

Bromley, Lewisham & Greenwich Mind Ltd

Bromley Mind - Mindcare

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 November 2017. We gave the provider two days' notice of the inspection as we needed to make sure the manager and staff would be available. At our last comprehensive inspection of the service on 10 and 11 October 2016 we made recommendations to the provider on the safe management and administration of medicines. This was because medicine records were not always completed appropriately by staff in line with best practice. There were no systems in place to seek and assess people's consent and capacity and to act in accordance with the requirements of the Mental Capacity Act 2005 when required and risk management required improvements as risk assessments did not provide staff with detailed guidance on managing or reducing highlighted risks. At this inspection we found the provider had taken appropriate actions to address the areas requiring improvement and to ensure best practice.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service mainly to older adults. Not everyone using Bromley Mind - Mindcare receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Bromley Mind - Mindcare is a carers' respite and sitting service which provides support and some personal care to people living with dementia within their own homes. At the time of our inspection there were approximately 83 people using the service.

The service had 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.

There were safeguarding and whistle-blowing procedures in place and staff knew what actions to take to protect adults and children from harm. Any safeguarding concerns were reported appropriately to the local authority and CQC. There were robust recruitment checks in place before staff started work at the service. People told us that there were regular staff and there were enough of them to safely meet their needs. Risks to people were assessed, managed and reviewed regularly to ensure people's needs were safely met. Where incidents and accidents occurred these were reviewed regularly to ensure that the risk of them re-occurring was reduced. Staff were knowledgeable about risks to people as care plans gave detailed guidance to them. Medicines were managed and administered safely and appropriately and audits conducted to ensure that medicines practice was safe. People were protected from the risk of infections and staff had received training in respect of infection control.

Assessments of people's care and support needs were conducted to ensure that the care they received was suitable. Staff were competent and had received an appropriate induction before they started work and had regular training relevant to the needs of people that they supported. Staff also received regular supervision where any training needs or concerns could be discussed as well as an annual appraisal. People were supported to meet their nutritional needs, and staff were aware of any specific dietary requirements people

may have. People were supported to access health and social care professionals when necessary. Staff were aware of the importance of seeking consent from people they supported and demonstrated good knowledge of the Mental Capacity Act 2005. There were arrangements in place to comply with the Mental Capacity Act 2005.

People told us staff were caring and respectful when they provided care. People had been consulted about their care and support needs and were given appropriate information about the service such as how to make a complaint and the providers statement of purpose. People were supported to communicate their needs and information was available in a format that met their needs. People told us they received personalised care that met their needs. Care plans were detailed and had information about people and their preferences. People knew about the provider's complaints procedure and said they felt comfortable raising concerns if necessary. There had been no formal complaints since our last inspection.

There were effective quality assurance systems in place to evaluate and monitor the quality of the service provided to people. The provider took into account the views of people through satisfaction surveys and other communication methods and made improvements where necessary. Staff said they enjoyed working at the service and they received good support from the manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available. The service worked closely with external organisations to meet people's needs and to improve the quality of the service they provided.

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.

Medicines were managed and administered safely and appropriately.

Risks to people were assessed and reviewed to ensure their needs were safely met.

The service had safeguarding and whistle-blowing procedures in place which staff understood.

Appropriate recruitment checks took place before staff started work. There was enough staff to meet people's needs.

People were protected from the risk of infections.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent and acted in accordance with the Mental Capacity Act 2005 where applicable when people lacked capacity to make decisions for themselves.

Assessments of people's care and support needs were conducted.

Staff were competent and received training and support.

People were supported to meet their nutritional needs.

People received support to access health and social care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People told us staff treated them in a caring and respectful manner.

People were involved in planning for their care needs.

People were provided with appropriate information about the service.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their diverse needs.

People knew about the provider's complaints procedure.

People's end of life care needs and wishes were assessed and met where appropriate.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received support from the manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was available for staff and people when they needed it.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received.

The provider took into account the views of people through satisfaction surveys and other communication methods.

The service worked closely with external organisations to meet people's needs and to improve the quality of the service they provided.

Bromley Mind - Mindcare

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 was carried out by one inspector on 21 November 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the registered manager and staff would be in when we inspected.

