Focus Care Link Limited

Focus Care Link Ltd- Waltham Forest Branch

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
• Focus Care Link Ltd – Waltham Forest Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.
• At the time of the inspection 108 people at the time of the inspection.

People's experience of using this service:
• People told us they felt safe with the carers but they were not happy with staff punctuality and communication from the main office when staff were late or missed a call.
• People's risk assessments were not always robust in how to mitigate against identified risks. Instructions for staff were not clear where they were to support someone with moving and handling and equipment checks had not been followed up.
• Some assessments for people contained contradictory information about identified risks of choking. This put people at risk of unsafe care and the service did not meet the requirement of good in this area.
• Medicines were managed safely. People told us they received them on time and the recording of medicines given had improved. Where there were gaps in the medication administration records (MAR), people's daily logs explained what had happened.
• People were supported by staff who had been recruited safely and who had been trained to support them.
• Staff showed awareness of the Mental Capacity Act 2005 and the need to support people with choice. However, the correct power of attorney details were not provided where relatives were making decisions on behalf of people who lacked capacity.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• Care staff were kind and compassionate and respected people's privacy and dignity.
• Care plan personalisation had improved in that people told us staff asked them what they wanted. However, personal details had not been recorded in the care plans we viewed. The registered manager provided updated care plans with more personalisation following the inspection.
• Care was regularly reviewed by the provider and people confirmed this. People were given the opportunity to say whether their care package met their needs.
• Complaints were acknowledged and acted on and the service had received compliments from people who were happy with the care.
• The registered manager did not have oversight over the quality assurance processes used at the service. We could not access audits we were advised had been completed on care files. The quality assurance processes had not identified the issues we found regarding poor risk assessments, incorrect information in care plans such as people's incorrect dates of birth, incorrect information about peoples background and health conditions and the presence of blank documents.
• People and staff were asked to provide feedback on the service and this was acted on. The provider showed they learned from accidents and incidents and held weekly meetings with office staff to discuss ways to learn and prevent them happening in the future.

Rating at last inspection:
• Rated Requires Improvement in September 2018. This is the third consecutive time the service has been rated as Requires Improvement.

Why we inspected:
• This was a planned inspection to see if the service had met the requirements of their improvement plan. The service had made improvements, but they were not consistent.

Enforcement:
• We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to good governance.
We made one recommendation about consent.
• Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:
• We will continue to monitor the service and ask for an action plan asking how they will immediately begin to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Focus Care Link Ltd- Waltham Forest Branch

Detailed findings

Background to this inspection

The inspection:
• We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
• The team consisted of one inspector and an Expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of care for older people over the age of 65.

Service and service type:
• Focus Care Link Ltd – Waltham Forest Branch is a Domiciliary Care Agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.
•The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
• We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 5 February 2019 and ended on 6 February 2019. We visited the office location on the 5 and 6 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

• We reviewed information we had received about the service since the last inspection. Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.
• We viewed five people's care records including associated risk assessments, eight staff files including their recruitment, training, supervision and appraisal records. We also viewed accidents, incidents and complaints records. We also viewed MAR charts and quality assurance documentation for the running of the service.
• We spoke with three members of care staff, the registered manager, training manager, a field care supervisor and a coordinator.
• After the inspection we spoke to seven people who used the service and seven relatives. We were sent five updated care plans and a copy of a daily log and updated MAR chart after the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection on 11 July 2018, this key question was rated "requires improvement". Following our 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 safe to at least "good". At this inspection, we found the provider had made a few improvements in relation to medicines management but however other improvements must be made to ensure the service is safe. Therefore, the rating for this key question remains at "requires improvement".

