

Caring Moments Limited

Caring Moments Limited

Inspection report

Unit 16
North East Suffolk Business Centre, Pinbush Road
Lowestoft
Suffolk
NR33 7NQ

Tel: 01502560055
Website: www.caringmoments.co.uk

Date of inspection visit:
28 September 2018
04 October 2018
12 October 2018

Date of publication:
22 November 2018

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? | Requires Improvement ● |

Summary of findings

Overall summary

Caring Moments Limited is a domiciliary care agency. It provides personal care to people who live in their own houses or flats. It provides a service to adults. Not everyone using Caring Moments Limited receives 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.

At our last inspection on 5 and 11 July 2017, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to establish safe and robust recruitment systems. We rated the service overall requires improvement. The key questions safe, responsive and well-led were rated requires improvement. The key questions effective and caring were rated good. Following the inspection, the provider sent us an action plan detailing how the shortfalls would be addressed.

At this announced, comprehensive inspection 28 September 2018, we found that improvements had been made in most areas and therefore, the provider was no longer in breach of any regulations. The overall rating for the service has now changed from requires improvement to good.

At the time of this inspection, there were 33 people who used the service and received 'personal care'. The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out about their experience of using the service.

At this inspection, we found that improvements had been made and were ongoing. A registered manager was now 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 registered manager had implemented systems to monitor the quality and safety of the service provided. Recording, auditing and documentation in these areas had recently been improved. However, these were not yet fully embedded into practice and at the time of the inspection we were unable to assess their effectiveness. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe, caring, responsive and well led to at least good. At this inspection we found that improvements had been made in most areas and therefore, the provider was no longer in breach of any regulations. The overall rating for the service has now changed from requires improvement to good.

People and their relatives had developed good relationships with the care workers and management team.

People received care that was personalised and responsive to their needs. They expressed their views and care staff listened to what they said and ensured their opinions were acted on.

People's care records were accurate and reflected the support provided. Care workers consistently protected people's privacy and dignity.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Systems were in place to minimise the risks to people, including from abuse, and in relation to mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed. They had the knowledge and skills through regular supervision and training to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. As a result, the quality of the service continued to progress.

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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Care workers had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required, people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

Care workers were kind, caring and compassionate. They treated people with dignity and respect.

People's views on their care was encouraged and they were offered choice and had control over their care.

Care workers encouraged and promoted people's independence.

Is the service responsive?

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good ●

Is the service well-led?

The service was not consistently well-led.

Systems and procedures to monitor and improve the quality and safety of the service provided were not yet fully embedded. The registered manager and provider were approachable and had a visible presence in the service.

Care workers were encouraged to professionally develop and understood their roles and responsibilities.

Requires Improvement ●

Caring Moments Limited

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 was an announced, comprehensive inspection carried out by one inspector. Inspection activity started on 28 September 2018 when we visited the office premises and ended 12 October 2018 when we gave feedback.

The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection we spoke with the provider's nominated individual, the registered manager, the deputy manager and ten care workers. We reviewed the care records of six people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 4 October 2018 with their permission, we visited three people who used the service and a relative in their own homes. On 9 October 2018 we carried out telephone interviews and spoke to three people who used the service and three relatives. We also received feedback from three community professionals.

Is the service safe?

Our findings

During our last inspection on 5 and 11 July 2017, we rated this key question as requires improvement. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed. Robust recruitment systems were not in place. At this inspection we found that improvements to the service's recruitment and selection procedures had been made and sustained and have changed the rating to good.

Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this. Gaps in an applicant's employment history had been explored during the interview process. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care.

People told us that they felt safe using the service and at ease with their care workers. One person said, "I have no complaints whatsoever. I feel safe and comfortable with my carers, all very nice to me." Another person said, "I feel safe with my carers. They take good care of me and if I am worried about something I know I can call them. I rang [deputy manager] once as I was worried about something. It was late at night but they still answered." A relative shared their positive experiences, "I am very happy with the service. The carers go at [family member's] pace which reassures me; gently and unhurried. I trust them. I know [family member] is in safe hands."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and protected. One person said, "I have a key safe which the carers use to let themselves in and out. This stops me getting up to let them in and out. I had a few falls and the carers were worried that if I went to the door I might accidentally fall. They check my windows are closed at night and always lock up before they leave."

