Workwise Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection of Workwise Healthcare was carried out on 9 and 12 December 2016.

Workwise Healthcare provides support to people in their own homes in Mansfield and the surrounding areas of north Nottinghamshire. At the time of our inspection 120 people were using the service.

The service had a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe receiving care in their homes from staff of Workwise Healthcare and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed, and assessments were carried out to identify how to minimise the risk of harm. For example in relation to falls or environmental risks.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Workwise Healthcare.

People who required support to take their prescribed medicines received assistance from staff to do so safely.

People were supported by staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where people did not have capacity to give informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People were supported by staff to maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

Excellent links were established with healthcare professionals and people had access to these when required. Staff worked in partnership with healthcare professionals and followed their guidance to ensure people maintained good health.

People told us they were treated with compassion dignity and respect and staff ensured their privacy was protected. We observed very positive, caring relationships between staff, people using the service and their relatives. Staff always ensured that people and their relatives were involved in making decisions about their care and their wishes were respected. .

Staff had an excellent understanding of people's support needs and used skill and innovative methods to ensure they received personalised responsive care. Forethought and innovation was used to ensure that people had the opportunity to take part in enjoyable, constructive activities that reflected their interests and life history.

There was an open and transparent culture at the service. People were encouraged to raise any issues or complaints and could be assured these would be listened to and acted on by the provider. Quality monitoring systems were in place to identify areas for improvement and ensure these were actioned.

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

People were protected from the risk of bullying and abuse.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received the support they required to ensure they took their medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

People were supported to maintain healthy nutrition and hydration.

People had access to other healthcare services when they needed it.

Is the service caring?

Outstanding ☆

The service was very caring.

There was a strong, visible person centred culture and people and their relatives had very positive caring relationships with staff.

Staff were committed to using innovative ways to ensure people could express their views and understand their environment.

People were always treated with dignity, kindness and respect and their privacy was protected.

Staff used a range of methods to ensure people were involved in the design and review of their care.

Dedicated, compassionate End of Life support was provided for people and their families

Is the service responsive?

Outstanding ☆

The service was very responsive.

Innovative methods were used to ensure that care was provided in accordance with people's individual preferences and needs.

People were enabled to participate in meaningful activities that were based on best practice and reflective their life and interests. People were also supported to be part of their local community where possible.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture at the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

Workwise Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 December 2016 and was announced. We gave the service 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available in the office.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

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.

During the inspection, we spoke with seven people who used the service and two people's relatives. We spoke with four support workers, a care coordinator, a senior manager, the provider and the registered manager. We reviewed four care records, quality audits, records of meetings and looked at the recruitment files of four members of staff.

Good

Is the service safe?

Our findings

All of the people and their relatives we spoke with told us they felt safe receiving care and support in their home from staff at Workwise Healthcare and did not have any concerns about the care they received. One person told us, "Oh yes, we've always felt safe with staff from Workwise." A second person added, "I'm genuinely happy with them, I feel very safe with them." Staff we spoke with told us that maintaining people's safety was a priority for them. One staff member said, "People are safe because our training makes sure new staff know how we work and how the office (managers) like us to work." Staff also told us that they felt the provider and managers worked to ensure they (staff) were safe at all times. "If someone (a person using the service) lives in a suspect area they send two of us for safety, even if the call doesn't need it, to make sure we are safe. If someone is inappropriate or aggressive they look after us".

The staff we spoke with demonstrated a good understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Staff that had raised concerns in the past told us that the registered manager and care manager had acted appropriately in response. For example, a staff member told us of an occasion when they found a person did not have any food in their house and a referral was made to the local safeguarding team. Following this it was agreed that staff would carry out shopping for the person once a week. Records showed that all staff had completed safeguarding training and staff told us they found this useful. All of the staff we spoke with were aware of the service's whistleblowing policy and told us they could raise an issue without fear of reprimand.

Information about how to reduce risk of injury and harm was available in people's care plans. The provider employed care coordinators who had completed individual assessments of people's care needs and their homes to identify and manage risk for a number of areas including trips, falls, and the environment. The assessments included information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. We saw that people had signed the initial assessment to show they were aware and agreed with it and that people were involved in subsequent reviews. For example, we saw a risk assessment for a person who was at risk of falls. Staff were guided to ensure the person had taken their medicine whilst they were present and to ensure the person had all they may need near to them to reduce the risk of an unwitnessed fall between visits. Care staff we spoke with were aware of people's needs and the support they required to reduce any risks. They told us that, where people required it, they had enough equipment and resources to meet their needs.

