

Caring Forever Limited

# Caring Forever Limited

## Inspection report

Unit 33  
Ellough Industrial Estate, Ellough  
Beccles  
Suffolk  
NR34 7TD

Tel: 01502712088  
Website: [www.caring-forever.com](http://www.caring-forever.com)

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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

Caring Forever Limited is a family run small domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Where they do we also take into account any wider social care provided.

We carried out an announced comprehensive inspection of Caring Forever Limited on 7 and 9 March 2018. This was in response to our previous comprehensive inspection on the 31 May and 8 June 2016, where we rated this service as overall Requires Improvement. The key questions Caring and Responsive were rated good. The key questions Safe, Effective and Well Led were rated Requires Improvement. There were two breaches of the Health and Social Care Act Regulated Activities 2014. Shortfalls found were that consent to care and treatment had not been obtained in line with the principles of the Mental Capacity Act 2005 and recruitment procedures were not robust.

At the last inspection we asked the provider to take action to address the shortfalls found. The provider submitted an action plan to us about the measures they were taking to address our concerns. These included training and competency assessments for care workers in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Improvements to their recruitment processes to ensure appropriate references were obtained and documented on staff personnel files.

At this inspection on 7 and 9 March 2018, we found no breaches in Regulations, and the necessary improvements had been fully embedded into practice. Therefore Safe, Effective and Well Led have now been now rated as Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We found evidence to support a change in the overall rating from Requires Improvement to Good.

At the time of this announced inspection of 7 and 9 March 2018, there were 33 people who used the service. The provider was given up to 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make agreements with people and their relatives so we could meet and talk to them to find out their experiences of the service.

A registered manager was in post. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

Caring Forever Limited provided a safe service to people. This included systems intended to minimise the

risks to people, including from abuse, mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People and relatives had developed good relationships with the care workers, the registered manager and senior management team who were based in the office. People received care that was personalised and responsive to their needs. People's care records were accurate and reflected the support provided.

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

People were able to express their views and care workers listened to what they said and took action to ensure their decisions were acted on. Care workers consistently protected people's privacy and dignity.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Morale was good within the workforce. The registered manager was accessible, supportive and had good leadership skills. Care workers and the senior management team were aware of the values of the provider and understood their roles and responsibilities.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result the quality of the service continued to improve.

## 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.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

People received their medicines in a safe and timely manner.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected in line with the Mental Capacity Act 2005.

People's care needs were assessed, planned for and delivered in line with current legislation, standards and best use of technology.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported nutritionally, in accordance with their needs.

The service worked with other professionals to provide people with a consistent service.

People were supported to maintain good health and had access to appropriate healthcare services.

### Is the service caring?

Good ●

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The senior management team were approachable and had a visible presence in the service.

Care workers were supported to professionally develop and understood their roles and responsibilities.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

# Caring Forever 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 announced comprehensive inspection on 7 and 9 March 2018 was carried out by one inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of using 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. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch and members of the public.

Inspection activity started on 7 March 2018 and ended 23 March 2018. We visited the office location on 7 March 2018 to meet with the registered manager, the senior management team, two team leaders, two care workers and one person's relative.

We reviewed the care records of seven people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 9 March 2018 with their permission, we visited three people in their homes and spoke with them and three relatives.

Telephone interviews were carried out from 12 March 2018 to 23 March 2018. We spoke with five people who

use the service, three relatives and three members of staff. In addition we received electronic feedback from one relative, two community professionals and eight care workers.

# Is the service safe?

## Our findings

At our last inspection of 31 May 2016 and 8 June 2016, the key question Safe was rated as Requires Improvement. We found a breach of the Health and Social Care Act, Regulation 19: Fit and proper persons employed. Robust recruitment procedures were not in place as appropriate checks had not been undertaken when recruiting staff into the service.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. During this inspection on 7 and 9 March 2018 we found that the provider was no longer in breach of Regulation 19. Improvements to address the previous shortfalls had been sustained and we have changed this rating from Requires Improvement to Good.