Prior to the inspection we reviewed the information we held about the service and the provider which included statutory notifications the provider had sent the CQC. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider for some key information about the service, what the service does well and any improvements they plan to make. We also contacted the commissioning authority to request feedback on their views of the service. We used these sources of information to help inform our inspection planning.

There were approximately 83 people using the service at the time of our inspection. We spoke with six people by telephone and looked at the care plans and records for seven people using the service. We contacted five members of care staff and spoke with members of staff on site including the registered manager and service manager. As part of our inspection we looked at records used in relation to the management of the service such as policies and procedures and quality audits.

Is the service safe?

Our findings

At our last inspection of the service we made a recommendation because medicine records were not always completed appropriately by staff in line with best practice. At this inspection people told us the support they received from staff in managing and administering medicines was good and they received their medicines when required. One relative said, "My loved ones medicines are very important. Staff manage them well and always makes sure my loved one gets them when needed. They are very well trained and know just how to manage my loved ones condition."

At the time of our inspection the manager told us that most people managed their own medicines, however some people needed to be reminded, prompted or supported to manage and administer their medicines. Where people required support with their medicines, there were systems in place to ensure medicines were managed and administered by staff safely and appropriately. Where people required support to take their medicines we saw that this was recorded in their care plans to ensure staff were aware of the support individuals required. We looked at the medicine administration records (MAR) for people who required support with managing their medicines and saw staff completed MARs correctly with no omissions or errors noted. We also saw audited MAR's which office staff completed to ensure medicines were managed safely and appropriately. These confirmed that people were supported to take their medicines safely in line with best practice and as prescribed by health care professionals. Training records confirmed that staff received training on the administration of medicines and training was refreshed on a regular basis to ensure staff were kept up to date with best practice.

People told us they felt safe with the support provided. One relative said, "Yes, we feel very safe. I've never had any concerns about the service or the staff they are all very kind." Another person said, "The care and support they provide is excellent. I don't have any concerns or worries." A third person commented, "I have a regular person that visits which is fantastic as my loved one knows them well. They feel very safe with them and they do wear an ID badge."

The provider took action to ensure levels of risk to people's physical and mental health were assessed, recorded and managed appropriately. Care plans and assessments identified areas of risk, for example in relation to their nutritional needs, mobility, behaviour, sensory impairment and or communication needs. Assessments included detailed information and guidance for staff on the support and actions to be taken to minimise identified risks. For example one care plan documented the person required support whilst eating and drinking. Detailed guidance for staff included actions to be taken to prevent any risk of choking whilst supporting the person at meal times. Another care plan had guidance on actions to take should the person's physical condition deteriorate whilst supporting them, including emergency services contact details. Assessments included information and any identified risks within the home environment to ensure people and staff remained safe and risks were minimised. There were arrangements in place to manage foreseeable emergencies and people had an out of hour's contact number available to them should they require support out of office hours. Staff received training in emergency first aid and health and safety and knew how to respond in the event of an emergency.

There were robust policies and procedures in place to safeguard adults from abuse and these were displayed within the office for staff reference. Staff demonstrated a clear understanding of safeguarding and reporting procedures and staff knew how to report any concerns. One member of staff told us, "Either witnessed or suspected abuse, I would record my concerns immediately and report back to the office immediately. I would report to the office manager or a supervisor." Another member of staff told us, "I would report my concerns to my manager or their senior in their absence. If it was serious enough, i.e. life-threatening, I would ring the police and inform the office also."

Staff received training to ensure they were knowledgeable about how to respond to concerns and training records confirmed that all staff had received training on safeguarding adults and children from abuse. Staff were also knowledgeable about the provider's whistle-blowing procedure and knew how to report any issues of poor practice. There was a well organised file that had records of safeguarding concerns and incidents that were logged and managed appropriately. The provider's head of service regularly audited safeguarding records to ensure concerns were managed appropriately and any themes or trends were identified and addressed. Where required referrals to safeguarding authorities were made and notifications to the CQC were sent as appropriate.

