The Human Support Group Limited

Human Support Group Limited - Sale

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18, 20 and 21September 2018 and the first day of inspection was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. On 20 September 2018 we made telephone calls to people who use the service to gain their views and experiences of the service.

Human Support Group – Sale, also known as HSG Homecare - Sale and referred to as HSG - Sale in this report, is a domiciliary care service which provides personal care and support to people in their own homes to help them remain independent. HSG - Sale also provides other elements of support such as sit-in services, domestic support and welfare checks.

The service is managed from an office in Sale, Trafford with care and support provided for people living in the areas of Trafford, for example Altrincham, Stretford and Sale. The length of visits for care and support vary depending on the assessed needs of people. At the time of this inspection, 94 people were in receipt of a service and 70 staff were employed on the day of our inspection. However, not everyone using the service receives regulated activity; the Care Quality Commission (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 the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection of April 2017, we rated the service overall as Requires Improvement. At that inspection, we found breaches of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not managed properly and support plans did not contain detailed information for staff to provide person centred care.

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 questions of safe, responsive and well led to at least good.

During this inspection, we saw the provider had taken the measures identified in their action plan. In addition, they had sustained previous good practice in other key areas. As a result of this inspection, the service has an overall rating of Good.

There were more robust systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Risk assessments included information for staff about the risk and any measures they should take to minimise the chance of harm occurring to an individual.

People supported with medicines were kept safe and received the correct medication. Practical competency reviews were completed with all staff to ensure best practice was being followed.

The manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People had access to healthcare services and received healthcare support, sometimes as a result of intervention or advice from care staff.

The service worked with relatives and others to raise the awareness of dementia. Two planned Dementia Awareness sessions went ahead and were attended by relatives, staff and a health professional. People were supported with the preparation of meals and drinks where this had been identified as a care and support need during the assessment process and any specific dietary needs were documented.

Staff were kind and patient in their approach and did not rush people, letting people do things at their own speed. People were treated with dignity and respect and received care and support specific to them, depending on individual preferences. People told us that staff were caring and carried out additional tasks when they needed extra support.

People received a service that was based on their personal needs and wishes. Care plans were written in the first person and contained information about people's histories and past lives. This gave care workers insight into those they were caring for and helped shape the delivery of care.

People benefitted from a service that was now well led. The vision, values and culture of the service were clearly communicated to staff and the registered manager invested time with staff to make sure these were understood.

There were processes in place to monitor quality and understand the experiences of people who used the service. Staff we spoke with were complimentary about the service and their colleagues and proud of the work they did.

The service had forged links with the community and a local befriending charity, owned by the Human Support Group but operated independently, had an on-site representative based at the Sale branch. The service referred or signposted people to this charity.

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.

Identified risks had corresponding plans in place for staff to follow to minimise and mitigate these risks.

Where people needed support with medicines the systems in place were safe. Practical competency reviews were completed with all staff.

The service followed safe recruitment procedures and staff did not carry out care and support until all pre-employment checks had been completed.

Is the service effective?

Good

The service was effective

The manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

A programme of training and supervision enabled the staff to provide a good quality service to people. The registered manager had oversight of all training accessed on line.

Care plans contained signed consent indicating that consent had been gained when appropriate to do so and from the right people.

Is the service caring?

Good

The service was caring.

People received care and support specific to them, depending on individual preferences.

Staff understood the importance of promoting independence wherever possible and when safe to do so.

Staff respected confidentiality but would take action if the information being shared compromised the person's safety.

Is the service responsive?

Good

The service was responsive.

Care plans provided clear rationales as to how individual needs would be met and included risk assessments relevant to the person.

Care plans were written in the first person and contained information about people's histories and past lives, helping to shape the delivery of care.

People's concerns were taken seriously and investigated appropriately.

Is the service well-led?

Good

The service was well led.

The vision, values and culture of the service were communicated to staff. The registered manager was passionate about continuously improving the service.

There were processes in place to monitor quality and understand the experiences of people who used the service.