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels
• Feedback was mixed around staff punctuality. People told us their carer sometimes did not turn up and they did not receive an explanation from the service.
• People using the service accepted that staff may be late if their previous call had overrun or if they were stuck in traffic however, some people did not receive a satisfactory response from the service. One person said, "Missed a morning appointment on the 4th. Daughter phoned to see what was happening, still not heard back from the office. Would be nice if (office) phoned. Set times don't bother me I am always in. Last year we had the same problem with missed visits; discussed it at a review. On Sundays I like to go out to church. One particular carer always get here early so I can go."
• Another person said, "Generally arrives on time, depending on the buses, carer will phone me. Staff always come, apologise for being late, always stay their time."
• The registered manager told us staff now worked in areas that were close to where they lived. This was to help minimise travel times between calls and lateness to people needing a service. A member of staff said, "I can walk to my clients."
• However, one person said, "Morning visit is at 9.00am, sometimes earlier, latest has been 10.00am. Last night my evening carer didn't turn up at 8.30pm, my brother phoned at 10.00pm, not heard back from the office. Not too much of a problem I have family to help". Another person said, "Usually very good, then it goes to pot. Haven't had a carer for the last two nights but did get a phone call for last night. When they (carer) doesn't turn up, nobody gets back to say what happened. We have a regular carer in the morning he always rings to let us know if he is running late".
• This meant people were at risk of receiving no care where staff arrived late or not at all.

Assessing risk, safety monitoring and management
• Since our last inspection we found inconsistencies in the assessment of risk. Risk assessments were not always clear on how risk was to be reduced, and information in some was contradictory.
• People had risk assessments for their environment, moving and handling, medicines, diabetes and dementia.
• Of the five risk assessments we viewed only two were clear in how to reduce risk. In one where the person

was at risk of falling, the provider had put in measures to reduce the risk which included ensuring items were within easy reach for the person and moving the person to the ground floor of their home to reduce the risk of them falling down the stairs. In another file an up to date diabetes risk assessment had been completed and the risk management included staff not leaving the person alone and to ensure they were provided with appropriate food [from the family].
• However, in another file a moving and handling risk assessment stated the person had a fractured shoulder and osteoporosis (a medical condition in which the bones become brittle and fragile). The methods to control the risk were to "Be careful and to take medication". However, there was no guidance on how staff were to be careful when handling the person.
• In other risk assessments which included environment, Control of Substances Hazardous to Health (COSHH) and equipment used, we found blank documentation. This meant we could not be assured the service had assessed these areas.
• Where equipment was listed the risk assessment for its use was not robust. Follow up checks for safety had not been recorded. For example, one assessment said, "Bath chair never been checked but looks ok". There was an additional note to contact the social worker but there was no evidence this had been followed up.
• In the event of an emergency people had been provided with contact information for day time and out of hours. People told us this information was provided at the start of the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the Well – Led section of the report for further details.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt safe with carers. One person said, "Certainly feel safe, good bedside manners." Another person said, "Feel safe, carers are very friendly." A relative told us, "Carer good at making sure my (relative) is safe, always stays with her in the bathroom in case she slips".
• The service had an adult safeguarding policy and procedure explaining how staff should escalate allegations of abuse.
• Staff understood how to whistleblow if they felt the registered manager was not acting on their concerns. A member of staff said, "If [registered manager] did nothing I've got you guys [CQC] and social services". Another member of staff said, "If [registered manager] not doing anything go social services, police, CQC, I don't care if you fire me there's no excuse".
• Staff received safeguarding training and safeguarding was a standing item discussed within their team meetings.
• Staff were alert to changes in people and would report to the office if they saw unexplained bruises or if a person became withdrawn.

Recruitment
• Staff were recruited to the service safely. Records confirmed staff completed an interview, English and maths competency tests, provided identification, previous employment history and references from previous employers.
• Staff completed criminal records checks with the Disclosure and Barring Service before commencing employment to confirm their suitability to work with vulnerable people.

Using medicines safely
• Records confirmed staff received medicines training and had their competency assessed while in people's home to check that they administered medicine to people safely.
• Staff supported people in the safe administration of medicines.
• The service recently introduced a new document which explained the importance of taking each medicine. Where medicines were administered people had medicine risk assessments.

• A medicine Administration Record (MAR) was in place for each medicine listed.
• Since our last inspection the number of gaps in MAR charts had reduced. However, where gaps were identified there was no explanation recorded on the MAR chart to explain what had happened. For example, on one MAR chart for the 13 January 2019 there were two gaps with no explanation although there was an explanation in the person's daily log notes. The registered manager advised us they would reintroduce the ability for staff to record on the back of the MAR chart any other reason why medicine had not been given, such as the person being out of their home for the afternoon.
• People told us that staff would remind them to take their medicine. One person said, "Carer reminds me to take my medicine and checks to see if I have taken them." Another person said, "Every day my medicine is tipped out into a measure cup and the carer stays with me while I take them, gets recorded in the folder".
• A relative told us, "Carers make sure that he has his medication. Office staff have been and done a medicine risk assessment".