Accidents and incidents involving the safety of people and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff identified concerns appropriately, took actions to address them and referred to health and social care professionals when required to minimise the reoccurrence of incidents. There were policies and procedures to ensure staff managed accident and incidents safely. The provider's head of service conducted audits of accident and incident records to ensure these were managed appropriately and any themes or trends were addressed. Staff told us they were issued with a staff handbook for reference, identity name badge to ensure people knew them before they entered their home and were provided with personal protective equipment (PPE) to minimise the risk of infection. The provider had an infection control policy in place and PPE was always available for staff when supporting people with personal care. Staff we spoke with confirmed they had access to PPE including gloves and aprons when required and training records confirmed that staff received training on infection control and food hygiene.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references, history of experience and or professional qualifications and explanations for any breaks in employment.

People told us there were enough staff working at the service to meet their needs and they had regular staff that visited them. One person said, "We have never had any issues with staff not visiting. They always come on time and we have a regular sitter. The service is great." Another person told us, "We have never been let down. It always runs so smoothly. They come on time and provide a wonderful service." Staff told us they thought there were sufficient staff working at the service to ensure that people's needs were met. The manager told us they were fully staffed and had no current vacancies within the service. They informed us that if staff were unwell and couldn't attend work then cover from available staff was easily sought.

Is the service effective?

Our findings

At our last inspection of the service we noted that there were no systems in place to seek people's consent and to assess people's capacity in accordance with the requirements of the Mental Capacity Act 2005 and this required some improvement. At this inspection people told us they were involved in making decisions about their support and staff sought their consent. One person said, "They always consult with us to make sure we are happy with the service." Another person commented, "They assessed my loved ones needs and always ask me how best they can support us, they never do anything without asking."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves. 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.

Staff were aware of the importance of seeking consent from people and demonstrated their knowledge of people's right to make informed choices and decisions independently but where necessary for them to act in someone's best interests. One member of staff told us, "When I work with a client I tell them what I am doing, what I am offering and ask if this is okay with them and look for their response. My clients are all unique and individual and even if a person cannot articulate, they are usually able to communicate back to me in some way. Clients should be encouraged to make decisions for themselves, perhaps presenting information in a way they can understand. We should not assume that our clients do not have mental capacity and should use the least restrictive approach as possible when looking after our clients, allowing them their usual freedoms but at the same time looking after their best interests to provide them with good care."

The service worked within the principles of the MCA and assessments were completed to ensure people were supported to make their own decisions about their care and support and helped to do so when needed. The manager told us that if they had any concerns regarding a person's ability to make a decision they would work with them, their relatives, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken and any decisions made was in their best interests and in accordance with the MCA.

Assessments of people's physical and mental health needs were completed before they started using the service. Care plans contained referrals and assessments from a commissioning local authority and this provided the service with information on how best they could meet people's identified needs and wishes. Assessments covered areas such as individual personal history and preferences, physical and mental health, medicines, mobility, nutrition and hydration and communication amongst others. Assessments documented involvement from people, their relatives and in some cases health and social care professionals to ensure all needs were addressed. Assessments were used to develop individual care plans

which reflected current legislation and national guidance to ensure best practice.

Care plans documented the support people required with meal preparation and with eating and drinking to ensure people's nutritional needs were safely met. People told us they were happy with the support provided in preparing meals, snacks, drinks and with assistance to eat and drink at meal times. One person said, "They make sure my loved one has a sandwich at lunch and drinks when needed." Another person told us, "Staff are aware of the importance of supporting my loved one with snacks and drinks and they do a fantastic job." Care plans detailed people's nutritional requirements including any known allergies and risks such as swallowing difficulties and choking. Care plans provided staff with detailed guidance on how best to support people to meet their nutritional needs and also documented any guidance and recommendations from health care professionals such as speech and language therapists or dieticians.

People told us they were supported to access health and social care professionals when required. One person said, "The service is very good at supporting you to access other services. They are a wealth of information." Another person said, "If anything should happen to my loved one they know just what to do and who to contact." Care plans contained information on the health and social care professionals involved in people's care and demonstrated that the service worked in partnership with them and other agencies to ensure people's needs were appropriately met.

