

Thurrock Borough Council

Thurrock Care At Home

Inspection report

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21 November 2019

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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

About the service

Thurrock Care at Home is a domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection 108 people were using the service.

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

People were very positive about the quality of the care and management of the service. People received a safe service as staff were knowledgeable about safeguarding procedures. Risks to people's safety were assessed, recorded and appropriate action was taken to keep people safe.

There were enough staff deployed to meet people's needs. The correct recruitment procedures were followed to ensure staff were suitably employed to work with people in their own homes.

People's medicines were administered and managed safely by trained and competent staff, and people received them as prescribed. Correct infection control procedures were followed. Lessons were learnt, and the service had been improved when things had gone wrong.

The service assessed people's needs and worked in line with current good practice. Staff were trained and supported to ensure they delivered effective care and support to people. People received consistent and timely care which met their needs and circumstances. Where support was provided with food and drink, people had choice over their meals.

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.

People told us they felt very cared for by staff who were caring, kind and considerate. Staff understood the importance of involving people in their care and promoting their independence. They enabled people to live in their own homes with confidence. People received an individualised service and their privacy and dignity was respected. Staff had developed positive relationships with people and their families.

People's care plans were personalised and contained all relevant information to respond to their needs. Reviews of people's care were undertaken to ensure they were up to date. People knew how to make a complaint about the service. People received thoughtful and respectful end of life care.

The service was managed and led by an efficient and robust management team. Staff were valued and respected and clear about their roles and responsibilities. A quality assurance process was in place which ensured oversight of all aspects of the service. The service worked well with other professionals to ensure people received personalised and high quality care.

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 Requires improvement (published 24 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Thurrock Care At Home

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 was made up of three inspectors and two Experts 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. The experts for this inspection had personal experience of using domiciliary care services.

Service and service type

Thurrock Care at Home is a domiciliary care agency. It provides personal care to people living in their own homes.

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. The registered manager helped the planning of the inspection but was on annual leave on the day of the office visit.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we wanted to send letters to people about the inspection telling them that we may be calling them to hear their views.

Inspection activity started on 12 November 2019 and ended on 25 November 2019. We visited the office location on 20 November 2019 and visited people in their own homes on 21 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 the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the team manager, deputy manager, medication officer, business support manager, a scheduler and six members of care staff. We contacted and spoke with 22 people and 17 relatives by telephone to ask for their feedback and visited three people in their own homes. We looked at 12 people's care records including their medicine records and daily notes. We looked at four staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits. We also contacted professionals that had experience of the service and received two responses.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included end of life care correspondence, confirmation of risk assessments completed and recruitment information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection, this key question has now improved to Good.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risks to people's safety and manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The system to assess risks to people's safety and wellbeing had been improved. Assessments were detailed and up to date. This included the use of equipment, falls, mobility, swallowing, pressure and continence care.
- Guidance to staff on how to manage risks to people were now clearly recorded. One person had a catheter and was prone to urinary tract infection. Information included signs to observe such as changes in odour and colour of urine. For another person, who had to have a strict intake of fluid, clear guidance was provided about how to manage this but not about managing the side effects. The operations manager updated this information quickly and reviewed related risk assessments to inform staff about the signs to look for and the action to take.
- Managing risks were discussed with people and their families during the initial assessment. People's views were included in the care plan, "I cooperate holding onto bedrails whilst I am on my side so staff can position the slide sheet." A family member told us, "The staff will notice things like red areas of [relative's] skin and phone the rapid response team if necessary. I know [relative] is well looked after."
- Any changes to people's needs was shared with staff. Staff confirmed there was good communication with them about the risks associated with people's changing needs.
- People were supported by staff who knew them well including any risks. One person said, "I feel very safe with my staff. When they are showering me, they will explain everything they are doing and make sure things like the water is fine and there is none on the floor for me to slip on. They really take care of me".
- Accidents and incidents were recorded. Body maps were kept in people's homes. If staff noticed injuries or skin tears, these were recorded and reported to the office who made a referral to the district nurse for advice and treatment.

