if we've got any problems or if there is anything we want to talk about. If it's personal or private, [registered manager's] door is always open. It's a good company to work for."
- Staff meetings took place regularly and were used to ensure staff provided people's care in a safe and consistent way. For example, minutes demonstrated that previous meetings had been used to discuss training, recording, health and safety, hydration and oral health. Staff told us they were encouraged to give their views about how the service could be improved and to raise any concerns they had. They said any issues they raised were responded to.

Continuous learning and improving care; Working in partnership with others

- The provider had nominated 'champions' in areas including nutrition, hydration, dementia, dignity and infection control. The champions' role was to improve staff practice, and therefore outcomes for people, in these areas. The provider's Care Quality Coordinator supported the champions in their roles and had begun to source relevant training.
- The provider had implemented national initiatives, which had improved outcomes for people. For example, the service had implemented the 'Red Bag' scheme, which aims to improve communication between care homes and medical staff in the event of a hospital admission. The bag contains information about a person's health, medical conditions and medication, which means hospital staff can determine the treatment a resident needs more effectively. The service had also introduced the National Early Warning Score (NEWS), which monitors six physiological parameters to identify when clinical intervention is necessary.
- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, community nurses and occupational therapists. Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.