Preventing and controlling infection
• Staff were provided with personal protective equipment (PPE) which included gloves and aprons.
• Staff followed good hand hygiene practices.
• A member of staff said, "We have plenty of PPE".

Learning lessons when things go wrong
• The office manager maintained a spreadsheet of accidents and incidents. After each incident there was an action plan and staff in the office discussed these and how they could be prevented in the future. This information was shared with care staff.
• Care staff documented incidents when they occurred and informed the office.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

• Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Care staff confirmed they asked people for their consent before giving personal care or support. A member of staff said, "After greeting the person I ask 'are you ready to take personal care?' If no I give five minutes, then come back."
• People told us staff asked for their permission and relatives also confirmed this took place. A person said, "Before they do anything for me, carer always says 'shall we have a look at your leg before we wash it?'" Another person said, "Carer always takes the cue from me before anything is done for me."
• A relative said, "Carer keeps her distance and lets (relative) do what she wants, carer always asks do you want some help?"
• Consent to care documentation was not always robust. Where people had capacity and were able to, they had given their consent to care.
• Where relatives had consented to care on behalf of their family member the correct legal documentation was not on file. For example, we were told a relative's application through the courts for lasting power of attorney was currently in process This meant the relative could not yet legally give consent on behalf of the person. In the absence of the lasting power of attorney we did not see records to indicate a best interest meeting had taken place to enable care to be given where someone lacked capacity, or, for example, an explanation saying the reason a person could not sign was due to their medical condition.

We recommend that the service finds out more about documenting consent, based on good practice, in relation to people who may lack the mental capacity to take particular decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People received an assessment of need before they began to use the service.
• People had expressed their wants, goals and outcomes which had been documented in the initial assessment. For example, someone wanted to be more social and the actions to achieve this were to support them in attending coffee mornings at a memory clinic.

Staff support: induction, training, skills and experience
• During our last inspection staff supervision was not consistent and the provider was in breach of the regulations. At this inspection records confirmed staff were receiving regular supervision and the registered manager had a schedule of booked supervisions, so staff knew when they were to take place. The service was no longer in breach of the regulations.
• Appraisals were taking place but in two staff files we could not locate the most recent appraisal. We raised this with the registered manager but they were unable to provide up to date records.
• Staff received an induction which included reading the service policies and procedures and a tour of the building.
• Staff completed shadowing for three days with an experienced member of staff.
• Staff confirmed they received ongoing mandatory training in the following; mental capacity, infection control, emergency first aid, health and safety, safe food hygiene, safeguarding adults, medicine, equality and diversity and moving and handling.
• People thought staff had the necessary skills to support them. One person said, "Carers seem well trained, they know what to do." Another person said, "Staff know what they are doing, they learn on the job."

Supporting people to eat and drink enough to maintain a balanced diet
• The majority of people we spoke with at the service told us they did not need staff support with their meals. People who had support from staff told us that staff offered them choice and gave them the food and drink they wanted.
• One person said, "Carer will make me porridge or a sandwich for breakfast if that's what I want. Lunch time I usually have soup and in the evening, they will reheat a dinner for me." Another person said, "[Carer] always ask me to choose what I want to eat, usually have a microwave meal reheated in the microwave, always served the way I want it on a tray on my lap. While I am eating she goes and does another job for me and washes up when I am finished. [Carer] always renews the water in my jug before they leave."
• Staff told us where they did prepare meals that they would ensure they followed good hygiene. Staff told us they offered people choice of meals.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
• Health care professionals were involved in people's care to help them maintain good health. This included the district nurse, GP and social workers. Staff would contact the office if there were concerns regarding a person's health and the GP or social worker would be informed. We noted that while the name of the health professional was provided their contact details were not always given on the support plan. This meant the service may not always be able to contact them promptly.
• People were supported to attend health appointments by friends and relatives. The service offered an escort service if needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People told us care staff treated them with politeness and kindness and were caring in their nature. One person said, "My carer is very friendly, helpful, very understanding and very caring". Another person said, "Very kind, always ask if I am okay."
• Relatives thought staff were kind and caring. One relative said, "All the carers are polite to both of us. If they didn't show respect they wouldn't come back in again." Another relative said, "[Person] is pleased to see the carer, can hear them chatting, when the carer says goodnight he always checks with [person] if he wants the door left open or shut." A third relative said, "I often hear them both laughing". [Person] bruises very easily and carer noticed some new bruises and [was] concerned that [person] had hurt herself when she fell. She called the ambulance to get her checked over."
• People were treated as individuals by care staff and care staff showed they knew people's preferences. Care staff did not discriminate against people and showed they respected people's sexual identity. Where someone may identify as lesbian, gay bisexual or transgender, staff told us they would not treat them any different to someone else who used the service. A member of staff said, "I do my job. When I'm there I speak to you like a human being."
• People's cultural needs were respected in relation to their religion and dietary needs. A member of staff told us they had received training in equality and diversity and they said, "I work with one client she's Indian and she wears a saree, after giving personal care I assist her to dress and feel comfortable."