Satisfactory recruitment procedures were in place which checked that prospective employees were of good character and suitable to work with people who used the service. This included employee references appropriately obtained and recorded before employment commenced. Care workers told us they had relevant pre-employment checks before they started work. Records we looked at confirmed this. In addition a checklist on staff personnel files had been implemented which documented the recruitment processes to ensure all the relevant checks and paperwork had been completed.

People and relatives told us that the care workers wore their uniforms and had identification badges so they were assured that, when arriving for their care visits, they were representatives of the service. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure. One person said, "They let themselves in, call out to me when they come in so I know they have arrived. My carers are smart, well mannered, professional, prompt and reliable. When they leave they always shut the door properly behind them."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures. One care worker said, "I would go straight to management if I have any concerns. I have done before and they acted swiftly to resolve matters."

Care workers, the registered manager and senior management team were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, accessing the community and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care



workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. People and their relatives told us that their care workers visited within timescales agreed at the start of the care package and at ongoing reviews, staying the length of time it took to meet their needs. Conversations with people and records seen showed that there had been no instances of visits being missed and that they were usually provided with regular care workers which ensured continuity of care. One person said, "I know exactly who is coming and when. I have two carers that come each time. Some carers come more than others, it's a little team and I know them all really well. Never let me down. Once the office rang to say there was a delay with the carers coming but they were on their way, think it was traffic problems. I didn't mind; things happen. It was good they called or I would have worried."

Systems were in place to record and investigate incidents, accidents and late and missed visits. The senior management team reviewed the outcomes to identify themes and patterns. This included liaising with relevant professionals where required. The registered manager made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to care workers where errors, for example, with medicines had been identified.

Several people self-administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support. One person said, "I take my own tablets but they [care workers] watch me do this and they make a note." Another person commented, "Tablets I can do myself. They [care workers] remind me but I'm fine to do it myself. I will get them to do it if it ever gets too much. But for now it's fine. On occasion they have helped cream my legs when the doctor gave me special cream when my legs got sore."

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "My tablets are given to me by [care worker]. They get me a drink usually a glass of water or some juice so I can swallow them." A relative commented about the care workers, "Yes they help with [person's] meds [medicines], get them a drink or put the cream on and make a note of it all on the machine thing [ a hand held electronic device used to records people's daily care]."

People's records provided guidance for care workers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Care workers were provided with medicines training and checks were carried out by the senior management team to ensure they were competent. The senior management team also regularly audited people's MAR to ensure any potential discrepancies were identified quickly and could be acted on. This included additional internal communications and or care worker training and support where required.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were available to them in the office and they could collect them when needed.

# Is the service effective?

## Our findings

At our last inspection of 31 May 2016 and 8 June 2016, the key question Effective was rated as Requires Improvement. We found a breach of Regulation 11 of the Health and Social Care Act, Regulated Activities 2014: Need for consent. People's consent to care and treatment had not been obtained in line with the principles of the Mental Capacity Act 2005.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. This included training for all staff in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), competency assessments for care workers and improvements to care documentation regarding people's capacity. At this inspection 7 and 9 March 2018 we found that the provider was no longer in breach of Regulation 11. Improvements to address the previous shortfalls had been sustained; we have changed this rating from Requires Improvement to Good.

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. We checked if the service was working within the MCA principles.

People's care records identified their capacity to make decisions. Conversations with care workers and the senior management team and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks. Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. One care worker commented, "People can make wrong decisions in their life it doesn't mean they don't have capacity. Mustn't assume people don't have capacity unless an assessment is in place and best interests." Another care worker said, "Unless it's stated in the care plan then everyone has the capacity to make decisions, even bad ones. We advise strongly for a person to use bedrails if they have been assessed they need it to keep them safe. However if they choose not to put them up or refuse to have them up then you respect that and record their choice."

