Suffolk County Council

Bury Home Care

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19, 25 and 26 October 2016 and was announced.

Bury Home Care is a domiciliary care service that provide short-term re-enablement packages to people in their own homes. At the time of our inspection there were 38 people using the service. The service shares a registered manager and additional resources with two other services in the area. When we last inspected this service in September 2014 we found that they were compliant in each of the areas inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service promoted people's safety through a robust approach to assessing risk, utilising assistive technology and equipping staff with the knowledge and resources to keep people safe. People received their calls within the specified times and the service made use of an innovative electronic monitoring system to manage the allocation of staff. The assessment and care planning process enabled staff to deliver consistent care to people, and their progress during their period of re-enablement was monitoring for successes or challenges. If people needed support taking medicines then these were administered by trained staff and accounted for appropriately by the service. People were supported to have their views and opinions heard and the service acted upon their feedback to improve their care. The outcomes for people using the service were positive and had assisted them to regain confidence, independence and mobility.

Staff received a broad range of high quality training to support them to undertake their duties effectively. New staff received a full induction into the service, and robust recruitment procedures were in place to ensure they had the skills and experience necessary for the role. They received regular supervisions and performance reviews to support their continued development. Staff understood their roles and responsibilities, and were knowledgeable about the ways in which people gave consent, and how the Mental Capacity Act (2005) was applied in practice. All of the people we spoke with were emphatic about the caring and kind attitude of the staff and felt treated with dignity and respect. We were told of numerous examples of times where the care and support provided went the extra mile.

The management team promoted a culture of continual development and improvement, with robust quality assurance processes in place to identify ways in which people using the service could receive more responsive, effective care. The service worked closely with community healthcare professionals and social work teams to support people's on-going health and well-being. Staff meetings were held each fortnight and provided an opportunity for the team to meet and discuss the on-going re-enablement of people using of the service.

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.

Risk assessments detailed ways in which risks to people could be minimised to keep them safe from harm.

Staff were recruited safely to work in the service and there were enough staff deployed to meet people's needs.

People's medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received the correct training and supervision to enable them to fulfil their roles effectively.

People gave consent to care and staff had knowledge and understanding of the Mental Capacity Act (2005) and how it applied in practice.

People's healthcare and dietary needs were assessed and met where appropriate.

Is the service caring?

Outstanding

The service was very caring

Staff were kind, compassionate and understood people's needs, preferences and cultural backgrounds.

People were treated with dignity and respect, and staff often went the 'extra mile' to provide outstanding person-centred care to people.

Records were kept securely and confidentially.

Is the service responsive?

Good

The service was responsive.

The service had implemented new systems which supported them to deliver responsive care to people with urgent needs and manage care while being provided remotely.

People were supported to work towards their desired outcomes, aims and objectives and the service were able to demonstrate outstanding practice in relation to the monitoring and achievement of these.

There was a complaints system in place to handle and resolve people's complaints promptly.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the manager of the service.

There were robust quality assurance systems in place which identified improvements and changes that needed to be made.

Team meetings were held regularly to give staff the chance to discuss issues affecting the service.

Bury Home Care

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 19, 25 and 26 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with fourteen people who used the service and three of their relatives. We also spoke with seven members of staff and the registered manager. We contacted twelve professionals involved with the service and received replies from four of them. We looked at five care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at four staff files including recruitment information, training and induction records and details of when staff were supervised. We also looked at quality audits, satisfaction surveys, minutes of meetings and complaints received by the service. We reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person said, "I feel safe because the staff really know what they are doing." Another person told us, "Of course I feel safe, if I didn't I wouldn't have them in my house." A relative said, "I am happy my [relative] is safe with the carers."

We asked staff to tell us about the ways they kept people safe when providing care and support. One member of staff said, "We'll always read the risk assessment. Some staff have been trained to become risk assessors so they identify anything in the person's home that could be dangerous or anything that we need to know. I'd always make sure the area is clear, clean and that we're following our training and what's written in the person's care plan." Staff received training in safeguarding people and understood the process they would follow to protect people from any risk of avoidable harm.

