

Pramacare

East Office

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 was announced and took place on 5 and 6 July 2017. We gave the provider a few days' notice to ensure people and staff we needed to speak with were available.

The service had a registered manager. 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.

Pramacare East Office provides personal care and support to people who live in their own homes. The service is a registered charity and their stated vision is, 'A world where no-one is unfairly disadvantaged or excluded because of age or infirmity and where every person can enjoy life as they age'.

Relatives and people we spoke with were very satisfied with the service provided by Pramacare East Office. People received excellent personalised care and support. Staff were supportive, kind and respectful. Staff took time to listen to people and get to know how they preferred their care and support to be given. People told us they found the staff to be kind, caring and compassionate, they said staff often went the extra mile to help and support them. People felt safe with the care staff and staff knew the correct procedures on how to respond and report potential abuse.

The provider had implemented a range of innovative projects to provide additional help and support for people and staff.

Staff were given enough time to provide effective care and support to people and told us they felt very well supported by the manager and the management team. There was a robust recruitment process for staff that ensured people were cared and supported by staff who had been safely recruited.

Staff received a programme of regular training and supervision which ensured they were provided with the relevant skills and support to develop their role and provide effective care and support for people in their own homes. One member of staff told us, "Their training is very good indeed."

Medicines were managed safely and people received support and assistance to ensure they received their medicines as prescribed.

People's rights were protected because staff and management had a good working knowledge of the Mental Capacity Act 2005.

Staff understood people's care plans, which were clearly written and enabled staff to provide person centred support and care. People and staff told us communication within the company was good. Staff said they felt well supported and had a team of people they could contact if they needed further advice and

guidance.

The service provided outstanding levels of caring. People told us staff often went the extra mile to make sure they had everything they needed.

Environmental risk assessments on people's homes had been completed. These were completed before care commenced to ensure any risks to staff and people were minimised.

There was a clear complaints process, people knew how to raise complaints and felt any concerns or queries would be dealt with quickly.

There were robust quality assurance systems and a range of policies and procedures to enable people to receive safe, effective care and support in their own homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Outstanding ☆

The service was very caring.

People received excellent personalised care and support. Staff were supportive, kind and respectful. Staff took time to listen to people and get to know how they preferred their care and support to be given.

People told us staff often went the extra mile to make sure they had everything they needed.

The provider had implemented a range of innovative projects which had a positive impact on people's sense of wellbeing and enriched their lives.

People were always kept informed about any changes to their

service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

People told us they received their personalised care from a regular team of staff who knew them well.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary improve the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

There was a clear management structure in place, people and staff felt well supported by the management team.

East Office

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.

The inspection took place on 5 and 6 July 2017. We told the service a few days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by two Care Quality Commission inspectors and one Expert by Experience who contacted 14 people who used the service and gained their views over the telephone. An Expert by Experience is a member of the public who themselves has had experience of receiving care or of supporting a friend or family member in similar circumstances to people supported by Pramacare East Office.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We also sought the views of people who used the service through issuing questionnaires: these results were analysed and used to provide a view of the service. The local authority who commissions the service were asked for their views on the care provided by the service.

In addition, 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 included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we visited three people and their relatives in their homes. We spoke with seven members of staff, which included the director of care, the registered manager, the training manager, the locality manager and three care support workers. We checked three people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People who received care and support from the service told us that they felt safe with the staff who supported them. One person told us, "I feel I can trust Pramacare and all of their carers. They are always willing and helpful."

People told us they felt safe in the way they were being cared for and whilst care support workers were in their home. They said if they had any concerns they felt able to speak freely to any member of staff including the head of care, area manager and local managers.

People who needed support with transfers and the use of mobility aids and frames told us they felt safe when receiving this support, and had confidence in the care support workers who were providing it. People said, "I'm independent in my transfers, but need the carers to be there. They know I can manage and do not want help" and "I have no worries, carers let themselves in using a key from my key safe and call out to let me know who they are. They make sure I do not need anything else before they lock up and put the key back."

