

Aster Care Limited

Aster Care Ltd

Inspection report

591 London Road
Hilsea
Portsmouth
Hampshire
PO2 9SD

Tel: 02392694551

Date of inspection visit:
06 November 2019

Date of publication:
24 December 2019

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

About the service

Aster care is a domiciliary care service which supports people to live at home who may have long term health conditions; which could mean people needed twenty-four-hour care. At the time of the inspection the service was supporting five people who required support with living at home. Some people were being provided with twenty-four-hour care and at times required the support of two care staff.

People's experience of using this service and what we found

People's needs were met in a truly individual and personalised way by staff who were kind, caring and responsive to their changing needs. The support they received enabled them to achieve positive outcomes and remain living in their homes. People felt listened to and knew how to raise concerns. Enough staff who had been recruited safely were available to meet people's needs and we observed staff respecting people's privacy and protecting their dignity.

People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these.

People's medicines were managed safely, and people were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People knew how to raise concerns. They had confidence in the registered manager and told us they would recommend the service to others. A quality assurance system was in place to assess, monitor and improve the service. Incidents and accidents were monitored by the registered manager. Where incidents occurred in the home the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or recurrence.

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

Rating at last inspection

The last rating for this service was good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information 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 exceptionally 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 ●

Aster Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 October 2019 and ended on 8 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service and relatives of people who used the service. 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. We used all of this information to plan our inspection.

During the inspection

We were unable to speak to people who used the service, so we spoke to three relatives about their experience of the care provided. We gained feedback from eleven members of staff including the nominated individual, the registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, policies and procedures, accident and incident records as well as governance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Assessments of risks and plans to mitigate risks were inconsistently recorded. For example, one person who could display behaviours which challenged had a plan in place to guide staff about the behaviours and the action they should take to try and prevent these from occurring or to manage them if they did occur. Each person had a personal emergency evacuation plan in the event of a fire and health and safety risk assessments for the environment were also completed.
- However, for another person who was at risk of falls, no assessment of this risk had been completed and no plan had been recorded to mitigate the risk of falls or injury as a result of falls. For another person whose health condition placed them at risk of skin breakdown, whilst all appropriate actions were being taken to reduce this risk, no clear assessment or plan of care was in place to guide staff.
- As staff were recruited to work with specific individuals, they were also provided with bespoke training to meet their needs. The service did not use agency workers. The consistency of staff and training meant staff had a good understanding of the risks associated with people's needs and how to manage these. This reduced the risk incomplete or inaccurate records could pose but was an area that needed developing.
- The registered manager agreed and told us they would take immediate action. Following our inspection site visit they sent us records showing how they had amended the template used for needs assessment and care planning to ensure all risks were clearly recorded.

Using medicines safely

- One person was receiving their medicines covertly. This meant their medicines were hidden and they were not aware. There was no evidence the service had consulted a pharmacist to ensure the medicines could be mixed with food or drinks and there was no care plan in place which guided staff about how to administer medicines to this person. The registered manager agreed and told us they would address this.
- Staff completed training and were checked as competent to administer medicines safely.
- The Medicine Administration Records (MAR's) we saw had been fully and accurately completed, these were audited by the senior worker or team leader and checked by the registered manager.
- Arrangements were in place to safely dispose of medicines when required.

Systems and processes to safeguard people from the risk of abuse

- We spoke with relatives of people using the service who confirmed their family members were always supported safely.
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the

registered manager. One member of staff told us, "I am extremely confident that my manager would take the appropriate action to keep the person safe."

- Records reflected safeguarding concerns were appropriately investigated and reported.

Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment processes. These included obtaining character, employment and background reference checks prior to the staff member starting work. The checks included satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- Aster care recruited staff based on people's needs and as such each person receiving care had their own staff team. One member of staff told us, "We support our service users over a 24hr package, so we have plenty of time to carry out the appropriate care, we are service user lead so that they can decide when and what they require. Yes, I feel we have enough staff."

Preventing and controlling infection

- Staff had received training to support their understanding of infection prevention and control.
- Staff had access to personal protective equipment (PPE) and carried supplies with them when visiting people. The PPE included items such as gloves and antibacterial hand-gel, to reduce the likelihood of any cross-contamination.

Learning lessons when things go wrong

- When something went wrong the service responded appropriately and used any incidents as a learning opportunity.
- Incidents and accidents were recorded and reviewed regularly by the registered manager. We saw action was taken when individual incidents took place. For example, staffing was increased for one person who lived with behaviours which placed them and others at risk. This was in addition to organising review meetings with external professionals.
- Although we found the records did not always reflect how lessons across the organisation were learned and shared, staff told us that learning from incidents and accidents was shared with them. One member of staff said, "Aster care make sure that any incidents are shared among staff and then [Staff are] trained to make sure that it does not happen again."