Before people began using the service, one of the senior members of staff visited them in their homes to complete a thorough risk assessment. This included looking at how the person mobilised and any support they needed with moving and handling. The environment was also risk assessed to check that it was safe for people and staff. If any risks or hazards were identified then control measures were put into place to mitigate the risk as far as possible. For example we noted that for one person it had been assessed as a risk to move them with their property in the condition it was found due to hazards identified in the environment. To manage this, the staff had asked that the environment be adapted to allow for staff to carry out the designated tasks safely. If people used any assistive technology or equipment which required maintenance then it was inspected prior to staff operating it. All staff received training in moving and handling which enabled them to understand how to use this equipment safely.

Any incidents that occurred within the service were recorded in detail alongside remedial actions taken to reduce the risk of recurrence. The lessons learned from each incident were recorded in detail to demonstrate the response from the service to protect people and staff. The service had accounted for various emergency situations that might have caused incident or meant that staff were unable to attend to people's calls. The registered manager told us about a 'dummy run' they held just prior to our inspection where they had tested how robust their emergency policy was in case of adverse weather conditions. This demonstrated that the service was being proactive in regards to people's safety and any potential risks that could be presented.

The registered manager told us that the service put people's safety first at all times, and was able to describe to us an innovative scheme using their new electronic system that was being used to keep people safe. Because the provider received information from the police about local crimes and concerns, the office staff at the service were able to send out alerts to people and staff to make them aware of any local risks or dangers they might need to be aware of. This demonstrated a strong commitment to protecting people's safety at all times.

People we spoke with told us that they generally received their calls within the time period specified. One person said, "I've never needed to change call times, they work for us." Another person said, "The carers are

usually able to come on time. The times are vague, it's usually between seven and nine but I know they're busy." The service were required to provide care and arrange a rota around short-term care packages and a high turnover of referrals, as a result it was initially explained to people using the service that visits would be made within a certain time frame.

If visits were shortened or missed then the reasons were clearly recorded as part of the on-going monitoring introduced by their new electronic system. For example we noted that one care visit, which had been recorded as seven minutes, was shorter than stipulated. However this was because the occupational therapist was present and additional support was not required. By evidencing the reasons for any missed, late or shortened calls, the service were able to demonstrate how they managed their rotas and deployed their staff effectively, and how they accounted for any issues as they arose. We looked at the last two weeks of rotas for staff and saw that travel times had been incorporated into their schedules to allow them adequate time between visits.

The staff we spoke with told us that while they were sometimes short staffed and under pressure, people were not put at risk of not receiving their visits or having them cut short. One member of staff said, "Sometimes it seems like there aren't enough staff but we always manage to get to people and deliver what we say we will. The staff we do have are a great team and experienced enough to deal with the situation." Another member of staff said, "There are enough staff to meet people's needs and attend visits, it's just sometimes we're being asked a lot to cover extra visits. I think they make do as best they can."

The registered manager explained to us some of the issues with recruitment in the area, but was able to demonstrate how they were proactively addressing the issue. For example on the day of our inspection there were a number of interviews taking place with prospective staff. We were shown the recruitment folder which detailed the progress of ongoing applications and how the service were advertising for more staff.

The provider followed a robust recruitment process to employ staff who were of suitable character, skills and experience for their roles. Staff were asked to completed a detailed application which tested their existing knowledge in areas such as safeguarding and promoting independence. Once assessed as being suitable, prospective staff were then asked to provide two employment references and complete a DBS (Disclosure and Barring Service) check. DBS is a way of employers making safer recruitment decisions. We looked at the files for three members of staff and saw that each of them had the relevant checks in place prior to commencing their employment.

If people required support with taking their medicines then this was indicated in their care plan with a list of the medicines they took and the level of assistance required. Staff received training to understand the administration of medicines and were subject to a competency assessment prior to carry out this element of their role. One member of staff said, "We know if they [people] need their medicines given and we're given training to know about hygiene and how to fill out their charts." The initial medicines assessment tested knowledge and theory as well as observation of practice. We looked through the MAR (medicines administration record) charts for several people and noted that there were some gaps in recording which were unaccounted for. However as part of the action taken following the conclusion of people's care packages, these gaps had been addressed with staff and the outcomes recorded. This meant that discrepancies or omissions were being identified and discussed to reduce the risk of recurrence.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were able to deliver effective care and support. One person said, "The care staff do anything they can to help me." Another person said, "I could not wish for a better team of [staff]."