People told us that they believed the staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns. They said that staff recorded things in the book and made them aware if they were concerned about anything.

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. Staff had received safeguarding adult's awareness training which was refreshed at the required intervals. Staff demonstrated an understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

When people had accidents, incidents or near misses these were recorded, with details including a brief description of what had occurred, the action taken and the outcome. The registered manager reviewed and analysed these records to look for developing trends and resulting actions were discussed with staff at team meetings to ensure people received their on-going care and support in a safe way.

There were systems in place to identify risks and hazards in order to support and protect people. Risk assessments supported people to remain safe whilst retaining as much independence as possible. These included assessing the use of equipment to support people whilst moving, the risk to a person of malnutrition or of their skin breaking down. People's home environment had been assessed to ensure people and staff were protected from avoidable risk. Plans were in place to minimise identified risks. They were regularly reviewed and updated.

One person had been admitted to hospital and needed a package of care to be supplied before they could be returned home safely, they told us, "The Managers came to see me in hospital to see what help I needed, by the time I came home it was set up".

There were arrangements in place to keep people safe in an emergency. There was an out of hours on-call system so that people who used the service and staff could contact the service for advice and support or in emergencies. People we spoke with all confirmed that they had received help and support when they had occasion to call the out of hours service.

The registered manager told us about their contingency system to ensure people in greatest need were supported in times of emergency. The system was colour coded and included risk ratings from red to amber to green to ensure people received the care they needed.

People told us they were supported by sufficient staff with the right skills and knowledge to meet their needs. People said if care workers were going to be delayed they would generally be telephoned and kept informed. People knew their care workers well and said they were told if there were any changes to their planned visits. People were satisfied that care support workers knew how to use safely the equipment in their homes, such as, stair lifts, hoists, wheelchairs and walking aids.

The registered manager told us although they currently had enough staff to ensure people received their care at the appropriate times, they had an on-going programme of staff recruitment to ensure when staff left they had people to replace them. The provider runs a monetary staff award scheme which pays staff a fee if they recommend a potential member of staff; the member of staff receives an additional monetary award if the new member of staff passes their probation. Staff were allocated free personal alarms to help maintain their safety.

Staff rotas were posted each week to people, this ensured people knew which care support worker was making the visit. People told us when staff were on holiday or off sick, they said they were usually, but not always, informed in advance. People told us care support workers were normally punctual, and on the rare occasion if they were going to be late they would be telephoned and informed they were going to be delayed; no-body we spoke with had ever had a missed call. One person told us, "One day my carer could not get to me as a road had been closed due to an accident. I was informed of this by phone, and had frequent updates." All of the people we met confirmed that care support workers stayed for the required length of time and never made them feel rushed.

A person told us, "My care is in no way rushed, they do what they have to do, and there is always time for a chat and a laugh together." Another person said, "Occasionally I feel they are chasing their tails. If they have been held up it has a knock-on effect but it does not have an impact on my care... if I have to change the time of my call there is never a problem, although if it is at short notice I might not get my regular carer."

People told us that they had care from regular care support workers and never from a carer they had not met before. One person said, "During the 20 years I have been with the company, I can count in single figures the number of different carers I have had; I had one carer for 17 years." Another person said, "I have different carers for different days, they each have a different interest, so I am fortunate to be able to discuss lots of topics, and enjoy seeing each of them" and "I have some carers more frequently than others, they are all charming and equally good company."

People said where they had told management that they would prefer not to have a carer who was allocated to them, their wishes had been respected and the care support worker had been taken off their rota.

Staff said they were given enough time to complete their care visits. All personal care visits were a minimum of thirty minutes, which meant people did not feel rushed when receiving their personal care. Staff told us they received enough travelling time between their visits, which allowed them the full time to provide

support and care to people.