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in making decisions about their care and could express their views.
• Records confirmed staff spoke to people during reviews to ask if the care met their needs. One person said, "Initially I was having a strip wash and progressed to having a shower, my carer very responsive to my wishes and so well organised, I didn't feel I was doing things too quickly."

Respecting and promoting people's privacy, dignity and independence
• Staff respected people's privacy and dignity and told us they knocked on people's doors before entering and covered people with a towel during personal care. A member of staff said, "If in the shower, close the door, if in bedroom we close the door. When we move from shower to the bedroom I cover the body."
• People felt their dignity and privacy were respected. One person said, "When I was having a strip wash, carer always made sure I was covered up and made to feel comfortable. Now she offers me a private moment to use the toilet before having a shower." A relative said, "Now [person's] bed is downstairs the carer always has doors and curtains shut while [person] is being washed and dressed."

• Staff did not discuss people outside of the service in order to maintain their confidentiality. A member of

staff said, "It's for me and the client unless what they told me puts them at risk. Then I'd tell the office." The same member of staff said, "We can't discuss people at the bus stop."
• Staff encouraged people to continue to do tasks they were able to. A member of staff said, "If you are able and can do your face I can assist with what you can't do. If I stop them doing things they will stop doing it then be bound in bed". One person said, "I don't need much help, carer always listened to what I want to do whether it's help with dressing or undressing, she lets me try to manage whilst she is there to provide support if I need it."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI:□People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• During our last inspection care plans contained minimal information on how to support people. At this inspection we did see some improvement. However, care plan personalisation was not consistent.
• We raised this concern with the registered manager as we were advised the care plans had been reviewed. We were sent a sample of updated care plans that had more detail after the inspection.
• People were asked by staff during the assessment stage for their preferences. This included asking what people liked to eat for breakfast, how people wanted their hot drinks made and where they received personal care and the toiletries they liked to use.
• People's care was regularly reviewed. Records confirmed this. The registered manager told us the care coordinator called two weeks after the service commenced to ask people how the care was going.
• One person said, "I have an assessment four times a year, manager comes and ticks the boxes and checks if there any changes". Another person said, "The agency visited as soon as I came out of hospital, they had a copy [of] my care [plan] from the hospital and I discussed with the agency what help I needed.
• A relative told us their family member was asked what they needed and they were also consulted. The relative said, "Care plan discussed with [person] and then they talked with me, asked if there was anything else we needed help with."
• The registered manager gave an example of supporting people's choices for care. They said, "One client wants different carers every day. This is what she wants. I have to do it even though I explained it's not good for continuity of care."
• Care staff told us they found out people's preferences from speaking to them and sometimes it was in the care plan. A member of staff said, "I always read care plan with new client. I read care plan to know exactly what to do and what not to do." The same member of staff said, "When meet the client ask them about their preferences. By time you start giving care you can find out what they like. For example, some client like to have medicine after breakfast."
• People were asked about their interests and were supported to attend them. For example, records confirmed staff supported people to attend their chosen place of worship.
• People's communication needs were within the care plan. For example, in one care plan it said, "Staff to speak clearly and slowly and to ensure you are facing me."
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service was meeting the requirements of the AIS.
• People's communication needs were within the care plan. For example, in one care plan it said, "Staff to speak clearly and slowly and to ensure you are facing me."
Improving care quality in response to complaints or concerns
• The service had a complaints policy and procedure in place.