The staff we spoke with told us they received the correct training to enable them to carry out their roles effectively. One member of staff said, "I've had a lot of training already and more to come. What I've had has been useful, especially the manual handling training which is practical and gives us examples of what to do." Another member of staff said, "We have a lot more training than some companies and we can always learn more. I'd say we're very lucky with the training we do get." We reviewed the training record for all staff and noted that they had completed training that the provider considered essential as part of their induction. This included infection control, safeguarding and moving and handling.

Staff also had a variety of more specialised training available in areas such as dementia awareness, basic life support and re-enablement training. A Team Leader told us about a course implemented recently called 'Quality Recording Principles' and how this had been applied into practice. They said, "We noticed that some of the notes were not detailed enough and were not as good as we would expect. We made that training available to staff so they could understand the importance of good recording and reporting and what needs to be captured in care notes." Once they had completed their initial training staff were then provided opportunities to attend update and refresher courses as required. This helped to enable them to keep their knowledge and practice up to date.

When staff began their employment with the service they were given a comprehensive induction which included a chance to read through policies and procedures, learn to use the equipment operated by the service and begin completion of the care certificate. One member of staff told us, "They go through pretty much everything and then some more. It's good because we're working with people we don't always know or have much information about so they need to make sure we're confident and know what to do."

When the first day of induction was completed at the office they then worked alongside an experienced member of staff. Once they had completed their induction they were then observed by Team Leaders while providing care in people's homes. They were rated in areas such as punctuality, working to the care plan and health and safety. We saw that where issues had been identified, remedial action had been taken to suggest improvements to practice. Staff were provided with opportunities to complete QCF qualifications Level 2 and 3 in health and social care. We were shown a calendar of supervisions which demonstrated that staff were receiving, or were scheduled to receive, a supervision once every few months.

People using the service were asked to sign their care plans to indicate consent, and the staff we spoke with told us they understood the principles behind seeking consent from people prior to delivering care. One member of staff said, "Because we're not always familiar to people and working with them in the short-term, it's important that we understand them and they understand what we're doing and why. We always ask their permission, communicate with them about what we're doing and ask them if it's okay for them." People's

initial assessments included information about their level of capacity, and staff had received training to understand the Mental Capacity Act (2005). 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's healthcare conditions were listed in their care plans and communicated to staff through the electronic communication system where necessary. The service worked closely with occupational therapists and community based healthcare teams to support people's on-going rehabilitation and recovery from injury. We noted in the minutes of the last team meeting that there was an on-going partnership between the occupational therapy team and the service, and that some occupational therapists were supervising the service's staff in re-enablement.

We spoke with one of the physiotherapists who worked for the service who told us how working in partnership helped provide positive outcomes for people. They said, "I enjoy the flexibility of the service. I feel that this then benefits our customers as there is more chance of positive outcomes because they can be re-assessed, goals updated and progress identified within the short time frame that they may receive support from Home First. I am also able to carry out my assessments quickly as opposed to having a waiting list. This is especially important as the service is provided for up to six weeks, therefore I get involved and try to problem solve quickly so that they can begin to work on their goals to maximise their potential recovery."

The people we spoke with told us that if they required support with eating or meal preparation then the service were effective when making sure they had enough to eat and drink. One person said, "One of the main reasons the carers come in is to help me with the meals I feel it's working well" Another person said, "The care staff always leave me access to a drink before they leave."

Outstanding ☆

Is the service caring?

Our findings

All of the people we spoke with told us that the care staff were kind, caring and considerate of their needs during their period of re-enablement. One person said "The care staff do anything they can to help me." Another person told us, "The staff are so kind. I was upset one morning and the staff did all they could to cheer me up." A third person said "The carers are really kind to me." A relative told us, "I can hear the carer and [relative] chatting all the time when they come in, it is lovely to hear [relative] as [they] don't really talk much."

The staff we spoke with demonstrated a strong knowledge of the people they supported and all of them showed a caring, thoughtful attitude and approach. One member of staff said, "I love meeting the people and interacting with them to give them the best chance of recovery. We're the only people they see sometimes and often we'll see them at their most vulnerable when they're low and need picking up and supporting. I'm proud to be able to do that."