The service planned to build on and develop established links with the local community and other professionals.

Human Support Group Limited - Sale

Detailed findings

Background to this inspection

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

This inspection took place over three days on 18, 20 and 21 September. People using the service were contacted by telephone as part of our inspection of the service.

Before the inspection we asked the provider to 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority contracts and commissioning team to gather their views of the service. We received no negative feedback. During our inspection we spoke with the registered manager, a care co-ordinator, a training and recruitment officer, an administrator, a senior care worker and four care workers. At the time of our visit the service was providing personal care and support to 94 people. There were 70 members of staff employed at the time of our inspection.

We spent the first and second day of the inspection at the provider's registered office, speaking with staff and looking at records. These included care plans and associated documentation, staff recruitment files, staff training records, supervision records, various policies and procedures and other documents relating to the management of the service.

On the third day of inspection we visited three people in their own homes and spoke with them to gather

their views on the service. These visits included meeting, speaking with and observing staff who were there to provide support for the person. We looked at paperwork kept on file in people's homes relating to their care after asking for the individual's permission.

Good

Is the service safe?

Our findings

People we spoke with and visited as part of this inspection told us they felt safe and secure when being supported by care workers at HSG – Sale. The service had improved since the last inspection and now provided a safe service. People using the domiciliary service received advice and guidance from the company on ways to stay safe at home, including information about safety alarms, locks, lights and preparing for bad weather.

At the inspection carried out in April 2017 we saw that although the service had identified risks posed to people there was insufficient information provided to staff to act upon and reduce those risks. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments should provide clear and person-specific guidance to staff and ensure that control measures are in place to manage the risks an individual may be exposed to. After the inspection of April 2017, the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this.

During this inspection we saw improvements had been made with the assessment and documenting of risks. We saw that people's personal safety had been assessed and any risks identified now had corresponding plans in place to minimise and mitigate these risks. Risk assessments included information for staff about the risk and any measures they should take to minimise the chance of harm occurring to an individual. For example, people had risk assessments in place due to their restricted mobility and information was provided to care workers about how to support individuals when moving around their home or when transferring in and out of bed. Other identified risks included choking, medicines, falls and the home environment.

The care coordinator scheduled all visits and this aspect was well managed. Rounds for care staff had been devised based on geographical areas, called 'runs', and then split depending on whether people needed one member of staff or two to assist with personal care. Information gathered during the initial assessment indicated if people required two staff to assist with their care and support. Staff on 'double runs' were always assigned a colleague to undertake joint visits and people who needed two members of staff consistently received this care and support and were kept safe.

We asked people if staff arrived on time to provide care and support. Care workers had a thirty minute window from a scheduled call time in which to arrive and people we spoke with told us there were sometimes fluctuations in the arrival times of care workers, normally by no more than half an hour. Call records we looked at reflected that staff carried out visits to people at times similar to those originally planned. People were aware that at times carers were delayed because of reasons outside their control, for example due to traffic congestion or an emergency elsewhere and staff we spoke with confirmed they were allocated sufficient travel time. People told us that when this happened they were notified that a care worker would be delayed. One person told us, "They're [the care worker] usually on time. If they're going to be very late, they ring the office and they let me know."

We looked at a number of records in relation to visit times, including manual timesheets. Timesheets we looked at reflected that the majority of staff were staying for the full commissioned time with individuals. People we spoke with told us that staff sometimes stayed over and above the commissioned time, for example if they needed longer to get ready or were feeling unwell. We were assured that staff made sure that people were safe before leaving and moving on to their next scheduled call.

Most of the people we spoke with as part of this inspection either took responsibility to administer their own medicines, or had this carried out for them by a family member. We saw that where people did need support with this aspect of personal care the systems in place were safe. This was demonstrated through the service's policies, procedures, records and practices. We saw that following a regular test of bloods, details of a person's oral anti-coagulation medication requirements for the following week were sent to the agency, with the individual's consent. These details were then placed in the person's home so that care workers were informed of any changes. This meant the person received the correct level of anti-coagulation medicines and was kept safe. Practical competency reviews regarding the administration of medicines were completed with all staff to ensure best practice was being followed. One person we spoke with receiving a service told us, "I never check the charts but I know I've always had my medication."

