

Suffolk County Council

# Suffolk Home First South

## 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?

Outstanding ☆

# Summary of findings

## Overall summary

Suffolk Home First South provides an assessment and reablement service to people who require personal care, help with daily living activities and other practical tasks. This can include people who have not had care services before, who require care following discharge from hospital or whose care needs have recently changed. The service works alongside other agencies such as health and external care providers usually for the short term period of usually up to six weeks, encouraging people to develop the confidence and skills to carry out these activities themselves and continue to live at home. People may be supported for a longer period of time, this is assessed on people's individual needs. When we visited the service's office for our inspection on 7 January 2019, the service was providing the regulatory activity of personal care to 55 people. This was an announced inspection. The provider was given notice of this inspection to make sure that someone was available to see us.

At the service's last inspection of 8 June 2016, this service was rated good overall and in each key question. At this inspection we identified that people continued to receive a safe, effective, caring and responsive service. Improvements had been made in the key question well-led, which is now rated as outstanding.

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received a service which was extremely well-led. The registered managers were very knowledgeable about their roles and responsibilities in providing people with high quality care and support. The registered managers had systems in place to continuously improve the service and used any issues that arose to improve the service. There were systems to assess and monitor the service provided. Where improvements were identified swift actions were taken to address them to ensure people were provided with an extremely high quality service at all times. There was a very open culture and people using the service and staff were encouraged to share their views of the service and these were valued and used to drive improvement.

People continued to receive a safe service. Risks to people were managed, including risks from abuse and in their daily lives. The service learned from incidents to improve the service. There were systems to ensure there enough support workers to ensure that all planned visits for people were completed. Support workers were recruited safely. Where people required support with their medicines, this was done safely. There were infection control processes to reduce the risks of cross infection.

People continued to receive an effective service. Support workers were trained and supported to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service. The service understood and worked to the principles of the Mental Capacity Act 2005.

People continued to receive a caring service. People told us about the positive relationships they had with their support workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued. People were central to the care they received and were consulted throughout their care provision.

People continued to receive a responsive service. People received personalised care and support which was assessed, planned for and delivered to meet their individual needs. A complaints procedure was in place and people's concerns were addressed. There were no people using the service who required end of their life care, but systems were in place would this be required.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The management team led by example and were very knowledgeable and committed to providing good quality care at all times. Where issues had arose, these were used to drive improvement.

There was a very open culture in the service. People were asked for their views about the service and these were used to improve the service.

The service assessed and monitored the care and support provided to people, to identify where improvements were needed. Actions were taken to improve where required. As a result, the service continuously improved.

# Suffolk Home First South

## 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 checked 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 announced comprehensive inspection was carried out on 7 to 9 January 2019. We gave the service notice of the inspection because we needed to be sure that someone would be available.

The inspection activity started on 7 January 2019 and ended 9 January 2019, and was undertaken by one inspector. On 7 January 2019, we visited the office and spoke with the two registered managers, a senior occupational therapist, a team leader and four support workers, who the service referred to as reablement support workers. We reviewed 10 people's care records, records relating to the management of the service, training records, and the recruitment records of one new support worker. The second day of our inspection on 8 January 2019, we spoke with seven people who used the service and five people's relatives on the telephone to gain their views of the service. On 9 January 2019, we spoke with two people who used the service on the telephone and received electronic feedback from a community professional.

We reviewed information we held about the service, including notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

At our last inspection of 8 June 2016, the key question for safe was rated good. At this inspection of 7 January 2019, people continued to receive a service which was safe.

People told us that they felt safe with their support workers. One person said, "I do feel safe, they lock up before they leave and check I feel safe." Another person commented, "They are fine, lovely [support workers] I am not a bit afraid with them." One person's relative told us, "[Family member] feels safe with them."

The service continued to have systems designed to protect people from avoidable harm and abuse. This included training for support workers. Support workers understood their roles and responsibilities in safeguarding people from abuse. Where incidents had happened, the service reported to the appropriate organisations. They had learned from incidents to improve the service. This included disciplinary action, where required. The learning had been used to improve training and the management team had liaised with other services, such as pharmacy experts, to reduce future risks.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own home environment. These were reviewed to ensure they were up to date and reflected people's current needs. The service had systems in place to support people such as when there was bad weather or hot weather. This included advising support workers on how to keep people safe.