Records of any accidents and incidents people had were kept in their care records. A copy was also kept in a central file which enabled the provider to identify any trends or concerns to help manage future risks. For example, when medicines errors occurred we saw very clear evidence of analysis and investigation into the incident and learning shared with all staff to reduce the possibility of a similar events occurring.

Sufficient staff were employed to meet people's support needs and provide care in a timely manner. Care staff we spoke with told us, "Most of the time there are enough staff to cover everything". The provider used a system to assess the number of staff required to meet people's needs safely based on the number of hours

of care the person was allocated and the level of assistance they required. We looked at the staffing rota for the three months preceding our inspection and saw that the staffing levels identified by the provider were achieved for every shift. People told us they received their care from a regular staff team that understood their needs. One person told us, "One of the things that's good is the continuity. Because the staff know me and know what I am usually like, they know when I need help". A second person said, "It's usually the same carers. The let you know if they aren't going to be here, if they are going to be off or on leave or something".

People told us staff were rarely late and stayed for the allotted time of each call. They told us that if a staff member was running late or there was a change to the rota they were informed. People's comments included, "If they are going be really late but they let me know but they are not very often late" and "They are usually on time and if not they let me know, even if anyone is off". Staff confirmed that they had sufficient time allocated for their calls and to travel in between. They told us, "I have plenty of time. One person I see has a call of 45 minutes but I find I have five to ten minutes to sit and chat and still have time to get to my next call. It's good to see how they are getting on or if there is anything else they need".

The provider had processes in place to ensure staff employed were of good character and had the necessary skills and experience to meet people's needs. We looked at staff recruitment files and saw they all contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS check. A Disclosure and Barring Service (DBS) check allows employers to make safer recruitment choices.

People told us they received their medicines when required and had not experienced any difficulty with this. The majority of people managed their own medicines, with minimal support from staff. One person told us, "They (care staff) give me some in the morning and some in the evening, they do know what they are doing". People's wishes for managing their own medicines were recorded in their care plans, including signed consent forms, risk and competency assessments. Risk assessments were thorough and specific to each person, including the dispensing pharmacist, location and type of medicines and signs to be aware of for adverse reactions. Members of staff and the registered manager told us they received regular training on the management and administration of medicines. We saw weekly audits of Medicines Administration Record (MAR) charts were carried out by staff and checked by the registered manager along with monthly audits by the pharmacy. A member of staff told us, "We have training to administer meds and then we have yearly updates on how to complete MAR sheets". We saw that staff competency was checked by care coordinators and any issues requiring attention were identified and additional training offered.

Good

Is the service effective?

Our findings

People told us they felt care staff had the skills and competencies to meet their needs and that they appeared to be well supported. One person told us, "Oh yes, I think that when they come they usually tell me if they are going on a course at the head office, I think they are pretty much up to date for personal care and for anyone who is really poorly." A second person said, "They (staff) are very keyed up about what I need and what equipment I use. They are generally clued up about what I need".

We found that people were cared for effectively as staff were supported to undertake training that helped them meet people's needs. Records showed that all staff had either completed or were in the process of completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standard that should be covered as part of induction training of new care workers. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements.

Records showed that staff had access to a range of training sessions beyond that identified as mandatory by the provider to help them meet people's needs. Staff told us, "There is enough training, it's all there. All you have to do if you want something is ask for it." Staff also told us they could access additional training to help them better meet the needs of people they supported. A staff member said, "The dementia training definitely helps you understand more about how people are feeling". A second staff member told us, "I asked for an update on my meds training. I'm much more aware of things now". The provider had funded training for the care manager to gain a qualification that enabled them to provide in house moving and handling training as well as train other staff to safely assess and train people. Staff training files we reviewed showed that if staff did not successfully complete their induction training satisfactorily during their probationary period of employment, this was extended until staff had demonstrated they had the necessary skills and competence to meet people's needs safely.