Using medicines safely

- People told us they had their medicines on time and in a professional way. One person said, "They do my medicine from a dosset box; they drop the tablets into a beaker, they never touch them themselves even though they have gloves on. The medicine person is usually on time".

- A dedicated team of staff to manage and administer people's medicines was put in place after the last inspection. Only staff who were trained and assessed as competent to administer medicines were able to provide this service to people. The manager of this team told us the system was effective, working well and people's medicines were being safely managed. Staff told us checks on their competency to administer medicines was regularly undertaken.
- People had medicine administration records (MAR) which had been signed by staff to show that people had been given their medicines.
- A protocol of giving people their medicines as and when they needed, such as for pain relief, was in place to guide staff in giving these correctly. The administering of eye drops, application of creams and the giving of thickeners in drinks was also recorded. Staff knew how people liked their medicines given and, in a care record it said, "Dispensed in a cup and put on top of a tissue on their bedside cabinet." One person said, "I require staff to put my medicines on a dish so then I can take it myself."
- Regular audits of medicines were completed to check people were receiving their medicines safely. Where medicine errors were identified, these were thoroughly investigated, and appropriate action taken, for example, staff received supervision and re-training when poor practice was identified.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "I am safe and well with the staff, they make me comfortable. Another said, "They keep me safe and give me confidence."
- Staff knew the signs to look for where people might be being abused and how to report concerns. A staff member said, "I can tell when people are down and when they are unhappy, I would notice anything that wasn't right and report them."
- When staff joined the service, they received a staff handbook which included the company policy on safeguarding. Staff also had a copy of the whistle-blowing policy. This provided information to staff on how to report concerns of poor practice in the workplace.
- The management team understood their safeguarding responsibilities and reported concerns to the local authority, police and CQC as required.

Staffing and recruitment

- Sufficient staff were available to meet the needs of people who used the service. People were usually supported by regular staff to provide continuity of care. One person told us, "I have a small group of staff who come, and they are all very nice and know what they are doing." Another said, "I have known some of them for years and if I have a new one, they are usually introduced by someone I know." A family member said, "We have a small team as [relative] needs two staff at a time. They are always together and if one of them is off, one of the other three will try to cover the shift so that [relative] has continuity and consistency".
- Call visits were monitored, and any missed or late calls were dealt with quickly. No-one reported to us any missed calls, and if staff were going to be later than expected, they were informed by the staff member or the office.
- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults.

Preventing and controlling infection

- Staff received training in the prevention and control of infection and had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- People told us that staff wore gloves and aprons when for example, giving personal care or preparing food. One person said, "The staff will put my creams on, I have such dry skin. They wear gloves and aprons all the time; they are very professional." A family member told us, "The staff are very good, wearing gloves and plastic aprons and anything we've asked for, we got."

Learning lessons when things go wrong

- Audits on all aspects of the service including safeguarding, calls times, risks and complaints were used to monitor safety and quality. The service had learnt lessons from the last inspection and implemented new systems which had been embedded in the culture of the service. People's satisfaction with the delivery of their care was evidence of the lessons the service had learnt.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the provider review best practice guidance and requirements of the Mental Health Act 2005 (MCA) to ensure that all people using the service were effectively supported in terms of their capacity and abilities to make informed choices. At this inspection, we found the provider had made the necessary improvements.

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.

- Improvements had been made to ensuring people's consent and capacity was recorded. People's care plans contained signed consent to receiving care. This included consent for staff to undertake personal care, risk assessments, medicine administration and information sharing. People or their representatives had been fully involved in making decisions and choices about their care arrangements.
- Staff had all received training in the MCA and were aware of the principles underlying people's rights and freedoms. They were able to provide examples of how they asked people for their consent and permission, how people were supported to make decisions and how, if their capacity fluctuated, they acted in people's best interests.
- People told us staff asked their consent before delivering care. One person said, "Everything they do depends on me and what I want." Another said, "The staff gain my consent at every visit. Always ask how I feel and what do I want, and can I do anything else for you."