There were robust recruitment policies and procedures in place. The recruitment files we saw showed the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

Staff were trained in administering medicines and their training was updated periodically to ensure they were competent to administer medicines. People's medicines were regularly audited and spot checks were completed on staff administering medicines in people's homes to ensure they were following best practice. The medicine administration policy explained the different levels of assistance people needed with their medicines and the guidance for staff was clear, for example some people only needed prompting to take their medicines whereas other people needed to have their medicines administered to them by the care staff. Where people had prescribed creams, there were instructions for staff on how to apply these. There were body maps completed that gave staff guidance on where and how much cream to apply to people. Medicines administration records (MAR) contained sufficient detail and were complete. There was a system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe.

Staff told us the system for recording and administering medicines to people had recently changed. All staff told us they felt the changes had made the system easier to follow and felt the changes were very positive.

We visited three people in their homes and reviewed their MAR and care records. People told us they received their medicines on time and as they required. Care plans and MAR were detailed and up to date. There was information on the administration of topical creams, short term medicines such as antibiotics and medicines that were prescribed as and when needed. The registered manager showed us that all completed MAR were returned to the office and a sample of these were audited. If any issues were found, the staff concerned were spoken with and record was made of this. In some cases, additional training had been provided.

People told us that staff were sometimes 'spot checked' by other staff to ensure that they were administering medicines correctly. People said they had full confidence in the care support workers administering their medicines.

Is the service effective?

Our findings

People told us they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "I'd give them 'good' in everything and recommend them to anyone." Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and understood their needs.

People said, "The carers join my life; they do whatever I need them to do at that moment; they know what makes a difference and I have the same experience from them that a loving relative would give." Another person told us, "I am not nervous, I am comfortable, because they all know what has to be done and follow what I want...I direct my care, I tell the carers what I want, they never let me down."

People were supported by staff who had received a range of training to develop the skills and knowledge they required. Staff told us they had a four day induction and completed a programme of training units that led to the care certificate, a nationally recognised induction qualification. The four day induction was detailed and covered all areas the staff needed to ensure they were able to deliver safe care to people in their own homes. As an example the following subjects were included in the induction programme: food hygiene, catheter and stoma care, equality, diversity and dignity, medication, safeguarding adults, the Mental Capacity Act 2005 and end of life care.

Staff shadowed more experienced staff for a period before they felt confident to care and support people on their own. Training was delivered through a variety of methods. Staff told us they found the practical moving and handling training extremely useful and commented the training that was delivered in small groups worked well as they could all learn together. A member of staff said, "The training here is really good, very thorough and well delivered." One person commented, "All carers are extremely well trained to a high standard."

There was a clear system that showed what training courses staff had completed and which courses were scheduled for the future. The training schedule showed staff were offered a range of training that included: diabetes, end of life care and dementia care as well as the mandatory courses such as, safeguarding, infection control and medication.

There was a detailed procedure for inducting new staff into the service and ensuring they received appropriate support, guidance and training. Staff received individual supervision sessions, reviews, observation spot checks and annual appraisals. Records showed these were regularly completed, constructive and gave staff the opportunity to request further training if they had any specific training needs or interests. The appraisal system allowed staff time to reflect on their year's work and discuss their achievements, strengths and areas they needed development in. Staff told us they felt very well supported and said they could always speak to either people in the office or other colleagues if they needed further advice and guidance. A staff member said, "A friend recommended I apply for a job with Pramacare. They told me they were brilliant to work for and it's true, they have been brilliant, they deal with any problems straight away... I've had a lot of really useful training and have learnt a lot. Any problems at all I just ring in,

it's been really good."

Another member of staff told us when they had first started with Pramacare, they had been a little nervous and anxious about completing some specific aspects of personal care. They said they mentioned their concerns to the office staff and a manager came out with them to support them for the first few times they completed the task. They said, "That was so helpful and meant so much to me. It really helped, I knew I could do it safely, I just needed a little bit more support to give me confidence, which was given straight away."