Staff told us they completed an induction programme when they started work. One member of staff said, "When I joined many years ago I had a week's induction course and then had to follow and complete a three month training program under supervision. We were also given an induction pack containing Mind's policies and procedures." Another member of staff told us, "We had a series of full day's induction training and worked through a manual which we had to complete and submit within three months of being in service. We had shifts working in the day centre and also shadowed dementia support workers in the community before we were able to start working alone." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and records we looked at confirmed this. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Staff told us they received supervision support on a regular basis and training appropriate to their needs and the needs of people who they support. One member of staff told us "I have an annual appraisal and have supervision with my line manager every quarter. I do feel supported by my manager and they are approachable. I can air any concerns to them whether they be on a personal level or about my clients." Another member of staff said, "We have an annual face-to-face appraisal where we check training records and any professional development needed. We have phone supervision once a year plus we have four team meetings a year. In addition, we are asked for input into the service-users reviews. Moreover, I regularly call in to discuss changes in people's circumstances. I feel very supported and have regular face to face contact."

Staff records we looked at showed that training was provided on a regular basis and included topics such as emergency first aid, food hygiene, health and safety, manual handling, medication, dementia awareness, MCA 2005 and safeguarding adults and children amongst many others. Staff records also showed that supervision was conducted on a regular basis and on the job supervisions (spot checks) were undertaken by senior staff within the community to ensure the quality of service delivery and continued good record keeping by staff.

Is the service caring?

Our findings

People were complimentary about the service they received and the staff who supported them. One person said, "Our regular sitter is brilliant and they communicate with my loved one really well." Another person told us, "The staff are wonderful. They are almost like family as we have built good relationships with them." A third person commented, "They are all very caring and kind. They take their time to get to know you and they really know how to care for my loved one."

Staff were knowledgeable about the people they supported and had built good relationships with them. One member of staff told us, "I get to know my clients well as we tend to return week after week, rarely covering for a client I do not know. Care plans note religion, place of birth and history so we are always informed. When you get to know your client you can engage in conversations that they can relate to; talking about their earlier years, their childhoods, working lives, and history. I try to have a person centred approach with my clients trying to engage them in activities which are interesting to them based on their background, likes and dislikes. I treat every client as an individual." Staff we spoke with showed a good understanding of people's individual needs and recognised what was important to them. For example, one member of staff gave us an example of how they promoted and respected individuals cultures. They told us of the way in which they supported one person to meet their nutritional and cultural needs.

People told us they were involved and consulted in planning for their care and support. One person said, "They call or visit to ensure everything is ok and that we are happy. They completed assessments so they knew just how to support my loved one." Another person said, "They came and did an assessment not long ago. They always involve us and ask us how we want things to be done."

Care plans detailed personal accounts of people's history and their preferences including individual's communication needs and how best staff can support them to express their preferences and views. For example, one person's care plan detailed their chosen communication method which included body language and gestures so staff could communicate effectively with them. Staff told us they knew where to locate important information about people kept within their own home including care plans and risk assessments.

People were provided with information about the service when they joined in the form of a 'service guide' which was kept in people's homes for their reference. The manager told us this was given to people when they joined the service and it included information on the providers statement of purpose, complaints procedure, and standard of care people could expect and useful contact numbers for people's review. The manager also told us the service produced a quarterly newsletter for people which provided them with updates on the service and related news articles.

People's privacy, dignity and independence were respected by staff and staff provided us with examples of how this was promoted and applied. One member of staff said, "When providing any personal care I always allow a person to do as much for themselves as possible. I always ask if the person would like some help as people's functioning can vary from day to day. I will let people know what I am doing so that they know what

I am about to do and check it is okay. I try to make sure the person being supported feels in charge of what is happening and that I am responding to their lead rather than 'doing to' someone." Another staff member told us, "I try to be sensitive to the needs of my clients. I always ask my clients if it is okay to do things before I do them. There may be confusion from the clients but this does not mean that clients should not be allowed choice and an opinion. Curtains can be drawn at times to preserve dignity when required. Sensitivity needs to be applied to certain situations. For example, someone who has difficulty eating must be shown the utmost patience, consent should be given by the client and then great care and patience must be shown whilst assisting the client to eat and drink."