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

- People had an assessment of their physical and mental health, social, cultural and emotional needs before using the service. People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, ethnicity and sexual orientation were identified as part of the assessment.

- Information gathered from the assessment was used to create a person-centred support plan, which was updated as and when people's needs changed. This information considered people's strengths and included information about people's communication needs and how best to support people to make choices. Care was delivered in line with their requirements and in line with good practice.

Staff support: induction, training, skills and experience

- People told us staff were skilled and well trained. Comments included, "I think some of the staff are more confident than others. Some have more life skills and I think that makes a difference" and, "The staff are all really good staff and I believe have the correct skills to look after [relative]."
- When new staff joined the service, they received a comprehensive induction which included learning about company policies and procedures and shadowing more experienced staff to learn about the job role and people's individual needs. Staff told us, "The induction was really intense but good." One person told us, "My main staff member is training a new one at the moment in my care."
- The service had a comprehensive good training programme, provided by their own Academy. All new staff were required to undertake training based on the Care Certificate which represents best practice standards when inducting staff into the adult social care sector. Refresher training was in place providing a whole range of training for staff to be supported in their role. A staff member said, "All my mandatory training is up to date and it is good training, very thorough. I feel supported as a member of staff."
- Staff supervision was also very comprehensive and provided staff with support and guidance. It included team meetings, spot checks, monthly one to one discussion and an annual appraisal which was used to monitor performance and develop skills and future learning. Staff told us they felt very supported and able to discuss their work, role and responsibilities. One staff member said, "Regular supervision is a two-way process and I feel able to raise and discuss issues." Another said, "Management are very supportive and helpful and you can always go to any of them."

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

- Where it was part of an assessed need, staff supported people to have enough to eat and drink which met their needs and preferences. One person said, "Staff will ask what we fancy for dinner and do us a meal each. We have plenty of ready meals so there is always choice."
- Where people were identified at risk of malnutrition or dehydration, ways in which to support them was recorded, such as, "Sit [name] upright in their bed and meals to be pureed as per care plan." Food and fluid charts were kept, monitoring people's intake and output. This information was shared with relevant health care professionals as required to keep people well.

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

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well. One family member said, "The staff will call the GP if required. One day, when I was unwell, they called the GP for me. This showed that they care for the relatives as well."
- The service worked in partnership with health professionals such as occupational therapists, GP's and district nurses to support people to maintain their health and wellbeing.
- Referrals were made in a timely way and effective communication between agencies working together resulted in better outcomes for people. For example, staff made a call quickly to the district nurse if they had any concerns about people's skin. One professional told us, "Staff will let us know any specific times needed for particular medicines and they also collect them if they have not been delivered to the local pharmacy. Overall, there is good and active communication with us and the service."

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and treated people well. People described staff as being friendly, well presented, kind, caring, helpful and polite. One person said, "Staff are polite to me and I keep my mind active. Whoever is available are 10 out of 10 and marvellous. That bit of company throughout the day I can't ask for any more than I'm getting and with them hope I live many, many years to come." Another said "They [staff] are all very good. We have a laugh and I look forward to them coming."
- Staff had time to spend with people and were not rushed. One staff member said, "I have time to be with people, am not rushed by the schedule and there's always someone to ask for advice."
- Trusting relationships had been formed between the people, staff and their families. A family member said, "The staff are lovely and very caring. They chat to [relative] about their hobbies and their family and don't rush them. They have a nice relationship." Another family member and their relative told us, "We have some lovely staff and most of them know how to make sure we have things to hand. We love music and some of them do too, so we chat about it. They are like family to us; I couldn't wish for better. Excellent staff who look after us well."
- Staff understood the needs of people they supported and delivered good care. They also knew how important it was to develop relationships with people and their families. A staff member told us, "I feel I have a brilliant relationship with people I see. I like people and like to please them. If you care, you feel the vibes naturally." A professional told us, "The staff are very professional and go above and beyond for people. They have strong relationships with each other."