Training sessions and meeting were placed into staffs' rotas: this ensured staff were given adequate time to attend. Staff said, "There are times set into our rotas for training and meetings. If we can't make it for any reason they run a mop up session so we all get the chance to attend. The meetings are very useful to catch up with people and we can discuss the best way to handle certain situations... I find them really helpful."

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 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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had an awareness of the MCA and how it affected their work and had all received training in the MCA. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Mental capacity assessments were completed where necessary and authorities obtained where people lacked capacity to give consent.

People told us they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure they had any necessary support to eat their meals. Where required, support was offered to prepare meals; this was typically cereal and toast in the morning, sandwiches that could be prepared and left in the fridge for lunchtime, and ready-made meals that could be reheated in a microwave.

One person required specific arrangements because they needed an early breakfast due to a medical condition. They told us a tray was prepared for them in the evening with a covered bowl of cereal and a flask of cold milk ready for their breakfast. People told us the care support workers encouraged them to drink and ensured there was a drink available to them before they left.

People were supported to maintain good health. Health professionals such as occupational therapists, GPs and district nurses were contacted by staff on people's behalf when they requested it or when their staff identified a concern. One person told us a care support worker had reported a problem area on their leg whilst applying cream; as a result, a district nurse was informed and now attended to dress the area.

Is the service caring?

Our findings

People who used the service and relatives we contacted were very complimentary about the service given and had positive feedback about the way the staff cared for and supported them and their relatives. People told us they were always treated with kindness and respect. They said they were able to develop a relationship with regular carers, which made them feel comfortable and cared for especially when receiving personal care. One person told us, "I have never met any carer who is unkind, they treat me with respect and dignity...I get on well with my carers and enjoy them coming. They are interested in me, and they know how to conduct themselves."

Another person said, "They treat me well, we have a splendid relationship. It is like having my best friends to visit; I look forward to them coming." Other comments included: "My girls are good, we have a great laugh. I always praise them because they deserve it. They are definitely carers; I am 100% plus happy with them" and "They are fantastic, they go over and above. They are very kind, I cannot fault them; I appreciate everything that they do, they give me choice and independence."

A member of staff told us, "I really enjoy this job. The clients are wonderful, they are all so thankful and appreciative of what you do, I find it so rewarding."

People told us their privacy was always respected. For example, one person said, "They are marvellous, friendly and discreet. They make me feel I am the only one and they give me their full attention."

People told us they felt comfortable when receiving personal care and told us that staff did it in a way that ensured their privacy and dignity was maintained. People said, "They respect my privacy, and do not come into the bathroom until I am ready and shout for them... They are very respectful, they draw the blinds and cover me well, and chat while they are supporting me. I am satisfied with the way it is done."

Staff spoke knowledgeably about the requirements to keep people's personal information confidential. People told us care staff respected their privacy and did not share private information about other people with them.

People's visit schedule's that were sent to them on a weekly basis. The schedules we saw showed regular daily visits that were carried out by named support workers. People confirmed they received their rotas each week and easily understood them. People told us they had a mixture of care support workers who visited them. One person said, "I more or less have the same carers, however it is nice to sometimes get someone new. It's nice to have something different to talk with them about."

People told us they generally had a small team of care support workers who visited them and got to know them well. They said staff understood how they liked their support to be done. People told us they found the care support workers listened to them when they wanted specific tasks done in a certain way. One person told us, "The carers know the routine, the first thing they do when they arrive is feed the cat, I do not have to tell them what to do, I have no worries." Another person told us, "I am very fortunate with my carers. They

are not task orientated and are what people need, which is rare."

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us that they were consulted about how they wanted their care and support to be provided. They said they received phone calls and questionnaires about how they viewed the service they received.