There continued to be enough support workers to complete the visits to people as planned. People told us that their support workers always turned up for their planned visits. One of the registered managers showed us the computerised system to plan visits to people who used the service. Support workers were rostered to complete visits and the system alerted staff members completing the rota if visits had not been covered. The registered managers told us that there were enough staff to ensure all visits were completed. If required, because the numbers of people could fluctuate quickly due to demand, the service used another care agency to staff visits. The registered managers told us that they did not refuse referrals, as long as they had the capacity.

The service continued to recruit support workers safely. We reviewed the recruitment records of one new support worker. The recruitment processes included checks that prospective support workers were of good character and suitable to work in the service. The registered managers told us how they used value based recruitment during the interview process. This included checking that the prospective support workers had the values required to work in the service.

People told us that they were satisfied with how their support workers supported them with their medicines. One person said, "I don't need help with my medication, they [support workers] just check on me." Most people using the service managed their medicines independently, or had a relative who assisted them. Where people required support, this continued to be done safely. People's care records identified the support they required with their medicines, and the medicines prescribed. Medicines administration records

(MAR) were completed appropriately and demonstrated that people received their medicines when they needed them. MAR were audited by other support workers, this assisted the service to identify any shortfalls and address them.

Support workers had received training in medicines administration and their competency was assessed by the management team. A support worker told us about how they provided support to people when they first started using the service. This included when they returned home from hospital and there had been changes in their medicines. The support worker told us that they checked them with the person and ensured that they were confident in managing them. They shared an example with us of how they had told a person about options of how they could manage their medicines, such as monitored dosage packages.

Support workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment (PPE), such as disposable gloves and aprons. As well as this infection control equipment support workers were also provided with a torch, personal alarm and snow shoes.

# Is the service effective?

## Our findings

At our last inspection of 8 June 2016, the key question for safe was rated good. At this inspection of 7 January 2019, people continued to receive a service which was effective.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Needs assessments were undertaken in consultation with the person and their relatives, where required. A support worker, who had been trained to assess people's needs, told us that at the first visit with people they attended with another support worker. This enabled them to assess the person's needs in their own home, as well as the assessment undertaken by their allocated worker in hospital, and consider the safety of the environment. One person told us, "I am having another assessment, yes I had one when I started. They talked about what I needed and how I needed help. I might be alright not to have them soon when I have been assessed again. They have helped me do things on my own again, all working hard." The registered managers told us about how they maintained positive relationships with health care hospital discharge professionals. To support the working relationships the service had introduced a discharge coordinator role who worked closely with the hospital teams when people were due to be discharged from hospital and needed to use the service. This provided people with a smooth transition to start using the service.

People were provided with a reablement care package, which was usually up to six weeks, but could be longer or shorter depending on need. If people required longer term care, the service may support them in identifying longer term care agencies they could use, this included signposting them to published CQC reports. If people did go on to use other agencies, the service supported them to have a smooth transition. This included shadowing the new care provider or advising on the person's needs and preferences.

People told us that they felt that the support workers had the skills to meet their needs. One person said, "They are very skilled in what they do. I have [health condition] ...they understand me and the [health condition]." Another person commented, "They are skilled, they know what they need to do, they are a great help." One person's relative told us, "They know what they are doing, in fact I wouldn't mind having a couple move in." Another said, "They are absolutely very helpful. They all know what they are doing and know my [family member] and we know them."

The service continued to have systems to provide support workers with the training they needed to meet the needs of people effectively. We reviewed training records which showed that training included moving and handling, safeguarding, medicines, infection control, and dementia. The training records identified when training was completed and when updates were required. In addition to the formal training support workers undertook quizzes in subjects and subjects were discussed in team meetings. An occupational therapist told us how they supported the training in the service, including advising support workers on how to support people with their conditions. This included how to support people who had a stroke and had weakness in a part of their body, such as which part of their body to support them to dress first. Training was also provided in the use of equipment people used. They had access to a local equipment supplier who allowed the service to use, for example their beds for training. In addition, the service had a range of equipment to use to

train support workers. They told us that support workers were empowered to make suggestions in how training could be improved and what they felt they needed.

Support workers were provided with the opportunity to achieve recognised qualifications relevant to their role. New support workers were provided with an induction which included training and shadowing more experienced support workers. They also completed the Care Certificate, which is an industry recognised set of induction standards.