Staff told us they felt supported by the registered manager and management team and were able to talk with them and discuss any issues. A staff member said, "I feel supported 100%. I've made a mistake and rang them (managers) worried about it but they dealt with it and made me feel better". A second staff member said, "They are very supportive. You can ring them anytime when you are out if you've got a problem. Even if you know the answer and just want reassurance they are always there for you". We saw that all staff received a regular face-to-face supervision meeting with their manager. Staff told us they valued these meetings and felt able to be open and honest. A staff member said, "We have three month reviews and annual reviews. They highlight what you think you are doing well and what you are struggling on. You can always get support, it's okay to say you are struggling".

Records in care plans we saw confirmed that people had signed to indicate their consent to any changes and reviews and their wishes were respected. Each care plan included a decision making guidance document which recorded the persons capacity to make a decision for the activity and who ultimately had the right to make that decision. We saw evidence in care records that this was put in to practice. For example one person's care plan indicated that they could sometimes make unwise decisions. Guidance for staff

stated they should record and report any changes in the person's behaviour to the office, their GP or social worker and monitor them.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). 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. Staff we spoke with displayed a very good understanding of the MCA and had received training in its application. The care manager was trained as an MCA and DoLS champion and was able to offer additional training, guidance and advice for staff. We saw that this role had helped improve outcomes for people. For example, one person had a diagnosis of dementia which had progressed to a stage where they were showing signs of aggression as well as loneliness. Staff had expressed concerns for the person's safety so a best interest meeting was arranged by the care manager with the person's social worker and community psychiatric nurse. As a direct result of this meeting, extra visits were arranged and the person's medication was reviewed. This intervention reduced the person's loneliness and isolation and improved their safety which enabled the person to stay in their own home for a much longer period
A staff member told us, "You can't make a decision for a person. You know the person and you know it's their choice to make a decision." This was evidenced in people's care records. For example, after suffering a fall, one person was seen by their GP but refused all medical treatment. As the person had capacity to make this decision their wishes were respected. We saw that the service worked with other healthcare providers and support agencies to ensure that decisions were made in people's best interests in the event they lacked capacity.

People were supported by staff to maintain healthy nutrition and hydration. This included making people regular drinks and supporting them to make meals. The provider had proactively contacted the Environmental Health Officer (EHO) as they had identified that, as their staff prepared meals for people using the service, training should be provided and the service should be inspected to ensure their food safety policies and procedures were in line with best practice. The EHO informed the service that they were the only care agency in the area to have proactively contacted them. Furthermore, Workwise was the only domiciliary care agency in the area to have received a food hygiene inspection and beyond that they received the highest award of five for food safety. One person told us, "They get me my breakfast and my evening meal." We saw that although staff encouraged a healthy diet, they respected people's wishes to make their own decisions and choose their own meals. A staff member told us of an example where a person they supported didn't always want to eat. The staff member began offering three choices for every meal and giving praise when the person ate the meal. The person later regained their appetite and now eats well again. A second person, who was living with dementia, was assessed as being at risk of poor nutrition and hydration. A personal nutrition care plan was introduced and hand gestures used to encourage them with eating and drinking and also provide reassurance. The provider introduced fluid and food monitoring charts to help monitor the persons intake and these showed their appetite, and subsequently their health, had improved greatly.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person told us, "I had a really horrendous time last year and when I was bad (staff member) was straight on the phone to the doctor". Staff told us, "For a lot of people, we would call their family to let them know they needed a GP appointment. Other times, if it was more serious we'd make the appointment ourselves or call for an ambulance". We saw notes in daily records that showed when care staff had called the emergency services. People's care records showed they had regular

appointments with the optician, dentist, chiropodist and district nurse, along with staff support to attend hospital appointments. Care records showed that staff followed the guidance of health professionals where possible if the person gave consent.

Outstanding ☆

Is the service caring?