People told us they were asked for their consent before care workers delivered care, for example, with personal care or assisting them with their medicines. We observed this practice during the visits to people's homes, the care workers and registered manager listened and acted on people's decisions. An example of this included agreeing the arrangements for a person in the event they became poorly and confirming who they wanted the service to contact on their behalf. This was to ensure that the service acted on the person's wishes as when they became unwell they had previously refused all assistance and for a family member to be contacted. The person said, "When I am really unwell I can and have refused all help, don't want any fuss or [relative] to be contacted. I don't remember this as I just want to sleep. I am glad we have talked about this and it's in writing that I want [my relative] to be contacted." The person's relative added, "I am pleased [registered manager] has brought this up and it's clear what [person] wants even if they may say something different to the carers when they are not well. Now everyone is clear what needs to be done and this is what

[person] wants."

Care workers were provided with the training that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, first aid, medicines and safeguarding. This training was updated regularly. In addition training was provided in people's specific needs e.g. stroke awareness, wound care, catheter care, and dementia. One team leader said, "All my training is up to date, if you think you need anything else you can request it. The management team want people to have their needs met by the best trained staff so any suggestions are considered." A care worker told us, "Training is relevant to the job and if you want more support or training just have to ask." A member of the senior management team explained how, as part of ongoing improvements to the service and feedback from staff, they were changing training provider to give their workforce more face to face training in addition to e learning.

People and care workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. One person said, "The office will let me know if a new carer is coming to visit me and they will come with [name of regular carer] to learn the ropes. I don't mind; everyone they [management team] have sent have been lovely. We all have to start somewhere." The management team explained how care workers were encouraged with their career progression. This included being put forward to obtain their Care Certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers.

Care workers described how they were encouraged to professionally develop through ongoing learning and training opportunities and were provided with regular one to one supervision meetings. One care worker described their positive experience saying, "I have regular supervisions with my team leader. We go through how I am getting on, what I might need to help me do my job. I feel totally at ease with [team leader] and able to talk about anything. I can pick up the phone if I need to talk to them, I don't have to wait till my supervision."

Records showed that in these supervision meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the guidance that they needed to meet people's needs effectively and to identify any further training.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from a healthcare professional confirmed that appropriate referrals were made by the service and guidance was acted on.

An electronic system had recently been implemented to make best use of technology to provide people with an effective quality service. This system had led to improvements in people's care records including comprehensive assessments of people's needs that were personalised, accurate and regularly reviewed. The senior management team were able to run reports and monitor the system to ensure consistency of practice and to identify further areas to be developed. This included plans to enhance the information currently recorded in people's daily records to consistently reflect people's mood and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced

diet. Where concerns had been identified, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, the senior management team contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, this was recorded in people's care records to guide care workers in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. One person described how they had been supported by their care worker when they suddenly became unwell, "They [care worker] took one look at me and knew something was wrong. They called the doctor and got them to come out. I had taken a funny turn." Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses, GP, dieticians and occupational therapists

# Is the service caring?

## Our findings

At our last inspection of 12 February 2016, the key question Caring was rated as Good. At this inspection of 7 and 9 March 2018, we found people had continued to develop positive and caring relationships with the care workers. This was reflected in the complimentary feedback we received. People told us they were satisfied with the care workers and their care arrangements. The rating continues to be Good.

People told us that their care workers treated them with respect and compassion. One person said, "They help me with everything including my [mobility] exercises. If you don't use it you lose it. I can't fault the service. I have regular carers who come and look after me really well. They are brilliant, we have such a laugh. I look forward to them coming; they brighten up my day." Another person said, "I didn't want carers at first. I flat out refused. Then I met [registered manager] and the carers and came round to the idea. Now I look forward to my carers coming, they are lovely. I can't imagine not having them. They are like family to me. Made such a difference, I am much happier."

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "This agency is brilliant, such a relief to know there is good care out there. Caring Forever are tremendous, they turn up when they say they will, communicate any changes and make every effort to come out even during the recent adverse weather they came. I have such confidence in them that I can go away knowing [person] is in safe hands."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone, from the service including the management and staff based in the office, spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the days of our inspection and through interactions seen between people, the care workers and registered manager during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People shared with us how they had been included in decisions about their ongoing care arrangements through regular reviews and this was reflected in their records. People were provided with information they understood to enable them to make informed choices about their care arrangements.