People confirmed that staff promoted their privacy and dignity and were respectful when supporting them. One person said, "Staff are very sensitive to my loved ones needs. They respect us and our home and are always polite." Another person commented, "Staff are very caring and work so well with my loved one. They take their time and never rush; they are very patient and understanding."

Is the service responsive?

Our findings

People told us their care and support was tailored to meet their individual needs. One person said, "They asked us about the things we need help with and how best they could support us. They are very good in supporting us with everything we need." Another person told us, "I get the exact help I need when I need it. It's a great service."

People received personalised care that met their needs and wishes. Care plans documented individual's needs, preferences and desired outcomes of support offered and how staff support helped them to achieve these. People's chosen visit times and the duration of the visits were documented and details of tasks to be undertaken at each visit were also recorded to ensure staff supported people appropriately. People's care needs ranged from supporting them to maintain their personal care needs and hygiene to supporting them in meeting their nutritional needs whilst offering informal carer respite and support. Staff kept a daily record of each visit showing they supported people according to their individual needs. Care plans were kept under regular review to reflect changes in people's needs. We saw that reviews of care plans and risks were conducted shortly after the service started to ensure people's needs were met effectively and then conducted every six months or when required due to a change in need.

People told us visit times and the duration of visits were flexible to suit their needs. One person told us, "They are very good at helping me out if I need a break or if something crops up like appointments. They are very good at trying to accommodate us when needed." The manager told us they always tried to adapt the service to suit people's individual needs and requirements. People told us they had regular contact with office staff and there was good communication from the service. One person commented, "Whenever I've needed to make changes in our service due to unforeseen circumstances, I have contacted the office who sort it out for me no problem. Whenever I have contacted the office I have always had a response." Another person said, "There is always someone in the office to take my call. They are very good at calling me as well to make sure everything is ok."

Care plans included information about people's histories, preferences and wishes with regards to the care and support they received. Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, gender, religion and sexual orientation. One member of staff told us, "Mind has an equality and diversity policy which we adhere to. For me I get to know my clients well and treat my clients with respect and understanding. When I worked with a client whose religion was different to mine I made sure food was appropriate to their religion and cooked it in the way they would cook it." Another member of staff told us, "The people we support will be supported in any cultural, gender or spiritual needs as is appropriate on the visits that we make. That may involve helping people with their personal appearance such as painting nails, helping to dye someone's hair. If someone wants to attend a place of worship we will support people to do so. I always ask families about cultural traditions whilst in the home for example taking off shoes or checking if there are any foods that are forbidden for religious reasons."

The service offered support to people to receive the end of life care they wished. Care plans included care

and end of life care sections that people could complete if they so choose to record their wishes during illness or death. We noted that advanced directives and lasting power of attorney information were also documented where people so wished. The manager told us that no one currently required support with end of life care, however they had supported people to meet their end of life needs before which included working in partnership with a local hospice and other health professionals.

People told us they were aware of the provider's complaints procedure and were confident their complaints would be listened to and addressed. One person said, "If I had any concerns at all I would contact the office. I know they would take action to deal with any problems I had." Another person said, "I am aware of the process but have never had to make a complaint. The service has been wonderful." There was a complaints policy and procedure in place and information on how to make a complaint was provided to people within their care plans. Information provided guidance on the provider's complaints handling process and how complaints could be escalated to ensure best outcomes for people. Complaints records we looked at showed there had been no complaints made since our last inspection.

Is the service well-led?

Our findings

People told us they felt the service was managed well and were complimentary about the management and staff. One person said, "The service is excellent. They manage it well and their communication with us is good." Another person said, "The manager and staff are all very good. I think the service is well managed, I don't have a bad word to say about it." Another person told us, "I can't praise it highly enough. The service is very well run." A fourth person commented, "All the staff are wonderful. They are all very supportive and manage the service well."

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager and office staff demonstrated good knowledge of people's needs and the needs of the staffing team.

Staff told us they felt the service was well-led and were supported by the manager and office staff. One member of staff said, "I feel well supported to do my job. The training we have is good, we have regular meetings and supervisions and the manager is supportive and available if I need to speak with them. I think the service is well run." Another member of staff told us, "Yes. We have training, team meetings, individual supervision and more importantly regular contact by email, phone and face-to-face with our managers so can raise any issues easily."