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.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff's understanding of the Mental Capacity Act 2005 was good. They understood and recognised people's rights to make their own decisions where they were able to. Relatives confirmed staff always asked permission before carrying out any tasks.
- It was evident when talking to relatives that they were involved in best interest decisions and that the principles of the MCA were applied day to day. However, records did not reflect this. For example, one person was being administered their medicines covertly but no assessment of their capacity regarding decisions about their medicines had been completed. Although other health professionals and family members had been involved there was no records to confirm the best interest decision making process had been applied.
- We discussed this with the registered manager who told us they would act to address this.

We recommend the registered person seek guidance about the recording of mental capacity assessments and best interests decisions.

- The registered manager and staff were aware of their responsibility in relation to court of protection deprivation of liberty orders. One member of staff told us, "I am aware that this can keep the service user in the home, but this is not to deprive [them] of [their] liberty but to keep [them] safe. This service user goes out

into the community twice a day but [they] needs someone with [them] 24/7."

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

- People's needs were assessed in a holistic way to take account of their physical health, mental health and their social needs.
- Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. Assessment tools were used to measure risks to people, where needed and to identify changes.

Staff support: induction, training, skills and experience

- When staff started work they were required to complete an induction which was based on the care certificate standards. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- This involved meeting the person they would be supporting before providing care and to spend a minimum of three days shadowing an experienced member of staff. Before being able to work they were required to complete mandatory training and training based on the person's individual needs. For example, Percutaneous endoscopic gastrostomy (PEG) care and tracheostomy care. A PEG is a tube passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. A tracheostomy is an opening in the neck to give direct access to a person's breathing tube.
- Before staff were able to support people with these specific needs, they needed to be observed and assessed as competent. Competency levels were checked on a regular basis.
- Observations, spot checks and supervisions of care staff took place. Staff could discuss any concerns they had or any areas where they felt they needed further training with the registered manager.

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

- Feedback from relatives regarding support their family members received in relation to eating and drinking was positive. One relative told us, "She has to have a certain amount of fluids and staff are very good at making sure she has it." A second relative said, "They are always topping up his water bottle, Staff are aware of his dietary needs, he has diabetes so has to be careful. He says what he wants, and they cook it for him."
- The registered manager demonstrated how they had worked successfully with one person to ensure they consumed a healthy and balanced diet. The person had spent two years eating only rice cakes and jam, but with the support of care staff they were now eating a varied and balanced diet.
- Staff monitored people's intake and if they had any concerns they contacted the person's GP for additional advice or support.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a team of staff who worked well together and had communication systems to support this.
- Handovers took place between shifts to ensure communication about people's needs and any changes took place.
- Systems were in place to ensure information about people's needs was shared if they were transferred between services.
- Relatives told us they could contact the office for support and assistance. They felt staff worked well together to provide them with consistent support.

Supporting people to live healthier lives, access healthcare services and support

- If people were unwell or needed to be referred to a healthcare provider, the care staff supported them to access this support. This included accessing GP's, dentists and other specialist services such as physiotherapy, older person mental health teams and speech and language therapy.
- When people's needs changed, or information was received following a healthcare referral, staff were informed of the changes with immediate effect. This meant people were cared for by staff who were aware of their up to date needs.

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; respecting equality and diversity

- We consistently received positive feedback from relatives about the staff that provided support. One relative said, "A couple of the team members have been with us from the first day, they are like family members now." A second relative told us, "They are very caring, to both of us, not just my husband. It's like having a friend in the house when the carers are round."
- We heard several examples of where staff had made thoughtful gestures towards those they cared and their family members. The registered manager told us how they were liaising with the commissioning team to try and source more respite for a family member of a person they supported. They were doing this to support the family member to have time away to rest and relax. A member of staff told us, "I've never worked with a team who have always gone over and above like this one."
- We saw several cards people had sent the service thanking them for the considerate and generous care they had provided.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences in relation to the service they received were considered and met. For example, where people requested support from male or female staff members this was met. The registered manager also matched the personalities of people that used the service with the personalities of staff supporting them.
- One relative told us that every time they have a new member of staff, "We have a meet and greet at our home first. If we don't think they will fit in with us, or if they seem nervous, I tell the office and they don't send them again." They said they were involved in all the decisions made about the care plan.
- Care plans showed regular reviews of the care people received had been undertaken with people and their family members as appropriate. Records showed these were arenas where people could discuss all aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a respectful and courteous approach to the support they provided to people and this was confirmed by those that used the service. One staff member told us, "I would make sure that I carried out their wishes. If they wanted to be left whilst they took a phone call or if they just wanted some space. If a door was closed I would knock before entering." A second member of staff said, "When carrying out personal care I would make sure that the service user was covered appropriately only uncovering when necessary, making sure that the doors are closed."
- Maintaining people's independence, and ensuring they were in control of the support they received, was embedded in the care staff provided. The service understood the importance of this and effectively planned

and delivered people's care taking this into consideration.