People told us about the client forum that had been implemented. The client forum meetings were held on a quarterly basis and people who used the service were encouraged to attend and put forward their views and any suggestions or ideas they had. Transport was provided if people had difficulties attending the meetings. The meetings were very popular and gave people the opportunity to meet with others and voice their views. They had led to a number of positive projects and schemes, such as improvements to leaflets and some systems.

The client forum had led to the Smile project. This innovative project enabled staff to identify particularly vulnerable and isolated people and offer them an additional two free hours of care and support a month. This could be anything they wished, from having a carer to sit with them while watching a favourite film to support being given for people to spend time at the beach or enjoying a picnic in the park. The aim was to make people smile. People told us they really enjoyed these visits and it made such a difference to their day. One person said, "It was a lovely day; so good to get out. We went down to the seafront, I cannot do this on my own." Another person told us, "I have been offered some free social time. It is very kind and I am grateful for this. Currently I am not able to go out but I'm looking forward to doing this."

People told us they received flowers from the service on their birthdays, which they really appreciated and gave them such pleasure.

Staff told us about the accreditation they had achieved with the Gold Standards Framework for end of life care. The Gold Standards Framework (GSF) is a nationally recognised system for identifying and ensuring the right support is given to people who may be in the last year of life. This was originally aimed at care homes and nursing homes and Pramacare was one of the first domiciliary care services in Dorset to become accredited. The service was now developing a programme to pass on the benefits and learning achieved through the accreditation process with the care support workers in order to implement the next stage of the process. The aim was for the service to have a number of GSF specialists who would work closely with the Clinical Commissioning Group, GPs and palliative care health service professionals to ensure people got the best possible care.

The director of care told us the GSF accredited Pramacare staff had been approached by an independent hospice and asked if they could use the Pramacare GSF training materials to share with their staff and distribute methods of best practice.

The provider offered a free counselling service for all staff. Pramacare have a trained counsellor in their training department, who is available for staff who have been affected by situations that have occurred during their work or with their personal emotional circumstances.

Is the service responsive?

Our findings

One person told us, "They are the best agency we have ever had. They are pretty much responsive, always on time and deal well with any issues that we raise." Another person said, "They are great. They know what I need and they are very helpful to me."

One person told us, "A carer arrived and found me breathless, they found my inhaler and called my GP, they then waited with me until the ambulance arrived".

Before people started to receive a service from Pramacare East Office people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People told us either they or their relative had been consulted in compiling their care and support records. This resulted in records containing personalised information that guided care support workers to care for people as they wished.

Care records were kept up to date and reviewed annually or more frequently if people's needs changed. People told us that the care staff supported them with a variety of tasks, such as getting washed and dressed, preparing meals, various household tasks and supporting them with their medicines.

People, or their relatives, were involved in developing their care and support plans. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written and explained how people would like their care and support to be given. Care plans were personalised and detailed daily routines specific to each person. People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One person told us how the staff were always willing to call the GP or any other support if it was required.

Where people required support with their personal care they told us they were able to make choices and be as independent as possible. This was clearly reflected in the care plans and in the feedback we received from people.

People's care records reflected their abilities and gave detailed guidance for care staff on how people preferred their care to be given. Care plans were written in a person centred way and gave clear guidance for staff to follow to ensure people received their care and support as they wished.

Daily records were detailed, written in a personalised way and included how people were feeling, what they had done during the day and what they had eaten and drunk.

There was a complaints policy and procedure that was given to people when they began receiving support from the service. People told us they knew how to complain and were confident they would be listened to should the need to complain arise. None of the people we met had had occasion to complain. We reviewed the three complaints the service had received during the previous twelve months. These had been investigated, reviewed and action taken in accordance with the provider's complaints policy. The

complaints leaflet was written in a pictorial format, which made it effective for people to understand.

The provider had received a number of compliments for the service they gave. Comments included, 'Pramacare are the best care company I've come across' and 'Thank you all for the kindness and generosity showed...all the girls often went the extra mile to ensure best possible care' and 'We really appreciate the time and trouble you take to get things just right'.