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

- People were fully involved in their care arrangements. We saw people's care plans had fully involved them and discussion included the outcomes they wished to achieve. One person said "When they are giving me personal care, I know it is all about me. They [staff] are wonderful, and I never feel embarrassed, even in the shower. Everything they do depends on me and what I want. They are caring and look after me." Another said, "My staff are very nice and show an interest in my life. They don't rush me, they support me to be as independent as I can."
- People received regular reviews of their care including unannounced spot checks to make sure people were happy with the service. This gave people the opportunity to express their views, be involved in decisions about their care and make any changes as required. A family member said, "The staff and my [relative] have a great relationship and we all involve one another in conversation. They never rush [relative] and always stay their full time, in fact they run over sometimes if [relative] wants to talk. The care is very much about [relative] but they work with the whole family."

Respecting and promoting people's privacy, dignity and independence

- People told us how the staff were gentle and treated them in a dignified way. One person said, "They [staff] make sure they shut the door for privacy and check the water before I get in, then wrap me up in big bath towels." A family member said, "The staff deal with [relative's] anxious moods really well and like a couple of weeks ago, I couldn't get [relative] to do anything, yet they [staff] talked to them and were so cool and calm and they responded. They are really 'cool,' 'calm' and 'collected.'" Another said, "Staff make sure it is [relative's] choice as to what they want to wear or wash. They treat [relative] with respect and make sure they maintain their dignity with things like making sure the curtains are closed until they are ready. It is all [relative's] choices."
- People's level of independence, such as their ability to tend to their own personal care needs, take their medicines and cook their own meals was recorded and actively encouraged by staff.
- Staff understood the importance of respecting people's privacy and dignity and aware of confidentiality and their responsibility about sharing information. Staff demonstrated compassion and empathy for the people they supported and were fully aware of the impact they had on them and their family members. A staff member said, "I am able to recognise people's difficulties and the support required, family life is complex and can be quite challenging."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

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

At our last inspection the provider had failed to assess people's needs and provide an up to date plan of care with their full involvement. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to the assessment and recording process following the last inspection. The assessment and review process were robust, detailed and comprehensive. People's care plans were written in a personalised way and included information on their physical, emotional and mental health needs and some details about their life history. One person said, "I received a comprehensive initial assessment when first joining the service by two senior personnel." Another said, "I have a good plan of care, it does what I need, and staff come when I want and, to be honest, they help me have a life."
- People told us they were involved in planning their care. They had a folder in their home which contained their details. We saw these were up to date on our visits. Staff used it to write the daily notes about the tasks and how the person had been that day. One person told us, "My care plan is in the folder the staff write in each day. I sometimes look at it and would say it is a true record of what they have done, for example, if I have said I don't want a shower that day they will record that. They do what I want, it is all my choice. I can't remember who came to set the care plan up, but they have been a couple of times since to update it."
- Reviews of people's care were undertaken regularly. A member of the office team would review it with them on a regular basis. One person said, "They come from the office most weeks to check if all is going well. They just drop in and put anything I need right." A family member told us, "I think it is all going to plan. The staff are quite a calming influence and it is enabling me to have my [relative] at home with me."
- Staff gave us many examples of the difference they made to people's lives for example, helping one person take 10 to 15 steps instead of using a hoist; supporting a person to make different choices about having a crumpet for breakfast instead of porridge and how that tasted. One staff member said, "It might not be life changing to us, but to people living difficult lives every day, it can be a big thing."

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.