We evidenced that the service followed safe recruitment procedures. Staff did not carry out care and support until the appropriate pre-employment checks had been completed and two written references received. We saw on one new employee's file that the receipt of a second reference had been delayed. Other checks had come through, including a clear DBS, and the employee had completed all mandatory training. The service risk assessed the situation and had placed the staff member on double runs with a senior colleague until the second reference arrived. ensuring the new employee was supervised at all times. Disclosure and Barring Service (DBS) checks had been carried out for all staff on initial employment and were repeated every five years. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Staff understood the processes to follow to safeguard people in their care, including whistle blowing on bad practices. We saw that the registered manager had taken appropriate action and followed company processes when bad practices had been highlighted, for example staff had been disciplined and in some cases, employment with the company was terminated. The service recognised their responsibilities and was proactive in raising safeguarding concerns when they suspected an incident or event that might indicate abuse had occurred. Agencies they notified included the local authority, CQC and the police. The service had access to a copy of the local authority's multi agency safeguarding procedures. The registered manager had processes in place to monitor any accidents and incidents that occurred in the service. Information on accidents and incidents formed part of the data requested by senior management and were relayed to head office on a weekly basis for further analysis.

Staff received training and guidance on safe hygiene and infection control procedures during their induction and at regular intervals when undertaking refresher training. Staff were provided with protective equipment such as disposable gloves and aprons and people we spoke with as part of the inspection confirmed these were used by staff when providing personal care or when preparing food.

Good

Is the service effective?

Our findings

We looked at induction, training and the development of staff to ensure staff had the skills, knowledge and experience to deliver effective care and support. Staff confirmed that the induction and subsequent training they received was effective and considered they were equipped with the necessary skills and knowledge to meet people's needs. New staff initially 'shadowed' existing staff and then worked with other care staff throughout the induction process so they could consolidate their learning. Staff did not work alone until they felt confident within the roles they were to perform.

People considered that staff did have the right skills and abilities and one person told us, "I can't fault the care. They are good, caring staff. They [staff] get updates on their training and they listen." We saw that for the elements of mandatory training not up to date there were reasons for this, for example staff were on long term sick or on maternity leave. Elements of mandatory training were further enhanced by additional person specific training so that staff were equipped to deal with the packages of care they were assigned to. Some examples of this included training in stroke care, epilepsy and pressure care. The registered manager had oversight of the training made available to staff on the internet and could allocate training to individuals when this was due. Similarly, they could monitor if required refresher training was not being done and address this with staff, for example through supervision.

We saw that the service had a company trainer who linked up with a local Skills For Care representative and the local authority for other useful external training opportunities. Staff we spoke with told us they would ask for specific training if relevant to a support package to better equip them provide effective care to individuals.

Staff supervision provides a framework for managers and staff to share key information, promote good practice and challenge poor practice. We checked to see if staff were receiving regular supervision sessions and saw that they were. The service had templates in place to record supervision conversations with staff and we saw that there was the opportunity for staff to have their say during their supervision. We saw two occasions when staff had voiced concerns for people they supported during their supervision, with one case resulting in a safeguarding being raised to protect the person concerned.

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 make 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. HSG-Sale provides a service to people within their own home, therefore any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The service had an understanding of the MCA and their responsibilities and understood how to implement this should someone not have capacity and the need to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. We saw an example of a best interest decision in which it had been agreed that staff of HSG-Sale were best placed to administer medicines

At the time of this inspection we saw that the service was planning to run two Dementia Awareness sessions, open to family members of people using the service. We were sent confirmation that these went ahead as planned and were attended by five relatives, two members of staff and a District Nurse. These awareness sessions helped to better equip family members so that they could also offer effective care and support to their relatives with a diagnosis of dementia.