One member of the care staff had gone significantly over and above their normal duties when they had agreed to lead the funeral cortege for a person they had provided care to beforehand. Because the member of staff had identified the person's background in engineering they had developed a friendship based on a mutual love for vintage cars. When the person sadly passed on the member of staff had agreed to drive their newly restored Moris Minor at the request of the person's family. Another member of staff had worked closely with a person's family to find additional legal support and equipment, which included accompanying them to London on one occasion. On several occasions we were told by staff about people they still kept in touch with and continued to provide a sympathetic ear for.

The longevity, maturity and experience of the staff team meant that they were skilled in building and sustaining positive relationships with people which transcended their normal duties and gave people a lift during times were they were often vulnerable or coping with a difficult period in their lives. This supported the re-enablement process by developing people's confidence, trust and independence and providing them with a support network they could access if they ever needed it.

The people we spoke with told us they felt they were treated with dignity and respect. One person said, "I am treated with respect at all times." Another person said, "No matter how busy the staff are I am never made to feel that I am a trouble to them." The staff we spoke with were able to describe ways in which they observed people's privacy and dignity. One member of staff told us, "We're in their homes so we'll do things the way that they like and we have to be mindful that sometimes they might be embarrassed at needing help or wanting to do things for themselves. We'll always knock on their door, provide care in private with curtains closed and make sure they're aware of what we're doing. We don't offer intrusive care unless they need it, and we're there to encourage people to do what they can for themselves." There was a dignity champion appointed within the service who was tasked with looked at how this was being observed in practice and how staff could be more mindful when delivering care during visits.

When people began receiving a package of care from the service they received a 'customer guide' which

detailed the type of service provided and the policies of the organisation. This included information that was relevant to their care package like advocacy services, the details of other healthcare professionals and who they could contact if they had any questions or concerns to share. We saw a copy of a newsletter which had been issued to stakeholders involved with the provider and kept them abreast of developments within the service. The newsletter was used to share the positive re-enablement stories collated from each part of the service and share these with other stakeholders. People were also provided with details of other services who could provide immediate or long-term support. The service asked people if they were aware of their benefit entitlements and personal budgets, the availability of assistive technology, local meal providers and any other service that might have proved useful to them. Again this demonstrated that the service were committed to supporting people's on-going rehabilitation and recovery beyond the mandate of their service.

The service had received a high level of compliments since our last inspection which praised the positive care and support provided and how it had helped people during their recovery or rehabilitation. Compliments included were, "Thank you for all of your help and kindness, This has really helped my recovery from a major operation and I really appreciated your excellent service." "We miss your cheerful banter, it was more like having friends to visit than carers." "Thank you for your unfailing cheerfulness and help, it made our lives so much easier." "Your super team of carers were not only super-efficient but very caring and gentle as well, I could not have coped without them." "We have looked forward to your arrival every day because you were always cheerful and brightened up the house when you arrived."

Good

Is the service responsive?

Our findings

In responding to people's care needs and achieving their desired outcomes and objectives, we found that the service delivered strong, person-led care and support. Because of the short-term nature of the support that the agency provided, it was necessary that there were robust systems in place for responsive communication, monitoring of the success of care packages and evidence of positive outcomes for people. During the inspection we were provided with substantial evidence of how the service had worked closely with people, staff and other stakeholders to provide consistently high quality re-enablement to people which had allowed them to regain their independence or transition into other suitable services.

People told us they were involved in the initial assessment of their need and then their progress was recorded as they became less dependent on the service over time. A relative we spoke with told us, "Initially we had a meeting with the manager before [relative]'s care started." Care plans contained largely essential information due to the nature of the service, who would be providing short-term care packages to people at short notice.

We asked the staff if there was enough information made available to them to provide care safely. One member of staff said, "We're given a care plan which gives us the reason why they were taken into hospital and the kind of support they need. It's usually enough to work with and then we're guided by the person to some extent." Another member of staff said, "We get good care notes usually, although we have found that sometimes the information from the initial hospital assessments is more limited and we could do with a little more, it does help us to support people better. If we know their preferred names and little bit more about them before we do our own assessments it can make our jobs easier when we're building those initial relationships." The registered manager told us that going forward they planned to work closely with the discharge team to request that the assessments provided contained a higher level of detail to transpose into their own care plans.

We noted that people's initial assessments contained information relating to their health, relationships and background information as to why the referral was made. The tasks that carers were asked to undertake were then listed in detail as part of their care plan. Information was included with regard to their personal preferences, for example it was stipulated that one person preferred to undertake some of their personal care tasks independently and in a certain way which was to be observed by staff.