Staff told us the manager was proactive in ensuring people's needs were met, staff were supported in their work and had an in depth understanding of the provider's statement of purpose and values. The provider's core values included, "Active participation, recognising and using the skills of people with lived experience of mental health problems and dementia. Valuing individuality and responding to the unique needs, interests, histories and aspirations of everyone we support. Reaching out to anyone who needs us, particularly those who may feel most excluded and continuous improvement to deliver high quality services that meet changing needs." The manager showed us details and pictures of a workshop undertaken for staff around values and helping staff to explore what their key values are. The manager told us, "Staff worked in small groups so they were able to explore the core values and how they felt about them. It is important that people are self-aware and know what makes them tick. If they are reflective and aware then the clients they support will get the best service. I also feel if we develop staff in this way they feel valued and supported."

Staff told us they were provided with a staff hand book when they joined the service for reference and communication within the service was good. Staff meetings were conducted on a regular basis for both care and office staff to ensure the service ran smoothly. We looked at the minutes of recent meetings held which included discussions and exercises about the CQC framework, safeguarding, health and safety and medicines management. We also noted that staff received a provider 'staff memo' (newsletter) on a regular basis which kept them up to date with provider and service news.

The manager ensured there were monitored systems in place to check care plans were appropriately managed and in place for people and these set out how people's needs would best be met. They ensured

staff had the relevant skills and knowledge to provide safe and effective care to people in the way that achieved positive outcomes for them. Records of spot checks carried out by the manager and supervisors on staff working within the community confirmed this. People told us the manager and office staff sought their feedback at spot checks and visits within their home's and via telephone monitoring calls to help drive service improvements. One person said, "They are very good at asking us how things are and if there is anything else they can do." Another person commented, "They have visited us at home and frequently contacted us by telephone. It's very good that they do these checks." The service also held regular carer's forums which provided people with the opportunity to meet others to share experiences, knowledge, offer support and to provide feedback about the service. At the meeting held in October 2017 items for discussion included, local authority services, health services, personal experiences and service updates. The provider also sent service updates to people through newsletters that were available in several formats to meet people's diverse needs.

The provider took people's views into account through annual satisfaction surveys. We looked at the results and analysis completed for the annual carer's survey conducted in January 2017. Results were positive showing 100 percent of respondents strongly agreed or agreed that respite staff were professional and approachable, 100 percent strongly agreed or agreed that they felt confident leaving their loved one with the respite service and 100 percent agreed that the service benefited them by their cared for person continuing to be cared for at home. We noted that people were also encouraged to leave any compliments and complaints and comments included, "Very supportive and caring and willing to share their expertise. Being able to have one full day's respite each month has proved more beneficial than one holiday each year. There's always the next 'day off' to look forward to. Office staff are very friendly and helpful", and, "Always very helpful and friendly." Where comments for improvements were made we saw these were highlighted to be addressed and actioned. For example there were comments asking for information about the Dementia Respite at Home Service, and this prompted the provider to look at an increased need for the promotion of this service.

The service worked closely with external organisations to meet people's needs and to improve the quality of the service they provided. The manager told us that they regularly communicated with the local authority commissioners and conducted compliance visits to ensure good service delivery. The manager also told us of the actions they took to continuously develop and improve how they delivered the service. This included developing and implementing workshops, roadshows and seminars within the local community and health and social care industry. These included, GP wellness events, family carer's workshops, charity fundraising events, trading standards and safe neighbourhood events, dementia awareness events, volunteer awards and carer's social events.

There were systems in place to evaluate and monitor the quality of the service provided. Regular audits and checks were conducted in areas such as, incidents and accidents, care files, health and safety, safeguarding, complaints and medicines. Audits undertaken were up to date and conducted in line with the provider's policy. Where any improvements were identified actions were taken as appropriate to address them. We also saw a service strategy plan for the forthcoming 12 months which included actions such as undertaking regular audits, review of staff training, staff recruitment, advertising campaigns and community events amongst others.