Records showed that support workers continued to receive one to one and group supervision meetings. Supervisions provided support workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The support workers we spoke with told us that they felt supported.

The service continued to work with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. One person said, "They will call out the GP if I need it." Another person commented, "If I feel ill they tell me to see the doctor." One person's relative told us that their family member had previously received treatment for a wound, "The [support workers] have an eye on it and will let me know if they think anything is wrong." Support was provided to people including signposting to other services including how to access health care, benefits, family carers teams and neighbourhood teams.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. This included supporting people to improve their independence in preparing their meals.

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.

People told us that the support workers asked for their consent before providing any care. One person said, "They always ask me for my agreement." People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers received training in the MCA.

## Is the service caring?

### Our findings

At our last inspection of 8 June 2016, the key question for safe was rated good. At this inspection of 7 January 2019, we found that people continued to receive a caring service. The management team were continuously looking at ways of improving the service for people to show them that they mattered. All staff spoken with, including support workers and the registered managers, talked about people in a compassionate manner. They clearly knew the people who used the service well. People told us about the support they received and how it demonstrated they were provided with a caring service.

People told us that their support workers always treated them with kindness and respect. One person said, "Very happy, they are lovely people, all very kind and considerate." Another person commented, "They are very helpful and very kind." Another person told us, "It is lovely to see [support worker's] smiling faces, nice way to start the day, never had any complaints with them." One person's relative said, "They treat [family member] with respect, we are very much happy. Not one of them is a bit quiet they all chat to us make us feel comfortable with them." We saw letters and cards sent to the service thanking the service for the care and support they provided. All referred to the very caring nature of the support workers and the care and support they provided which improved people's wellbeing. One stated, "We do not know how we would have managed without your support."

People told us how they the support workers were caring and that the service they received went over and above what they expected. One person's relative told us about an example where a support worker's actions demonstrated that they and their family member mattered, and felt that the support worker had gone over and above what they expected when an incident had happened with their relative. They said, "They helped me clean [family member] up. They were very calm and when I came out they had cleaned the stair carpet. I am not a tearful person but made me feel like crying. [Support worker] was so kind. [Support worker] said we are not just here for your [family member] we are here to help you too. I would like you to thank the team for me they are amazing." The registered managers shared another example of the support provided which went over and above what was expected from this type of service. One person could no longer care for their pet, which was causing them anxiety. A support worker had found a new home for the pet, with the person's consent. The pet was now living on a farm and the person received regular updates and photographs of their pet. The registered managers told us that the person was very happy in the knowledge that their pet was being well cared for. The registered manager told us about how they had developed a certificate for a person when they had achieved their goals, because they were proud of the progress they had made. Photographs of the person smiling and holding their certificate confirmed what we had been told. This demonstrated that the service and its staff were compassionate and considered how they provided support to have positive impact on people's wellbeing.

Support workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their support workers when they were provided with personal care. One person said, "I was a bit embarrassed at first, never had help before, but they make you feel not embarrassed if you know what I mean." Another person commented, "Definitely do respect us and privacy."

People were central to the care and support they were provided with. People worked on goals which were set by themselves of what they wanted to achieve in the time they were supported by the service to develop and regain the skills they had prior to their illness and/or hospital admission. This included for example, fastening buttons on their clothing, walking short distances around their home and preparing their food and drinks. Records demonstrated how people's progress was encouraged and monitored daily to ensure they received the care and support they required. These were kept under continuous review identifying people's progress and when goals had been achieved. This demonstrated the service that people received was based on their abilities and preferences.

All of the staff we spoke with demonstrated passion and pride for the service provided to people to regain their independence and confidence and fulfil their full potential. All of the people we spoke with told us how they were supported with their independence. One person said, "I have never had any problems before with being independent. I do some moves in the morning that is helping me no end, can do a lot of things myself now with [support worker's] help, I do things slowly they never rush me. They help me put my [item of clothing] on as I have to bend. [Support worker] has been this morning helped me have a shower." Another person said, "I am getting my independence back, they will work with me until I can do things myself. I am doing the best I can. Yesterday, I could not wash my back, I told the [support worker] today and they did it for me." Another person commented, "I am getting more independent they wash and dress me in the morning, encourage me to do a bit more." One person's relative said, "[Family member] is getting stronger now and they have worked on [them] doing things [independently]."