• People were supported to make a complaint to the service and records confirmed these were responded to.
• Relatives knew how to raise a complaint about the service and had them resolved to their satisfaction. One relative said, "We did have an issue with the last visit of the day. I spoke to the boss and we decided as the last two visits were too close in time we would have just three visits."
• The provider recorded compliments received from people where they were happy with the service.

End of life care and support
• The service did not support anyone with end of life care and not all staff had received training in this area. Actions taken after feedback from a staff survey confirmed that staff were to receive training support in understanding people's end of life needs in line with their culture and religious beliefs where applicable.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

• The registered manager told us they had recently recruited a member of staff to start auditing all the files to ensure they were accurate and complete. However, this person had been unavailable for a long duration and the registered manager was unable to access the work that had been completed.
• Quality assurance systems were in place but were not robust as they did not pick up issues regarding the strength of risk assessments or issues identified during the inspection such as the lack of accuracy of documentation for people using the service and with regard to staff appraisals.
• Risk assessment documentation was not robust in reducing risk and it often was blank. Where care plan documentation was completed we found incorrect date of births, incorrect spelling of people's names and incorrect data about a person's condition had been recorded. For example, we found a care plan wrongly stated a person had dementia and two children.
• People's feedback on the quality of the care was mixed. Where people received communication about late calls they appreciated being kept informed. Other people and their relatives were frustrated they had to keep calling the office to find out where their carer was and did not receive a call back. A relative said, "It would more helpful if they phoned me up to let me know if carers cannot make it." Another relative said, "Just wish the carers were more consistent with their timekeeping and the office could call us rather than us having to call them when carers don't come."
• The service continued to use a call monitoring service, however, this was not effective in monitoring staff attendance. Data showed staff were still not logging in and out of the system. We were informed by the coordinator that some people using the service did not have a telephone staff could use and some staff may have forgotten to log in. The service provided data to show they called staff to check they had arrived at people's calls on time via phoning them. Those who were late or missed calls were brought to the office to discuss their performance.
The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Positive feedback from a relative included, "[Person] had stopped washing. Now with the carers [person] is having a daily wash and a shower and hair wash on Saturday. I don't know what we would do without the carers."
• All staff understood their roles and responsibilities. They told us they were there to provide good care to people in their homes.

• Care staff told us they could approach the registered manager with concerns or their field supervisor. A member of staff said, "[Registered manager] is good but we can talk to anybody here, we have [registered manager] number, free to contact her." Another member of staff said, "[Registered manager] is good but don't see her often. [Registered manager] comes for meeting."
• People using the service knew who the registered manager was and would contact them if they had concerns.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• While people told us the care was given how they wanted, this was not always reflected in the care plan.
• Physical spot checks were performed to check people's level of satisfaction, wellbeing, time keeping of staff, concerns or complaints, any changes needed to the care package and that staff were meeting the needs of the people during the call.
• Care staff had regular quarterly meetings where they discussed the principles of person centred care and the importance of showing kindness and respect. A member of staff said, "We have meetings, we talk about the job and how we can improve our travel time, the manager always asks how we can improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People told us they were involved and asked for their views on the care received.
• One person said, "A woman has been to see me and asked about the carer. They are okay they do what I want them to do." Another person said, "Either get a phone call or a visit to ask if I am happy with the service I get from the carer."
• We reviewed the results from the survey sent to people during August and September 2018. The results indicated that people were happy with the service however, we were not provided with the total number of responses. The service received 100% positive feedback when they asked if people felt they were treated with respect and not discriminated against based on their religion, gender, age, sexuality or any other reason.
• The office manager had analysed the results and prepared an improvement plan to act on the feedback from the survey. Improvements included to recruit more care workers, so people had improved continuity of care.
• Care staff were provided with the opportunity to provide feedback on the service during an annual survey.
• Feedback from this survey included staff needing more travel time. Staff confirmed this had improved as they were now allocated to people close to where they lived.

Continuous learning and improving care
• Care staff told us the registered manager always asked questions of them to check knowledge. A member of staff said, "[Registered manager] said we must always know medicines. She always asks us question to check we are following best practice. She put on training for safeguarding as we were a little bit unsure."
• Staff based at the office held a weekly risk meeting where they discussed who was on call, missed calls with actions after the incident, medicine errors and actions, safeguarding, staff sickness and absence and Mental Capacity Act file audit.

Working in partnership with others
• The service worked with the local authority to drive improvement of the service.