Systems in place were designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding outcomes had been used to improve the service, for example, additional training to support care workers when learning needs had been identified in safe management of medicines or following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records contained risk assessments which identified how the risks relating to their care and support would be minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and

risks that may arise in the environment of people's homes. People who were vulnerable because of specific medical conditions such as diabetes, types of cancer, mental ill health, Parkinson's disease, or were living with dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished, whilst being supported safely and consistently. Care workers told us, and records confirmed, that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet people's needs. People and relatives told us that the care workers visited within the timescales agreed when the care package was arranged, with visit times checked as part of ongoing reviews. One person said, "I don't remember having any late or missed calls. It all works well." Another person told us, "I have my usual carers who come, pretty much on time." People and their relatives explained that on the rare occasion their regular carer was not at work they were contacted by the office staff and another care worker attended the call. One person explained, "When my carer was 15 minutes late, the office called explaining that the carer had been held up due to an emergency. They said another carer was on their way to help me, this turned out to be the manager."

The registered manager told us that visits for completion of personal care were for a minimum of 30 minutes and every effort was made to ensure people had regular care workers. This was confirmed by care workers who told us there was consistency in their visits so that they got to know people well. Care workers said there was sufficient numbers of staff to meet people's needs and that there was adequate travelling time allocated between care calls which resulted in people receiving calls at their agreed times. Records showed that there had been six missed visits and twenty late visits for the year. The majority of these had occurred at the beginning of the year when there were extreme weather conditions and staff personnel changes. We saw that the registered manager had taken appropriate action to address the inconsistencies. This included internal communications, active recruitment and disciplinary action where required.

The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. The registered manager also told us that as part of monitoring staff performance they delivered care to people which helped them to maintain relationships with people and to check care workers were competent.

There were suitable arrangements for the management of medicines. People and their relatives told us that where necessary care workers assisted them with their prescribed medicines. One person said, "The carers get my tablets ready, get me a drink and write it all down." Care workers we spoke with told us they felt competent to support people with their medicines. Care workers confirmed they had received training in administering medicines and their competency was checked by the management team. We looked at the systems used to manage medicines which confirmed regular competency checks of care workers were conducted and we saw Medicine Administration Records (MAR) were completed correctly. People's MAR charts were audited to ensure any potential discrepancies were identified quickly and could be acted. For example, following up where gaps had occurred in the records.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available in the office and they could collect them when needed.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again.

Is the service effective?

Our findings

During our last inspection on 5 and 11 July 2017, we rated the service as good. At this inspection we found that care workers continued to be supported in their role, People were supported to maintain good health and have access to appropriate services. Therefore, the rating continues to be good.

People told us an assessment of their needs was completed before they received support from the service. They confirmed they were involved in developing their care plans and said a copy was available in their home. Care records examined contained holistic and detailed assessments. Including personal care, medical history, dietary needs and physical, mental and social needs. Where required, the service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and their relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "I think the carers are well trained, intuitive and more than capable of caring for me." Another person said, "The carers don't need to be repeatedly told what to do. They listen and pay attention."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines management and safeguarding procedures. Additional training to meet people's specific needs was also provided this included: Parkinson's disease, stroke awareness, fluid and nutrition, diabetes and epilepsy. Refresher training was provided to maintain best practice.

Care workers told us, and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The registered manager explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. These measures demonstrated that the provider's training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were provided with one to one supervision meetings and a yearly performance appraisal. This offered an opportunity to discuss the ways that they were working and to receive feedback on their performance. One care worker described their supervision arrangements saying, "I have had supervision but if I have any questions I just ask or call the office." Several care workers shared examples of how the management team had been supportive and understanding helping them both professionally and personally.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "I tell the carers what I fancy and they get my meals ready for me." A relative told us, "They make sure [family member] has plenty of hot and cold drinks, meals and snacks, whatever it is they need, they get it for them." Where care workers identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals to access treatment and guidance. Where guidance had been provided relating to people's dietary needs, care workers followed the instructions given and recorded this in people's care records to reflect how risks were being mitigated.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists. Care records reflected where care workers had noted concerns or changes in people's health, and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA and knew how to implement this into their practice. Guidance on best interests decisions in line with the MCA was available in the office as well as in the employee handbooks.