We spoke with the registered manager about the effectiveness of the care plans, and they were able to demonstrate that the assessment methodology was changing to include a greater breadth of information in relation to people's care needs. They said, "We do try and include as much information as we can but sometimes the most important thing is providing the care as they have just come out of hospital and need quick interventions. We have the initial assessment to take account of the essential information and then try and build a more detailed care plan from there." To demonstrate this, we were given a care plan belonging to a person who had been with the service for longer than the average six weeks. Through this we were able to see how additional information was collected about the person and used to create a more person-centred plan for them, with their involvement. This included information about their background, character

and progress towards stated objectives.

One person providing feedback following the conclusion of a care package said, "I was very involved and fully informed. The staff were helpful, kind and funny. They did an excellent job and I'm going to miss them." A relative asked to comment upon the effectiveness of the care provided told us, "I was involved in all areas of the care service received from [the service] and the staff and carers were all very kind and helpful." Another relative said, "The evening care received was appreciated by all of the family, including the Team Leader who took a lot of time to kindly and carefully assess [relative]'s needs."

When a package of care began, people were asked what their overall goals and objectives were and asked to stipulate what they hoped to receive from the service. This put people in control of their care planning and allowed the staff working with the person to understand the purpose of their interventions and how it would support their rehabilitation. When people were later asked as part of surveys and reviews how the service had aided their re-enablement and independence, we were able to review some positive examples of how this had been achieved. One such example was "From being virtually immobile I can now walk slowly. Every member of your staff who attended was efficient, pleasant and helpful in every way." Another person said the service "helped greatly to regain my mobility."

A physiotherapist employed by the service explained how the joint approach from the service and external professionals to helping people achieve their desired outcomes was proving consistently effective. They said, "We have carried out a couple of joint visits with the community physiotherapist and this has worked well to ensure we are working towards the same goals. Joint working in this way means that we are able to provide a consistent service, but on an individual basis depending on the person's needs and this is all to try and reduce the level of support they may require in the long term."

The achievements of the service had been recently celebrated in the provider's newsletter, which shared some positive stories of how re-enablement had benefitted people. "A [person] had broken the top of their arm and within a few weeks [they] could do everything for [themselves] except for dressing, I showed [them] a technique to use and [they] were so grateful for all the help. Soon they were enabled and the care could stop." Another example was, "A [person] who had been admitted to hospital after a reduction in mobility and had become chair bound. Within a few weeks the care was stopped, [they] were driving again and it was so quick because [they] were shown which aids were out there for them to use and how to order them." A third example was given: "When we first starting delivering care to [customer] they had 4 visits a day and two carers because of very poor mobility for years. They were at risk of being bed bound, skin breakdown and poor vision. But after working with [the person] [they] are now down to a single staff member each visit and working towards further independence."

A weekly report was completed which encouraged staff to assess the progress that people had made with daily living tasks such as washing, dressing and mobilising. Staff were asked to indicate the level of dependence people had for staff assistance and through this identify whether improvements were being made in line with their stated aims and objectives. Through this we were able to track the progress of people's re-enablement and see the positive steps that the service had supported people to make towards regaining their independence. In the evaluations of care which were issued following the conclusion of their care packages people were asked whether their care and support had helped them to regain their independence. Answers included, "It has been such a joy to be able to have a shower every day and it has been made as easy as possible." "It helped me to stay in my flat with the extra support in the evening." "My recovery was very quick owing to the support received from Home First." "From being virtually immobile I can now walk slowly with a machine."

During the inspection we were shown how the electronic system in operation enabled the service to be more responsive to issues as they arose. For example if a member of staff had a concern during a visit, or if there were changes that needed to be implemented which impacted upon the person's care, messages could be sent instantaneously to their personal device. For example one person told us they needed to attend a hospital appointment at short notice, and so the service were able to provide them with a member of staff to support them by using the system to gauge staff availability and send messages out to ask who was available to help. One relative we spoke to told us the service was extremely responsive when required, saying "when [relative] came out of hospital they promised a carer would call that day and they did even though they were so busy and they appeared so caring." A professional involved with the service told us, "They will respond quickly to emergencies and I often hear very positive comments from those who receive care from Home First. They often make all the difference to hospital discharges allowing clients who have been discharged home to regain confidence and become independent when possible."