- One Relative confirmed that staff were very respectful to them and their home and said, "They help him be as independent as he can be." A second relative told us, their family member was unable to do anything for them self, but the staff tried to make them feel independent. They said, "Adaptions have been made, like a tea machine put in," "The carers always talk to [them] and include [them] in things too."

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Aster care ensured people and their relatives were truly involved in their package of care from the recruitment of staff to day to day activities. They worked with people and their families to ensure they had choice and control over their lives. Packages of care were based on individuals needs, wants and requests.
- The registered manager told us about one person who had been living under a section in a mental health hospital for a significant period before being supported to live in their own home by Aster Care. This person's relative told us, "The hospital suggested that a care home would be the best place for him as he needed 24/7 care. We found Aster care and the hospital agreed to do a two-day trial. The hospital didn't think it would work." The registered manager said that one of this person's aims was to be able to have a shower every day which meant that they would need to be able to access upstairs in the house. A discharge plan was agreed which included that the person would be cared for in a bed in their lounge with the goal of moving him back upstairs to sleep when they could safely transfer on the stair lift and their behaviours could be managed in a smaller space. They would also be prescribed an 'as required' sedative if other strategies to help them calm did not work. After seven months of care and support from Aster Care this person was transferring upstairs successfully and was sleeping there at night. They were having a shower every morning and had been taken out in their wheelchair and enjoyed eating out. In addition, in the first seven month the use of sedative medication had only been required on three occasions.
- For a second person who had also been living under a section with two failed discharge attempts, Aster Care was contacted to provide a package of care. Aster Care participated in Best Interests Meeting with senior mental health practitioners, hospital staff and the family to gather information. They worked collaboratively to produce a risk management plan and agreed and planned a trial run at the person's home for a period of one week. To support staff, Aster Cares Operations Director developed a dedicated guidance and training booklet and trained a specially selected team of staff. The team was introduced to the person at hospital and an identified staff member worked agreed shifts at the hospital, with staff who already supported the person. They also supported the person to go out as a means to prepare them for home life. A programme of going out twice a day was developed to ensure the person was not 'detained' in their own home and promoted their independence and quality of life. The registered manager reported that as the person became familiar with the staff and vice versa, staff learned the meaning behind the persons word substitutions and their behaviours that challenged began to reduce. Three years after the package of care started, positive outcomes had been achieved for the person due to the personalised package of care. The person recognised and accepted the staff well and turned to them readily when people visited who they do not recognise. They went out a minimum of twice a day. Staff have successfully introduced a healthy

balanced diet. The person has successfully visited the dentist, doctors and opticians, all of which had not been possible in the first year of their support package.

- Staff told us that one of their primary aims was to support people and get them involved in the community. They told us how they found out what people liked to do by asking them, their relatives and by providing them with opportunities to try new things. For example, with careful planning one person was supported to go to the theatre.
- A health professional told us, "Aster Care provide a unique type of care service for people at home." "For both of the individuals who have Aster Care, care packages and input, they have managed the care very well. For both individuals when in hospital, care at home was predicted to fail within one month. This shows how successful Aster Care have been with maintaining quality care at home and prevented any need for readmission to hospital. Both individuals access the community every day, despite the challenging behaviours both people can present with." "Aster Care are very quick to respond to situations that occur, and do not hesitate to liaise with myself and my colleague when they require advice or help. They also respond positively to anything that requires change as a result of patients being reviewed." "Aster Care do not seem to struggle, and if they do encounter difficulties, are quick to collaboratively work with other involved professionals to resolve any issues."
- All relatives we spoke with described a service where their family member was at the forefront of the support they received. They told us review meetings took place regularly, but they were always in contact with the registered manager. They all told us they felt well informed and involved.
- Staff regularly went over and above the support package in order to assist people and their family members. Examples of this including shopping for the best deals for a person in their own time, replacing household items, arranging a boiler service and undertaking minor repairs to a person's home. Other examples included, taking people's pets to the vets and taking people's partners to the theatre.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Aster Care had a clear policy in place to guide staff about the assessment of people's communication needs. They were clear they would use where needed document in large print, alternative languages, audio and easy read. They ensured each person had a completed NHS Hospital Passport, for those who may not be able to communicate their needs clearly. This is a recognised document that gives an overview of the person where they are unable to communicate their needs. This also supported staff and people when attending healthcare appointments.
- Staff understood the need to ensure people's communication needs were considered and that staff adapted their approach to meet people's needs. One member of staff told us, "I have supported people with different communication needs, i.e. non-verbal but the service user is able to communicate by holding our hands [they] smiles and nods, I would read [their] body language, we read our service users lips at times and body language. We had a service user where English was not [their] first language but family were around so they could communicate if necessary. We use pictures and words for service users to communicate. There are many ways of communicating that we can follow."