People told us that the support workers listened to them, acted on what they said and they were consulted relating to their care and support provision. One person said, "They have taken an interest in what we want and what we say." Another person commented, "They ask if I am happy and need anything to be done different, listen to me and my choices." Another person commented, "Always ask for my permission before they start doing anything just in case I can do it." One person's relative told us, "They have been wonderful, if anything needs changing, if [family member] needs more help or is getting better I tell them and they get things changed." People's care records identified that they had been involved in their care planning. This included their preferences and choices about how they wanted to be cared for and supported.

People told us how the support and care they received was at their own pace and that the support workers considered their abilities, which could change day by day. They commented that the caring nature of the support workers and continuous consultation increased their confidence and they did not feel under pressure to achieve goals which they were not able to do on the day. One person said, "They take how I am feeling into consideration, how I am feeling on the day and if I can do things or not. They listen to me and how I am feeling, they do not push me if I am not well... We work on goals which is good, step by step, not everything at once so it is too much for me. They are all respectful no concerns at all." Another person commented, "I broke my hip, they are helping me until I am better and can do things. It can be so painful, the [support workers] are all gentle and ask me if I am in pain. They don't push me if I am in pain. I am getting there slowly; the morning can be difficult getting me washed and dressed. They help me ever so gently, they never rush me, I can't fault them." One person's relative said, "[Family member] is a little bit slow they are helping [family member] through it very patiently, take time and at [family member's] own pace." This demonstrated that people felt empowered to lead the support they received and the service they received was flexible and adapted to always meet people's individual needs, preferences, and abilities. Discussions with support workers identified that they consulted people throughout their care visits to ensure they were happy with what they were doing. Their training and systems in place for the flexibility of care visit times, enabled them to provide the care and support that people required and preferred each day.

People were further encouraged to share their views of the service in the recent development of focus

groups, where people were encouraged to attend to discuss how they felt the service could improve. People's comments were valued and used to improve the service, such as improving the service's recruitment processes. This demonstrated that people's views were highly valued in how the service was delivered.

## Is the service responsive?

### Our findings

At our last inspection of 8 June 2016, the key question for safe was rated good. At this inspection of 7 January 2019, we found people continued to receive a responsive service.

People we spoke with told us that they were happy with the personalised care and support provided, which met their individual needs and preferences. One person said, "I am very happy." Another person commented, "We are very very happy indeed...they give us whatever help we need." Another stated, "I am very happy with what they do, fantastic nothing wrong with any of them, nothing more I can tell you."

The registered managers told us how they had improved people's care plans since our last inspection, which were now more person centred. This was confirmed in the care records we reviewed. Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care and support provided. The care plans guided support workers in how people's needs, preferences and goals were to be met. Reviews on the care and support provided was undertaken to ensure people received support that reflected their current needs. Weekly meetings were held where staff, including the registered managers, team leaders and support workers discussed the progress of people and agreed further support if required.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "We have not needed to make a complaint, but confident this would be dealt with. We have information here about making complaints with our book." One person's relative commented, "We do not need to make a complaint, they always ask if we are happy and we are." There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records identified that complaints and concerns were investigated and addressed in line with the service's complaints procedure.

People's views about the service were encouraged and valued. People were provided with have your say leaflets, where they could comment on the service provided. They were also provided with envelopes which had the postage paid should they wish to return them. This demonstrated that the service actively encouraged people to comment on the service they received.

Because of the remit of the service, being supporting people in their reablement following illness of hospital admission, it was not a routine to support people with end of life care. However, there were systems in place, should this service be required, such as if a person's health deteriorated. End of life care was included in the service's training. In addition, the service had policies and procedures relating to end of life care.

## Is the service well-led?

### Our findings

At our last inspection of 8 June 2016, the key question for safe was rated good. At this inspection of 7 January 2019, we found improvements had been made in the key questions caring and well-led. The management team were committed to continuously improving the service to provide high quality care. They had clear objectives and were committed to providing person centred care and demonstrated these leadership values to the staff. The registered managers led by example, were extremely passionate and committed to provide a high quality service at all times and were very knowledgeable about their role and responsibilities. The service had a proven and embedded history in providing good quality care to people. Since registration with the Care Quality Commission (CQC) the service had always complied with regulations and shared any concerns they had with both the CQC and relevant authorities and took immediate steps to safeguard people's wellbeing when required. This demonstrated an ongoing commitment to providing people with a high quality service at all times.