The service was mindful of helping people to achieve positive outcomes in their daily lives, either directly through the care and support or because of actions taken by care workers. HSG-Sale promotes a local befriending service which operates from the same building. Befriending is a distinct type of support which is different from the practical or functional day to day support operated by paid professionals. We saw good examples where the service had identified people either potentially at risk of social isolation or in need of social support and had signposted or referred people to the befriending service. Work had been undertaken by the service to try and make sure people received effective personal care whilst also being mindful of people's wider social and holistic needs.

People were supported with the preparation of meals and drinks where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan along with any specific dietary needs, for example a soft diet or a culturally specific diet. We saw and people told us that care workers provided a sufficient amount of support to meet nutritional needs in various ways. People were complimentary of the help they received from staff and one person told us, "We have a good arrangement; they make great omelettes." Another said, "The carers make the meals for me and I always have choice." Staff reported any concerns they had about a person's food and drink intake to the manager who took appropriate action.

We looked at records at the office and also those in people's own homes and saw examples of how people's healthcare needs had been met. Care plans reflected contact with health and social care professionals involved in people's care if any health or support needs changed. People's care records showed us that the service had supported them to access district nurses, dieticians, dentists and other health and social care professionals based on their individual needs.

Good

Is the service caring?

Our findings

The manager told us that person centred care was a priority at HSG-Sale and that care workers adopted a person-centred approach when delivering care and support. This was further evidenced by the way care needs were documented and the way that care delivery was recorded.

People we spoke with were complimentary about the care and support provided by 'kind and considerate' staff. One person we spoke with told us, "They [staff] show that they have understanding and respect my interests, preferences, choices and values. They never change the music. They show their empathy in their care."

Staff we spoke with understood the importance of promoting independence wherever possible and when safe to do so. Staff told us that records and support plans informed them of what people were capable of doing for themselves and they saw their role as being vital to help people maintain those skills. We noted that comments books contained appropriate and positive language and included words such as 'coaxed', 'persuaded' and 'encouraged', again indicating that people were helped to maintain independence and life skills. Results from a survey undertaken in June 2108 reflected that over 90% of the respondents considered the care and support on offer maximised their independence.

People and their relatives agreed that staff were kind and patient in their approach. We were told that staff did not rush people, letting them do things at their own speed. One relative we spoke with explained their family member could not do much for themselves due to a specific health condition but the carers encouraged them to try. They told us, "They [staff] give lots of praise."

People told us they were treated with dignity and respect. We saw that people received care and support specific to them, for example meals prepared the way a person liked them, leaving items within easy reach such as drinks, tissues and snacks and providing various drinks with which to take medicines, depending on the individual's preference.

Staff morale was high and we could see from the positive attitudes of staff, the comments they made to us and those recorded in supervision sessions, that they were enthusiastic about the service they provided. One person usually made their own meals but told us the care workers 'looked after' them when they were ill and cooked for them. This showed us that staff were caring and carried out additional tasks when people needed extra support.

We spoke with the manager and care workers about equality and diversity and they were able to give examples of how these were recognised when providing care and support, including respecting other cultures and faiths. From our conversations with people and staff it was clear that people were not discriminated against. The service also included in their Provider Information Return (PIR) that they were working on devising policies and procedures in relation to lesbian, gay, bisexual and transgender (LGBT) groups. Through these they would continue to promote equality, diversity and inclusion and ensure those specific protected characteristics were not discriminated against. We will check that these policies are in

place on our next inspection.

We visited the office of HSG-Sale as part of our inspection. We found that both electronic and paper documentation were stored securely so that people's confidentiality was properly maintained. In our conversations with staff they demonstrated an awareness of maintaining confidentiality and this was further supported by a person we spoke with who said, "They [staff] always respect confidences. Whatever is said in the room stays in the room." Staff explained to us ways they did this in practice, for example not openly discussing their conversations with others unless it was something detrimental that might cause people harm. This showed us that staff respected confidentiality but would take action if the information being shared compromised the person's safety.