Our findings

We found that the service had a strong, visible, person centred culture. People told us they had a good relationship with care staff and felt they always treated them as individuals with care, respect and compassion. They told us they felt staff treated them as individuals and were focussed on their wellbeing rather than tasks. One person told us, "They are brilliant, you can have a good laugh with them all the time". A second person said, "We have a chat and talk about local things." Care staff we spoke with told us how much they enjoyed working at the service and how it gave them tremendous job satisfaction. They said, "It's a very rewarding job, building relationships with the clients and helping them with everything that they need. They are happy to see you and you build a bond." A second staff member said, "I love the clients. Seeing that smile on their face, knowing you've done something good for them. It's just nice, I love it."
The provider was exceptional at providing people with the opportunity to have access to information in a way that was accessible to them and had taken innovative, creative steps beyond those expected of their service to ensure all people using the service had equal access to information. To ensure this, the care manager and a care coordinator were appointed as communications champions. Their role included ensuring information was provided in a way that was accessible and understandable to everyone regardless of their preferred communication method, visual ability or first language. As part of this role, the care manager and care coordinator were trained to use British Sign Language (BSL). The BSL training also included guidance for how staff can use signs to improve communication for people with dementia, for example to encourage them to eat. We saw that staff had the opportunity to put this learning into practice and that it had a very positive impact on people using the service. For example, one person who had lost their hearing communicated via BSL. The loss of hearing had led to the person feeling isolated and losing confidence. By using BSL, the care manager was able to work with the person to provide a truly person centred care plan that met their needs. From these conversations it was identified that this person would like to attend a social centre. We saw that these visits were arranged. Additionally, the care manager worked with the person to produce a number of helpful cue cards to help communicate with staff who were not yet trained in BSL. A referral was also made to a support group who provided a range of adaptive technology which helped maintain the person's safety and improve their independence. From these interventions we saw that persons, health, wellbeing and confidence improved and they were able to live a more fulfilled life. Additionally, the provider had proactively contacted the National Institute for the Blind to provide audio descriptions and large print versions of the companies, contract and important information to enable people to make informed decisions. We saw this had a positive impact on people's lives. For example, one person had developed progressively worse visual impairment, which caused them anxiety. They expressed concern to the provider regarding proposed changes to their care package. The provider supplied all information in large print format and spent time discussing the changes with them. From this the provider supplied a large print version of the rota of visits which helped reduce the person's anxiety.

People received a comprehensive assessment when they first started using the service including recording of their preferences for a male or female care worker, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a very good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to respect

and meet these where possible. For example by supporting people to attend religious services.

Care plans we viewed were detailed, accessible, relevant and very person centred. They focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "You can go to a care plan and know what a client needs, what they like, what they don't like. If there is the slightest change (in people's support needs), care coordinators have them in straight away and change them." A second staff member said, "Before your first visit you sit with the care coordinator and they give you an idea of what to expect before you go there. When you are there you read the care plan."

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The service had robust systems to ensure people were involved in the design planning and review of their care and recording people's consent to treatment. One person told us, "They ask you what you want doing and if there is anything you want help with. At any time you can change what you need or if want things done different."

During our visit we saw evidence in care records that staff encouraged people to be as involved as possible in making choices and decisions about their care. A staff member told us, "When we review a care plan we always sit with the client and explain what's changed". A person using the service told us that when they began using the service a member of staff went through the care plan with them and ensured they understood and were happy with it.
The service provided exceptional End of Life care. The provider had trained two staff members to be End of Life champions and the registered nurse for the service was a dementia friend. We saw people's wishes for care at the end of their life were discussed and the provider worked with other services to ensure these wishes were met. For example, a married couple who had used the service for a number of years became seriously ill at Christmas time requiring hospital treatment with one person placed on end of life care. The family requested that they be nursed at home together by Workwise staff. The care manager worked with social services and the hospital to arrange this and allocated staff who were trained in end of life care to carry out the visits which began on Christmas Eve. The care staff visited on Christmas day and the provider supplied a free Christmas meal to the family to ensure the couple could spend this day together. The training staff received enabled them to provide specialised care for both people, with reassurance, compassion, empathy, dignity and respect on each visit. The staff worked alongside the nursing team and tried to make each visit a joyful one, they knew that for both the couple and the family it was important for them to spend these last days together in their own home.
A second person was admitted to hospital for end of life care but the hospital were unable to contact the person's family. Staff from Workwise, who the person knew and had a good relationship with, went to the hospital immediately and stayed with the person to provide a familiar friendly face and try to ensure they didn't feel alone or frightened.

We saw that people's relatives were sent sympathy cards and a bereavement pack on the loss of their loved ones and the provider had established a remembrance tree to allow people to celebrate the person's life and give staff and loved ones a focus for their grief.

The provider informed us that at the time of our inspection, no one using the service used an advocate. People were offered the use of an advocacy service when they first started at the service but no one had chosen to do so. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. One person told us, "They give full dignity and respect for all aspects of care". People told us that staff were polite and respectful when speaking with them and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. One staff member said, "We always encourage people to walk to the toilet for personal care if they can. It's more respectful and private, and more comfortable for them."