People told us that the care and support provided helped them to be as independent as possible. One person described their experience, "They [care workers] help me to try and do as much as I can. When I need help they take over." Another person said how the care workers, "Encourage me to walk to the bathroom taking little steps so I don't fall. They wash my back and I will do the bits I can manage. They know when I am getting tired and are ever so good at stepping in without me feeling useless."

A relative shared with us their positive experience of how the service actively promoted people's independence, "I see now that by doing everything for [person] which I thought was the right thing to do was

actually making things worse. [Person] was becoming more dependent on me and this was affecting my health. We turned to Caring Forever for respite help and haven't looked back. With [carer's] help [person] has become more confident and independent. I have been able to step back and we now have quality time together."

People's right to privacy and dignity was respected and promoted. People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover their modesty when supporting people with personal care to help maintain their dignity. One person said, "My carers are discreet and good at putting me at ease when [providing personal care]. Absolutely feel comfortable with them. They are professional and trustworthy; never talk about my personal business in the company of others; even my family I like that."

# Is the service responsive?

## Our findings

At our last inspection of 27 August 2015 the key question Responsive was rated as Good. At this inspection of 7 and 9 March 2018 we found staff continued to be responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People told us they were satisfied with the care provided which was responsive to their needs. One person said, "I am well looked after. I couldn't manage without them. They are a godsend to me. I am never rushed or made to feel awkward. They [care workers] help me to do things I can no longer do on my own." Another person commented, "I need some help with my [medicines and personal care] but can do most things for myself. Sometimes if I am not well they [care workers] will do more."

People's care records were comprehensive, regularly reviewed and accurately reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts for the care workers to promote and respect people's dignity.

The care plans included people's daily routines providing care workers with the information they needed to meet individual needs in line with their wishes. For example, how they wanted to be supported with personal care and their medicines. The care plans took into account pre-assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

People told us that they were involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed towards their ongoing care arrangements with the registered manager, "We discussed how things were. Was I happy with the arrangements? Did I need more help? Were the carers doing what they should? Said I was happy with everything and my carers were very attentive. [Registered manager] checked I was managing and suggested things the carers could do that might help me around the house. I don't like to make a fuss but [registered manager] explained it was not a problem and they were there to help me. Have to say fair play the things they said to try were a good idea."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan reviews, "[Person] likes me to be there when they have the meetings as their memory is not so good now. I have to say there have been little changes as it all runs smoothly. [Person] is very happy with the care and the manager regularly calls or pops by to check how things are." Another relative shared with us, "I am kept updated especially if there are any changes. I am kept in the loop and know what's going on. There is good communication, never a problem to ring up and speak to someone in the office if I have a question. If they don't know they find out and get back to be."

No one at the time of our visit was receiving end of life care. However, care records showed us that staff had

sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

There had been numerous compliments received about the service within the last 12 months. Themes included 'caring, compassionate and attentive' care workers and 'effective communication from the office'. In addition, several relatives had taken the time to contact the service to show their appreciation for the care and support provided to people and their families 'during difficult times'. For example, when the service was providing support to people following changes to their health and well-being. A relative we spoke with told us how impressed they had been with the, "Commitment and determination by all the staff; carers and management to get to people despite the adverse weather conditions. They were fantastic, really went the extra mile when we had all that ghastly snow. They [management team] rang me about which calls I could do and they picked up the rest. It was such a help as I am not local."

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. This information was provided in an accessible format they could understand. One person said, "I've got no issues, if something is wrong I talk to [care workers] or will call the office and it gets sorted there and then." Another person told us how they felt more comfortable with the more experienced and mature care workers and had told this to the registered manager who had acted on their comments. They said, "Don't get me wrong the young ones are fine, very capable; it's just they seem to be getting younger and younger and I have grandchildren their age. The older ones it feels less awkward for me. The problem is probably not that they are getting younger it's that I am getting older. I told [registered manager] when they popped by to check how things were. I said it in passing but they picked up on it straight away and now I don't have the young carers." A relative told us, "I am pretty much fine with everything that's in place. Should however there be a problem then I would call the office. They are always friendly and kind and most reliable."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. The senior management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a care worker or adjusting visit times. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.