Improving care quality in response to complaints or concerns

- People told us they had no complaints and if they did, they would discuss these with the registered manager and/or staff. They told us they were confident they would be listened to.
- One relative told us how in the past they had problems with one member of staff. They said once the company were made aware, "It was dealt with quickly and they have never been sent back to the house

again. It was sorted straight away."

- Records of complaints were maintained and reflected these had been managed appropriately and action taken to address them.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager was clear that if this was needed they would work closely with the person, their family and other professionals to ensure that all physical, social, emotional and spiritual needs were met.
- The registered manager had recognised that although staff had received some training, this was an area of development. As a result, contact had been made with the local hospice who had agreed to deliver training and support to the staff. This took place on the day of our site visit.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff described a service where people came first. The provider and management team worked to ensure staff were person centred and people were supported to have control and achieve positive outcomes.
- One relative told us, "The service has a great atmosphere about it. We feel so lucky with our company and are very happy. They support me too, it's always nice to have someone else to talk to." Another said, "Definitely well led," "it has a lovely atmosphere and isn't a big firm," "the communication is exactly as I like it," "we have a key worker who comes to us too." A third relative told us they would, "definitely recommend the company," and said, "I feel so well supported with them and hope it doesn't change."
- One member of staff told us, "Aster care wants to help individuals with long standing health issues to be cared for in their own home. Instead of 15-20-minute visits they want the individuals to be cared for in a calming and fulfilling way. This is demonstrated by creating long lasting relationships with the service users. Shift work allows you be there for the service user for whatever needs they may have."
- A second staff member said, "The fact that it's person centred means we are led by the service user and because we have longer shifts we can provide the right care at a speed and pace that the service user likes/requires."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run and well-led. People were supported in a service whereby the management

teams caring values were embedded into the leadership, culture and staff practice.

- Relatives, professionals and staff all spoke highly of the registered manager. One relative said, "I'm in constant contact with the manager, they respond quickly and are very supportive. Things are always acted on quickly."
- A member of staff told us, "Both [operations manager] and [registered manager] are very approachable and fair they are always supportive and caring, if I have any issues I wouldn't have concerns in going to either of them." And another said, "I've never worked for a company that I feel so valued and supported in what I do."
- A health care professional told us, "Both [operations manager] and [registered manager] lead the team by example and good role-modelling. They are both a credit to not just their organisation, but the care sector as a whole."
- As the service was small the use of formal audits to check the service were not in place. Review process and quality assurance visits to people were used to ensure people were receiving the service they wanted. Supervisions and observations of practice were used to ensure staff were performing in the manner expected of them. However, we discussed with the management team how the use of a care plan audit system may assist them in ensuring records are always accurate. We were assured the management team would implement this.
- Staff at all levels understood their roles and responsibilities and were confident in the registered manager.
- The service had a central improvement plan which all levels of management contributed to and monitored.

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

- A number of systems were in place to ensure people's, staffs, relatives and professionals views were sought. Staff told us how they had regular staff meetings. They said, "We have regular staff meetings, where we are able to discuss our findings raise any concerns that we may have, we also learn of any new changes/needs. I feel we are listened to and the office team deal with any concerns. Feedback is always given, and minutes are also sent to all staff including staff who may not have been able to attend."
- Relatives confirmed that their family members and their feedback was sought. Records showed that regular reviews of care packages took place and these enabled people to openly discuss any concerns they had or changes they wanted. For example, we saw records which showed people had discussed a lack of confidence in one staff member and the management and person agreed an approach to take to build this.

Working in partnership with others

- The service worked in partnership with several organisations such as the local authority, older person mental health team, local hospice and other health professionals. This enables them to ensure staff have the skills and support to deliver good quality care to people.