The director of care showed us a new initiative that was in the process of being implemented. The 'Grab Bag' was a red holdall that would be filled with personal toiletries, clothes and objects that people would need to make a short stay in hospital comfortable and safe. It included individual information on the person including their allergies, 'this is me' information and a list of practical details such as what they liked to do what they didn't like and a list of their medicines, next of kin, GP details and so on. The 'Grab Bag' would be kept at the person's home ready to accompany them if they needed to move quickly and unexpectedly to an alternative location, such as a hospital or nursing home.

Is the service well-led?

Our findings

People and staff told us they felt the service was well led with a clear management structure. People felt the service was organised and friendly: they said everyone they met or spoke with from Pramacre was kind, helpful and professional. People we met could not praise the service highly enough. Everyone told us they would be happy to recommend Pramacare East Office to family and friends. One person said, "It's an excellent agency, I would recommend it to anyone."

People told us, "This is a well run organisation. I can speak to office staff and in most cases they can answer my queries; however, I will not leave a message on their answer phone because I do not like using them and do not always get a return call." Another person said, "I'm so lucky to be with Pramacare, it all works so well... There is very good oversight and everything is well run; they know immediately who I am if I ring up." Further comments from people included: "The service is very well managed. There is good communication, they respond to my needs and will not let me down; they give me peace of mind", and "There is very stable management and the agency is top of the tree; they care for their staff and focus on person centred care for their clients."

The service had recently employed a new registered manager. Although new to the role of registered manager, the member of staff had previously worked for the service for a number of years and knew the staff and people who used the service well.

People had been sent an information leaflet that included a photograph of each of the Pramacare East Office staff. This meant people could place a face to a voice when calling the office staff from their home, which they appreciated.

People and staff told us they felt valued and listened to, with the service having an open, friendly and supportive culture. Staff said they found communication within the service to be effective. They told us about the regular meetings that were held and said they felt comfortable to raise any issues or concerns they may have at these meetings. Meeting minutes were clear, detailed and completed in a supportive way.

Staff received communications both over the phone and via their mobile phones and text messages. Staff said, "Any problems are dealt with straight away, the rotas are posted weekly and are accurate. The time for visits is just right, I do keep the same clients where possible and I feel listened to." When asked what they felt the service did particularly well they replied, "The whole package, the care, the way they treat the staff. We are all listened to and valued, I don't think there are any areas for improvement at all."

People and their relatives were given the opportunity to comment on the level of service provided by Pramacare East Office. Annual client surveys were sent to people, which covered a variety of topics such as safety, effectiveness, dignity, respect and compassion and whether people felt listened to. The annual survey results were then reviewed, analysed and published for people to read.

There was a range of quality assurance systems in place to monitor and where necessary improve the

quality of service being delivered. People's experience of care was monitored through regular staff spot check visits, phone calls and the completion of the quality assurance questionnaires. People told us they were often contacted by the office staff for their views on the service they received from Pramacare East Office.

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use the information to monitor the service and ensure they respond appropriately to keep people safe. Staff were aware of the company's whistleblowing policy, which was in line with current legislation.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included care plans, medicines, complaints and health and safety processes.

The director of care played an active role within the community. They told us they attended a range of provider forums, conferences and local authority meetings. They were active members of a number of community groups and were board members for Partners for Care in their role as deputy chair for the Dorset Homecare Providers Association.

We spoke with the director of care who highlighted a number of community support initiatives Pramacare ran. These included Memory Lane, which was a social afternoon of activities and advice and support for people who live with, or care for people who are experiencing, memory loss or dementia. There were also carers groups, a programme of informal meetings across Dorset for people caring for relatives or friends, and Prama Club, a Saturday club for people who need support and care to relax and meet others and enjoy a range of activities. This allowed those caring for them to have a valuable couple of hours' respite from their caring responsibilities.