Good

Is the service responsive?

Our findings

People and relatives told us, and we gauged from support plans, there had been an initial assessment of needs prior to a package of care and support being started. Assessments carried out before the start of care provision help determine if a service can safely provide the care and support needed. Care plans provided clear rationales as to how individual needs would be met and included risk assessments relevant to the person.

At the last inspection we judged that not all support plans contained sufficient information to help staff support people safely, for example following changes to medicines or in monitoring pressure ulcers. We judged the service to be in breach of Regulation 9(1) of the Health and Social Care Act 2008 as care and support provided was not always person centred and responsive to people's needs.

During this inspection we noted the service had improved with this regard and we saw examples of how the service responded to people's changing needs. We saw that care workers spent time with other professionals to learn more about specific equipment introduced as a result of people's changing needs, for example a hoist, a walking frame and a sleep system.

We looked at eight support plans in total, on site and in people's homes and we saw they contained information about people's personal history, likes and dislikes, hobbies and interests. There was good detail around how staff were to support people, containing specific details of preferences for care. We saw people's gender preferences for care staff was recorded in their support plan. The service had taken on board gender preference requests and had created an all-male team of staff to work on one particular 'run' due to the number of people preferring male care workers. The approach to care was person centred and care plans clearly evidenced that people had been fully involved in developing their plans and how they wanted to be supported.

Care plans were written in the first person and contained information about people's histories and past lives. This gave care workers insight into those they were caring for and helped shape the delivery of care.

According to the provider's policy support plans were to be reviewed annually or sooner if needed due to a requested review or change of need. The care plans we checked had been reviewed within company timescales, if not sooner. Staff recognised when people were unwell and reported any concerns to a senior care worker or a manager. We saw and heard examples of where staff had helped identify deterioration in people's health, either through conversation, observation or through experience.

We noted that the Quality Policy Statement stated that the company welcomed all forms of feedback and both informal concerns and formal complaints were encouraged, as both were seen as being vital to improving the quality of service. A resolved complaint was a positive step. People were provided with information about the company's complaints policy and procedure when they started to use the service, as this was contained in the service user guide. People we spoke with were all very much aware of how to raise a complaint and told us they would have no problems in doing so if they felt it necessary.

Records we looked at provided an overview of complaints received and acknowledged, details of any investigations along with conclusions and actions taken, where required. We saw complainants were sent a letter detailing the outcome of the investigation, details of the decisions made and a rationale for these decisions. Complainants were provided with the opportunity to raise any further concerns with the quality team if they were not happy with the outcome of their complaint. We judged that the service had effective systems in place for the management and resolution of complaints and we were assured that people's concerns about the care they received were taken seriously and investigated appropriately.

The company received feedback in the shape of compliments from people who used the service or from other family members and these were shared with staff. HSG-Sale received 14 compliments that were sent directly to head office. Other compliments and thank-yous were sent directly to staff based at the Sale branch in the form of cards, letters and emails. Staff were notified of any compliments received and thanked for their performance and practice and staff we spoke with told us this made them feel valued and appreciated.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We asked the registered manager what the service was doing to meet this standard. Pre-assessments gathered information about people's communication needs, for example any speech, hearing or sight impairments. The manager showed us mood cards that staff at head office were designing and the branch were ordering to use in the future. These were pictorial cards showing simple actions such as get up; lie down; too hot; too cold; unwell; yes and no. These cards would enable staff to communicate more effectively with people not able to communicate verbally. We will check that these are in place and being used appropriately on our next inspection.

At this inspection the service could evidence that they were able to care and support people approaching the end of life. We saw that reviews were carried out when people were identified as needing end of life care, due to a need for additional equipment, changes in medicines or increased needs. The service worked in conjunction with other professionals, particularly district nursing teams, to ensure that people received good care whilst approaching the end of life.

Good

Is the service well-led?