People told us they were asked for their consent before care workers delivered care, for example, with personal care or assisting them with their medicines. One person said, "My carers ask me what I want them to do first; make me a cup of tea or have a wash." Another person commented, "They [care workers] check if I am ready before they do anything to me." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. The management team explained how as part of continual improvement of the service they were enhancing people's care records to reflect a more person centred or holistic approach to capacity. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had fluctuating capacity or the type of decisions they needed assistance with.

Is the service caring?

Our findings

During our last inspection on 5 and 11 July 2017, we rated the service as good. At this inspection we found that care workers were kind and compassionate and treated people with respect and dignity. Therefore, the rating continues to be good.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "I have a fantastic relationship with my carers and look forward to them coming to see me. They do a wonderful job and cheer me up." Another person commented, "More than happy with my carers. Very caring manner. I have regular carers, we have an established routine, good communication. The office will ring me if there is a problem. I have increased my number of visits as I was impressed with how reliable and caring they were. It has been all I could have hoped for."

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "The carers are kind and caring. All really nice. Got to know them all. I feel reassured that [family member] is in good hands. Gives me peace of mind. We have good continuity of care which [family member] needs." Another relative said, "I would recommend the agency, it has been caring and positive from the start."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. The office staff, care workers and senior management team spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the days of our inspection and through interactions seen between people and the care workers and deputy manager during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was consistently respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One person said, "The carers respect my privacy and dignity at all times. They are very considerate of my feelings."

Is the service responsive?

Our findings

During our last inspection on 5 and 11 July 2017, we found that improvements were needed to ensure people's care records were regularly reviewed, reflected their current needs and their feedback acted on. During this inspection we found that improvements had been made and sustained and have changed the rating to good.

People and their relatives where appropriate, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were still appropriate. One person told us, "All the details of my care are in that folder. We go through it from time to time but not really made many changes. If it isn't broke why fix it?" In one person's care plan we saw a comment from a relative following a recent care review stating, "All going really well, thank you. Such an excellent detailed plan."

As part of continual improvement, the registered manager was developing the care plan formats to make them more individualised and person centred. This included further details on people's life history, experiences, hobbies and interests. This provided care workers with information about the individual and subjects they could talk about when providing care. This was a work in progress. The registered manager explained how care records would further reflect people's diverse needs, specific routines and preferences so care workers were aware of how to support them in line with their wishes. For example, explaining the order a person preferred to be mobilised including details and where relevant images of the individual equipment required to transfer them safely. Enhanced documentation to reflect this approach including people's daily records was being devised with training in record keeping planned to support care workers to achieve this.

People's care records were comprehensive, regularly reviewed and care workers confirmed reflected people's current needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity. The care plans included pre-assessments of care for people which had been completed before they started to use the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

People were provided with care and support which was responsive to their needs. One person told us, "They [care workers] are lovely, really lovely. They look after me ever so well. I am telling the truth I don't know what I would do without them. They are not just carers they are like friends to me. They are helping me to stay at home. That is all I want; to be able to stay at home. I couldn't manage without them. I can't praise them enough they are brilliant. If I run out of anything they will get it for me they are so attentive and in tune with what I need. Nothing is too much trouble and when you're on your own that means everything."

Another person shared with us that they were satisfied with the care, it met their needs and it changed when it needed to, "I have more visits when my health dips." A relative shared with us, "All the staff are brilliant."

They gently go at [family member's] pace, do what is needed, what they are told to do at each and every visit."

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and 'families feeling supported' by the service.

People and relatives told us that they knew how to make a complaint and that information about how they could raise complaints had been provided. One person described how if they were not satisfied with the care they would not be afraid to let the management know, they said, "[Registered manager] been to see me before to check all is well. I told them if I didn't like someone I would soon let them know. Am very happy with everything so not needed to make a fuss. But I would if I had to." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I requested a change in carer. [Registered manager] was very professional and dealt with it straight away. They also rang to see if I was happy with the replacement carer."