The provider had developed their own Dignity training programme based on a nationally recognised system but focussed specifically on the needs of the people using this service and their staff. We saw that all staff had completed this training as part of their induction and on completion were appointed as dignity champions. Care workers understanding and implementation of this learning was regularly checked by the care manager during unannounced reviews of their practice. The training and providers commitment to promoting people's dignity had received local and national recognition. As a result of this, the service Managing Director was invited to talk at the National Dignity Conference in order to encourage other care providers to take this up under best practice.

Outstanding ☆

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "It's just a matter of me calling the office and letting them know what I want and they do it, no bother".
Staff offered people support where required but encouraged them to be independent when they could. For example, we saw that staff had supported a person to open a bank account and set up direct debits to help them better manage their finances. Robust safeguards were in place to protect the person's confidential information. A second person, who initially had mobility difficulties and was living exclusively in the downstairs rooms of their home, was supported over a number of months by a staff member to regain some mobility and motivation. We saw that this had enabled the person to walk to the bathroom with support, use their own bedroom again, carry out some household cleaning and help with decorating for Christmas. The staff member told us this was possible because they had sufficient time to spend with people to get to know them and had the support of their managers to do so.
The provider was a Social Inclusion Champion (SIC) and had allocated a budget to provide free social inclusion services to all people to help alleviate loneliness and social isolation. This included purchasing larger premises to hold community events alongside implementing a 'wish list' for all clients, asking them to record what activities or trips they would like to take part in during the year. The provider had held numerous free events for people at the service including, free Christmas dinner, reduced price theatre tickets, birthday parties, queens jubilee celebration, awards evening as well as a knitting circle, book swap and even adopting an owl (the company's logo) which was named by the people using the service. We saw that people valued and looked forward to these events very much and it had a positive effect on their health and wellbeing. For example, one person suffered with anxiety and agoraphobia. The care coordinator arranged for and accompanied them to have regular trips to visit their relative who lived some distance away. Additionally staff carried out surprise visits to ensure the person did not feel isolated. A second person had experienced mobility issues and lost confidence in leaving their home. The person's family were unable to support them to leave their home so the provider arranged for the person to attend a queen's jubilee celebration party by providing free transport. The person attended this and enjoyed themselves. The person's family said they had enjoyed it very much and had talked about the event constantly. As a result of this their confidence was improved and they began attending more events which greatly improved their quality of life and wellbeing.
The wish lists had also had a positive impact on people. For example, one person was supported to visit the National Memorial Arbore tum to pay their respects to their comrades from the war. Staff had also arranged for the person's sister to attend as a surprise. Staff told us the person had loved the trip and still spoke about it.
The provider carried out a survey which identified people had concerns about how they could continue to live independently and maintain their own homes. From the feedback the provider employed their own maintenance team to carry out reliable maintenance tasks at a reduced rate.
Additional to this the provider offered a free service for minor repairs or emergencies, such as stuck key safes, replacement light bulbs or replacing smoke alarm batteries. We saw that this service was well used and welcomed by people using the service. For example, one person was experiencing distress due to unwanted callers and anti-social behaviour. The police suggested a new gate would help address the issues and this was made and installed by the maintenance service in a matter of days. We saw this reduced the

incidents of anti-social behaviour and improved the quality of life for the person and their family.
A second person required a number of adaptations to their home to enable them to continue living there. The provider liaised with social services to arrange a respite placement for this person and used the maintenance team to carry to the adaptations. This enabled the person to continue living at their home and maintain a level of independence they would not otherwise have been able to do. We saw that the provider had evidence that all tradesmen were suitably qualified and had appropriate background checks.
The provider had worked to promote community involvement with their service. For example, following the providers move to larger premises the service has developed links with the local primary school. This has involved attending school events, helping with fundraising and recycling schemes. At the time of our inspection the provider was beginning to work with a second school. We saw that from these events, two visits had been carried out to the service. These had helped to promote cross generational understanding and develop relationships.

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time. We saw that staff were allocated sufficient time for their call and travel between calls. A staff member told us, "Even if the calls are right next door to each other we get five minutes travel time".

People told us staff arrived on time and stayed for the allotted duration. They told us they knew which member of staff would be calling and were informed if the staff member was going to be late or a different care worker was calling. One person told us, "It's usually the same carers. They let you know if they aren't going to be here, if they are going to be off or on leave or something". A second person said, "There's no problem with that (punctuality and communication)."