The provider had a complaints policy in place which detailed how people could make complaints and how they would be handled. People we spoke with told us they were aware of who to complain to if necessary. The registered manager was proactive in identifying improvements that could be made to enhance the overall quality of the care provided.

Good

Is the service well-led?

Our findings

People told us they knew who the manager was and felt able to contact them if necessary. One person said "If I have had to contact the office staff for anything then I know it's acted upon as I always get feedback." A relative told us, "The management of the service is good, they've kept us up to date with all matters relating to [relative]'s care and support."

The service was comprised of a registered manager, deputy manager, team leaders and business support assistants. The staff we spoke with told us the management team were approachable and helpful. One member of staff said, "The registered manager is nice, easy to talk to, and the Team Leaders are good as well." Another member of staff was enthusiastic about the way in which they were made to feel valued and appreciated by the registered manager. They said, "I get thank you letters and notes and messages sent to me which means a lot. It makes you feel like what you do is appreciated and respected." The registered manager was keen to emphasise the importance of valuing staff, and told us "If I value them then they value us. I'll always find ways to show my appreciation because I think it's important that we do what we can. That 'thank you' can mean a lot to somebody."

The registered manager was also able to provide examples of how they had supported staff to develop. They said "We try and grow from within where possible and support staff to take the next steps in their career." Some of the staff we spoke with had started as carers and developed into team leaders and other managerial roles. We saw numerous examples of how staff were included in decision making and important issues regarding the service. For example a recent proposed change to the way that assessment worked had been discussed at length with the staff team with each of them asked for their input and given an opportunity to share their concerns and views. Staff were informed of the visions and values of the provider through their job descriptions, which stated 'To support and promote independence and meet the immediate needs of new referrals to the service'. The staff we spoke with were enthusiastic about the ways in which they promoted these values in practice. One member of staff said, "I think we do a great job of getting people back onto their feet. Obviously we're only with them for a short time but I think we all know how important it is to get it right in that time."

Since our last inspection the service had introduced a new electronic system which was used to manage the majority of care tasks, provide oversight from management and monitor overall quality across the service. This allowed them to analyse trends and patterns in care visit times and rotas, and identify areas that needed improvement. After each of their care packages concluded they were reviewed by the management team and an action plan was formed on the basis of any issues that had arisen or anything that had occurred while delivering care. For example we noted that discrepancies found in daily notes were highlighted to individual members of staff after a care package was concluded.

A physiotherapist employed by the service told us that there had also been improvements identified to the way in which referrals from hospital were being managed, and explained how this would impact positively upon people. They said, "There is a piece of work going on at the moment with the [local] hospital to try and improve communication to make the transition more fluid when someone is medically stable and looking to

be discharged. A new therapist to therapist referral is due to be trialled imminently to try and provide more key information that makes the transition easier. This should then benefit the customer as hopefully they would feel less anxious about returning home, particularly after a traumatic event that lead to their hospital admission as they will have been given accurate information about Home First and what to expect from the enablement service."

Surveys had been sent out to people and their relatives prior to our inspection to ascertain whether they were satisfied with the service provided and had any additional feedback. We looked through all of the completed surveys and found that the feedback was overwhelmingly positive, with people rating the service as 'very good' or 'excellent' in answer to the majority of questions asked. Comments included, "We found all of the practitioners [staff] very professional, kind and friendly. My [relative] looked forward to their visits each day and I would recommend your [service] strongly." "I thought [relative] received a good level of care. The team didn't need to do very much for [them] but I felt their attention to [their] needs was appropriate and supportive." We also saw that surveys had recently been sent to staff to collate their feedback and identify any areas that felt could be improved.

Team meetings took place monthly to provide staff with the opportunity to contribute to the development of the service. We looked at the previous six month's minutes from these meetings and saw that a range of issues had been discussed, from individual people support, to visit times, staffing, training and performance. Meetings were sometimes used to share important news and updates from people externally. For example we noted that a new heating initiative designed to provide older people with better heating solutions had been discussed and the project manager asked to attend the meeting to discuss the positive implications for the service. The service had referred people to this initiative and as a result they are able to make better use of cheaper and more energy-efficient heating solutions in their homes to prepare for the colder months. This demonstrated that the service were innovative in consulting with other agencies to find improvements for the benefit of people using the service.