Our findings

At our last inspection of HSG-Sale in April 2017 we rated the service requires improvement overall and identified that it was not always well led. Prior to our inspection we checked the company website and saw that the previous rating awarded was displayed, as is the law. We saw that this was also prominently displayed in the office. At this inspection we saw that the company was stable and operating effectively, with the registered manager having good oversight of this branch and another local branch in Didsbury. During this inspection we saw that people now received care and support from a well-led service. We judged the service had improved in this aspect and rated to 'Good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. The registered manager was supported by senior colleagues and management based as the head office in Didsbury.

The company promoted its vision and values to staff in various ways. In the main office we saw posters and pictures, conveying the company mission and core values for all office staff to see. These were also cascaded down to care staff. We saw examples of communications to staff, called 'colleague feedback', which contained some of the values of the company, including 'we're in it together' and 'getting better every day', so staff were reminded of these in company communications. In our interviews with staff we asked them to tell us about the company mission, vision and values but some staff could not remember these. We discussed this with the registered manager and were later sent evidence that they had completed a values-based appraisal with those staff and provided them with a pocket-sized card that, when unfolded, listed the mission, vision, values the company strived to achieve and the behaviours expected of staff. This would serve as a useful reminder regarding company expectations of employees when caring for people.

Staff we spoke with were complimentary about the service and their colleagues and proud of the work they did. This came across in the conversations we had and supervision notes we saw. Staff felt more appreciated and were therefore more engaged. Staff told us they found supervision sessions beneficial as it gave them the opportunity to raise any work-related concerns but also to talk about any worries in their personal life, such as poor health or family matters. Staff told us the company were supportive at these times.

We asked the manager what measures were in place to continually monitor the quality of the service provided by HSG-Sale. The manager demonstrated how they collated and sent key performance indicator (KPIs) information on a weekly basis to their line manager. KPIs included an overview of any complaints and staff management issues, for example any vacancies, absences and performance spot checks. Other quality checks in place included audits of records completed by care workers, for example comments books and medication administration records (MARs) and unannounced staff spot checks carried out in people's homes. A Care Experience Assessor had responsibility for checking compliance and quality with regards to the delivery of care, including the supervision and appraisal of staff. The quality assurance records that we saw demonstrated how the manager maintained oversight of the service.

Customer satisfaction surveys were sent twice a year to people to assist the service identify where improvements may be required. The most recent results from a survey carried out in June 2018 were positive and we saw examples of comments from people on what the service does well, for example good continuity of care from friendly and polite staff. One person we spoke with as part of the inspection suggested the option to pay for care by monthly Direct Debit would be a welcome improvement, as currently it wasn't offered.

We saw initiatives being used to keep staff better informed about the wider aspects of the service, for example, newsletters from the branch and colleague feedback including any compliments received, training opportunities and staff performance information. Incentives for staff included the allocation of raffle tickets to staff when complimented, carrying out best practice or where it was recognised staff had gone over and above for people. A regular draw was held and staff were rewarded and photographs of successful care workers were displayed in the office.

We looked at how the service linked in with other agencies and saw good examples of how they alerted other professionals when concerned for people's welfare. There were links with the local authority, district nurses, GP's and health professionals. The manager explained the links with a local befriending agency, based in an office at the branch, and we saw examples of good outcomes for people as a result of a referral or signposting to the befriending agency.

Dementia Awareness sessions were planned and the registered manager wanted to expand on these, linking in with other health professionals and members of the community to raise awareness. There were links via a member of staff who held a voluntary role in the community. The registered manager told us the staff member attended local festivals and spoke about homecare in general and the befriending scheme to raise public awareness.

Providers of regulated services such as HSG-Sale are required by law to notify CQC of certain events which occur in the service, with the submission of statutory notifications. We use this information to monitor the service and ensure they respond appropriately to keep people safe and meet their responsibilities as a service provider. Records showed that when an incident had occurred, such as a potential safeguarding incident, or an accident, information had been shared with all relevant bodies, for example the local authority and CQC.