# Is the service well-led?

## Our findings

At our last inspection of 31 May 2018 and 8 June 2016, the key question Well Led was rated as Requires Improvement. The existing quality monitoring systems were not robust to independently identify that staff had not received training in the Mental Capacity Act and Deprivation of Liberty Safeguards and that employment checks had not been fully completed in line with best practice.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. This included MCA and DOLs training for all staff including competency assessments and improvements to recruitment processes including documentation. At this inspection 7 and 9 March 2018 we found that these improvements had been sustained. We have changed this rating from Requires Improvement to Good.

Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Incidents, accidents, complaints and missed and late visits were monitored and analysed. This analysis supported the senior management team to identify any trends and patterns and to take action to reduce further risks such as disciplinary action where needed. Regular audits and checks were carried out on all aspects of the service, this included safe management of medicines and care records. The outcomes and actions from these fed into a development plan for the service providing the senior management team with the governance and oversight needed to identify any shortfalls and take action to address them. The senior registered manager showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. For example active recruitment, staff training, enhancing people's documentation to be outcome focused, checklist for personnel files, recording of cancelled visits and improving existing feedback systems including questionnaires and the recording of informal comments and concerns.

As part of ongoing development of the service the provider had invested in new technology to increase efficiency with the co-ordination of visits and rostering of care workers. This enabled the senior management team to remotely review, monitor and track the care delivery tasks to ensure they were completed and if a problem ensued to respond quickly. This had led to a reduction in missed and late visits. One care worker said, "I think from a safety point of view this is really good. I work in some very rural areas, mostly at night and on my own. [Mobile] reception can be hit and miss. I feel happier knowing that if I don't log on when I should that an alert goes to the office or on call team if I am late, as something may be wrong and someone will look into it straight away." A software package to improve consistency and accuracy of people's documentation had also been implemented. The senior management team were able to monitor and assess the suitability of the care records and this had led to identifying further training and support for care workers with their recording.

People and relatives were complimentary about the approach of the registered manager and senior management team. One person said, "[Registered manager] is hands on and approachable. Does all my [care] reviews so knows exactly what is going on. They check everything is okay and sometimes suggests little tweaks which I would never have thought of. All the office team are helpful. If you call up for something

they do their utmost to help you. If they say they will get back to you they do."

The registered manager and provider's senior management team promoted an open culture where care workers told us they felt respected, supported, listened to and encouraged to professionally develop. One care worker said, "I have had regular training and can confirm that I always feel supported in my role if ever I have any questions there is always someone available to speak to. There are no issues or concerns that I have with the company." Another care worker shared their positive experience saying, "I really enjoy the job, the staff I work with and the [people] I visit. I feel that the company are good with the training aspect. I've done courses in the office, online and at home. If I've ever needed any help with understanding anything the office staff and team leaders are always happy to help. I work alongside team leaders as well as other staff as and when needed and they are only a phone call away."

All staff were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care worker's suggestions, for example, how they supported people, were valued and listened to. The minutes showed that staff were reminded of their roles and responsibilities and kept updated with any changes in the care industry. One care worker said, "The team meetings are good to find out what is going on and to talk things through; share knowledge and experience. We also get regular communications from the office. Reminders about best practice, updates. Communication is good. When the weather was really bad with snow we had messages to come to the office and collect a shovel to keep in your car. They [management team] took no chances with our safety got us the equipment, offered to drive us if needed and doubled us up on visits. Safety in numbers showed they respected us."

Where comments from people were received the service took swift action to address them. This included requests to change their care worker, times of their care visits and amendments to planned healthcare appointments. The registered manager advised us that as part of ongoing development of the service they planned to implement systems to effectively and consistently capture the way people's feedback including informal comments and concerns were acted on and used to improve the service.

The senior management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. The service was active within the local community supporting the local running club and plans were underway to develop symbiotic working relationships with the local dieticians to improve outcomes for people regarding nutrition and diabetes awareness. Feedback from professionals cited effective working relationships with the service. We received electronic feedback from one person about their positive experience of using the service via Healthwatch Suffolk, they said, "Not having anything to compare with, I can only say I am extremely happy with the care I receive, and any other agency would be hard pressed to beat it."