Staff we spoke with had a very good understanding of people's needs. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included updates from the care coordinators and regular team meetings. Staff told us they aimed to provide person centred care and they respected the choices people made. For example, one person was extremely reluctant to leave their home. Staff encouraged and supported them to undertake short trips when possible, but they also arranged for all health appointments the person needed to be arranged in their home.

We saw that where complaints were received they were dealt with in line with the provider's policy and to the satisfaction of the complainant. We looked at the providers complaints records which showed only one complaint was raised in the year preceding our inspection. We saw that this was investigated thoroughly and appropriate action was taken. The person raising the complaint was kept informed throughout the process. People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "You can get in touch with the main office (staff) if there is anything you don't like, you can always tell them." A second person said, "I've not had to complain but I'd have thought they would be good and listen to you though."

People received a copy of the complaints procedure when they began using the service and a copy was available in each person support plan. Staff were aware of the complaints procedure and knew how to advise complainants. A staff member told us, "If ever anyone was unhappy, they'd talk to me then speak to the office (staff). It usually gets resolved this way."

Good

Is the service well-led?

Our findings

There was an open and transparent culture within Workwise Healthcare and people felt able to have their say on the running and development of the service. People we spoke with told us they felt they were encouraged to give their feedback about the service. People told us they were comfortable speaking with support staff and the registered manager. One person said, "Overall it is a very good service. If there are any issues they are easy to contact".

Staff agreed there was an open culture at the service and would feel comfortable in raising an issue with or asking for support from, their line manager or the registered manager. One staff member said, "The staff here (managers) are always on call to help you when you need them". A second staff member added, "I know I could speak to anyone here, they are quite helpful, you can't fault them".

Staff had a number of ways available to offer feedback on the service including supervision meetings, informal conversation and team meetings. The provider had established a range of meetings to allow all staff the opportunity to have their say and to help monitor the quality of the service. We saw records of meetings for office staff, managers, key workers and care coordinators for the months preceding our visit. These showed that issues including training, rotas and support for people were discussed. Records showed that staff had the opportunity to contribute to the meeting and raise issues, and that these were followed up by the registered manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "You can bring up any queries at the meeting. We talk about how we are getting on, clients' needs and any support we need."

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they encountered. The provider had a number of ways of gathering feedback including an annual satisfaction survey as well as regular questionnaires and quality monitoring visits to people's homes. People told us they valued these visits and felt able to give honest feedback about their experiences. One person told us, "The owner and the managers have all popped out to see me at some point. It's good". A second person said, "They (managers) do spot checks to make sure everything is okay". Feedback from the surveys showed that people were happy with the service they received. Comments included, 'This is the best service I could wish for', 'There is nothing you can do to improve, I am very satisfied ' and 'My carers are pleasant funny, understanding and friendly''.

We saw that where people made comments or suggestions these were acted on. For example, a request was made for more social activities to be arranged for people to take part in. we saw that the provider had arranged numerous events including birthday parties, a celebration of the Queen's birthday and an awards evening. At the awards evening, people using the service helped decide the winners and presented some of the awards. Photographs of the events showed people enjoyed this very much. Information about these events, local news and advice and developments at the service were circulated via the services own newsletter.

The provider used a satisfaction survey to ask people if they wished to be involved in the recruitment and

selection process of new staff. One person showed interest and was invited to look at the existing recruitment processes. From this feedback the provider made changes to their interview questionnaire for all new staff.

The service had a registered manager who understood her responsibilities. Everyone we spoke with knew who the manager was and felt she was always visible and available. Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of areas such as complaint and compliments, missed calls, lateness, environment, staffing, medication and care planning. Where issues were identified, staff took action to address these. For example a review of missed calls identified staff members had misinterpreted their rota. A meeting was held and additional support and guidance was given to staff to help address this. Further analysis by the provider showed this had helped to improve the issue. Any incidents and accidents were reviewed in peoples care plans and a central record of accidents was kept at the area office and used to identify any patterns and learning for the service.

The registered manager, care coordinator and senior staff carried out regular audits and unannounced observation of staff practice. These checks identified any areas where improvements needed to be made. All audits were reviewed by care coordinators and the registered manager to ensure consistency and quality.