No one at the time of our inspection was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

During our last inspection on 5 and 11 July 2017 we rated this key question requires improvement. We found at that inspection that robust systems were not in place to effectively monitor and evaluate the quality of the service. During this inspection we identified that although improvements had been made and were ongoing, these measures need to be fully embedded and sustained within the service to drive continual improvement. Therefore, the rating remains requires improvement.

Since our last inspection there was now a registered manager in post. They showed us their action plan which identified the areas since the last inspection that had been prioritised to ensure people received a safe quality service. This included improvements to staff development and recruitment, co-ordination of visits, documentation and medicines management. We saw that further improvements were planned such as training in Advance Care Planning and developing people's documentation to fully embed a person-centred approach in line with the provider's vision and values.

Since our last inspection improvements had been made and were ongoing to establish robust systems to monitor and assess the quality and safety of the service provided. Whilst regular checks had been implemented to record incidents, accidents, complaints, medication errors and missed visits, there were inconsistencies in how these were effectively monitored and audited by the senior management team. For example, the recording of missed and late visits did not always show what actions had been taken when shortfalls had occurred.

Medication audits did not always show where recording issues with people's medicine records had occurred and what actions had been taken in response. However, the registered manager provided us with additional records which demonstrated that additional training and communication to care workers had been provided to address any recording issues. This assured us that the registered manager was auditing medicine records and people were receiving their medicines as prescribed and in a safe way; by care workers who were competent in this procedure. The registered manager advised that they were implementing a new reporting tool to address the inconsistency in the audits that we had found. They explained that the new tool would ensure accountability and identify and follow up on any trends and patterns from the audits and checks. This analysis would provide them and the senior management team with the effective governance and oversight needed to develop the service. At the time of this inspection we were unable to assess the effectiveness of this reporting tool as it had not been fully implemented and embedded into practice. We will follow this up at our next inspection.

Feedback from people, relatives, care workers and professional stakeholders were complimentary about the registered manager and leadership arrangements in the service. One person said, "I wouldn't hesitate to call [registered manager] if I had a problem that I couldn't sort out with my carers." Another person said, "Any trouble and I would ring the office, speak to [registered manager] and they would sort it out straight away. [Registered manager] doesn't hang about; quick to act." A relative said, "I have never had to make a complaint, but know who to contact should I need to."

Since our last inspection, morale amongst the care workers had greatly improved. Care workers told us they felt the service was well-led. One care worker said, "[Registered manager] knows exactly what is going on. They are often out delivering care or doing spot checks so they are totally up to speed with everything that is going on. Things are so much better with them in charge. We are moving in the right direction. They always ring you back when they will. I feel supported and would recommend working here."

Care workers were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They also told us they felt supported and had one to one supervision meetings and there were regular staff meetings. This enabled them to exchange ideas and be offered direction by the management team.

People were regularly asked for their views about the service. This included opportunities through regular care review meetings and telephone welfare calls. The registered manager had implemented telephone welfare checks to check that people and where appropriate relatives involved in people's care were satisfied with the arrangements. This was in addition to the face to face care reviews held throughout the year which reassessed risk and people's needs if they had changed. The welfare checks enabled the office staff to identify and address any issues and to capture positive feedback about the care workers. Information was documented on people's records in the office and was accessible to the senior management team. We looked at responses from people about their experience using the service and these were complimentary. Feedback showed that people felt valued, involved in the planning of their care, they were supported to make choices and to be independent and knew who to contact if they had concerns. The service had recently undertaken its annual quality satisfaction questionnaire, giving people and relatives the opportunity to share their experiences and views about the service, anonymously if they wished. The findings overall were positive. The registered manager explained that people's feedback would be analysed and used to develop the service and they were exploring how to share the outcomes of the survey with people.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We have regular meetings, talking about what is going on; working well, what needs to improve." The minutes of these meetings showed that suggestions from care workers, for example, changes to how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

Where relevant, the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service. Feedback from one professional stated, "Caring Moments appear to be aware of changes to their clients and act on this in a timely manner."