- The service had an AIS policy which staff followed providing people with information in a way they understood. People's care plans showed their sensory and communication needs and ways to meet them. Information could be made available in an accessible format to meet each person's individual needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people received a service user guide which provided them with information on how to complain. People told us it was easy to contact the office and that staff were polite and receptive, dealing with their queries as necessary. People were also aware there was an out of hours number for them to use. One person said, "I ring the office if I need to change days or inform them about things and they always take it on-board. I would not hesitate to ring about concerns, in fact they changed a staff member when I wasn't happy." Another told us "The office staff are polite and arrange things as necessary. I've not got any grumbles."
- There were systems and processes in place to respond to complaints. These were logged and responded to appropriately including carrying out investigations and taking any necessary actions to improve care quality.

End of life care and support

- Staff explored with people during the initial assessment their wishes and arrangements so that these could be put in place toward the end of their life. Where people had a 'Do Not Attempt Cardio-pulmonary Resuscitation' order in place (known as a DNAR) this was identified and recorded in their care plan.
- The service supported people and their families to have their end of life care needs met. Staff had received training in end of life care. We saw records which showed good communication and liaison with professionals to support the person and their family during this time. Comments included, "I have told everyone at the hospital how well looked after we were by you" and, "We want to pass on our thanks to the staff for helping [relative] before they passed away. We are very thankful for them sorting things out."

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective quality assurance systems and processes in place to assess, monitor or improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were in place to monitor the quality of the service. Records showed the service was able to monitor and review care calls, accidents and incidents, pressure care and falls, risk assessments, care plans, medicines management and the safe recruitment of staff.
- The improvements made had provided better outcomes for people for example, people's calls were not missed and happened within their allocated time which meant people were happy with their care arrangements. They also had regular reviews of their care and met with staff to discuss their care and circumstances. The deputy manager told us that the quality assurance process had been a huge piece of work since the last inspection. We saw it was fit for purpose, robust and well managed.
- Managers and staff were clear about their roles and responsibilities. This ensured there were clear lines of accountability. Staff told us, "I love my job and I know what I do is important" and, "I am clear about my boundaries and am supported to follow clear rules, but rules which don't restrict you."

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

- Feedback from people was very positive and they said they would recommend the service to others. Comments included, "I am very happy with the care and service. They do everything I need them to do, they are very understanding", "I would definitely recommend them, the staff are always cheery and relaxed, we couldn't be happier" and, "and, "Staff are polite on the telephone and overall the service is well-managed. We trust the staff and are really relieved that [relative] is receiving good care, as we live far away."
- The management team were open, inclusive, caring and empowering. They included staff in developing ways of working and had clear and effective communication between all levels of the service. They discussed openly with staff when things went wrong, staff could go to them and together they looked at

ways of learning from events so they didn't happen again.

- Staff were positive about working at the service. One staff member said, "It's a good job and I like the freedom." Another said, "Teamwork is 100% and although I mainly work on my own, I feel well supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in making decisions about their care and felt in control of the way their care was provided.
- Staff had received training in equality and diversity. They understood the importance of treating people with dignity and respecting and valuing people's differences.
- People's feedback was sought in various ways, such as surveys and quality assurance visits which had been used to develop the service. The staff had team meetings which were interactive and actions to take well recorded. Staff met to discuss people's care needs and to make suggestions for improving their care. The service produced a newsletter which celebrated and honoured the staff completing their training and those going above and beyond to deliver a quality service. One example included the delivery of a baby of a person's family member whilst on a call.
- The service used information and feedback from complaints, accidents and incidents to improve the service for the individuals they supported and the staff they employed. Examples included, training for staff in how to shave people and handover notes implemented for better communication.

Working in partnership with others

- We saw evidence of good and effective liaison with professionals from health and social care. Staff were very proactive in seeking best solutions for people to enable them to make life easier. Referral requests for equipment, services and access to a day centre and community support were made in a timely way. A professional told us, "We found the managers easy to communicate with and were very responsive to emails and telephone calls. They were happy to attend a joint meeting with clients if required."
- The language used by staff in the correspondence we saw with a range of professionals, was respectful, polite and professional.