There were two registered managers in the service. The registered managers shared good practice across the provider's other locations and ensured consistency in providing a high standard of care and support to people. Another of the provider's locations, which had the same registered managers had achieved an outstanding rating in 2018. The registered managers told us that they felt supported by the provider's senior team to develop and continuously improve the service.

People were very complimentary about the service they received and the support workers who supported them. One person said, "Well done to the team. That is what it is, it is a team effort wonderful group of [support workers]." One person's relative commented, "They are an excellent group. They go far and above, they are very helpful, caring far more than I expected. It is our first experience of care and we are absolutely amazed what they do for us, very respectful."

The main purpose of the service was 'reablement', which supported people in regaining independence and confidence following an illness and/or hospital admission. This was usually up to six weeks, but was flexible depending on people's needs and progress. People were mainly referred from social and health care professionals to reduce the risks of people staying in hospital for long periods of time. The registered managers and senior staff were attending multi disciplinary meetings to reduce delayed discharges from hospitals. They were now working with a wider group of professionals referring to the service. One health care professional commented, "Home First South are very involved with the hospital reablement discharges. Very responsive excellent communication between workers. [Registered manager] is especially involved with [discharging people from hospital], always looking at ways to improve the work flow and working smart on the processes." The service had taken self-referrals. One person told us that they were, "Amazed," at how quickly they had received a service, from their relative requesting support, to this being provided the next day. The registered managers told us that the numbers of people using the service fluctuated over time and constantly changed. They had systems to respond to these changes quickly.

Since our last inspection the service had developed and provided care and support as a 'last resort,' for people who required care where they were not able to use other domiciliary care agencies. Reasons for this

included that the person's previous care arrangements had broken down or other agencies were not able to meet the person's complex needs. Support workers had received further training to provide this longer term service. This demonstrated that the service was able to respond very quickly to need of services in the community and provide care and support to people at short notice to reduce the risks of them not receiving the support they needed. The registered manager told us about the support provided, including supporting people with their expectations and relationships with other agencies.

The management team had identified how they could improve people's lives and free up the time of other professionals in the community. They had developed a system to address this. Since our last inspection, a team of support workers and team leaders had been trained to recognise the need for, and order equipment required by people to develop their independence. This included equipment designed to assist people to pick things up without bending or stretching. One person said that they had received equipment to support them to use their bathroom and develop their independence, "I did not have to wait long, now I have got it I won't be needing help soon." There were also occupational therapists working in the service who could assess people for the use of equipment. This greatly reduced the time people had to wait for equipment they required to support their reablement. People told us about the equipment they used, which was provided very quickly. The system also freed up the valuable time of other professionals, who previously assessed for and provided this equipment.

There was an innovative system in place for planning and delivering care and support to people. Times of visits were very flexible, which meant that people received as much time as they needed at each visit. There were reports of times spent with people at each visit. These were analysed and used to assess, in consultation with support workers, if people required more or less time with their visits. The registered managers had developed a system for preventing the risks of any missed visits as part of their ongoing improvement. Near misses, such as the potential for missed visits, were recorded and assessed. This demonstrated that the registered managers could quickly identify potential shortfalls and take action to reduce risks.

The service had a well developed programme of audits which evidenced that the care people received was assessed and monitored. This included records, incidents, accidents and the care provided to people. Where any areas for improvement were identified swift action was taken to address this. This demonstrated that the service was able to independently identify shortfalls and areas for improvement and address them to provide a high quality service to people. Since our last inspection they ways that monitoring medicines records, which identified the support people had been provided with to take their medicines safely, had been developed and improved. The registered managers told us that the system had been developed following a suggestion from a team leader. This demonstrated that the management team encouraged and valued comments from staff in the development and ongoing improvement of the service. These were audited in an innovative way, by teams of support workers. This system provided development opportunities for support workers and the inclusion on how the service was run and improved. Support workers we spoke with told us that they valued this system and it also helped them to improve their own practice, as well as the overall improvements in the service. The audits demonstrated that where shortfalls were identified actions were quickly taken to address them.

There was an extremely open culture in the service, the management team sought people's views and these were highly valued and used to drive ongoing improvement. People, including people who used the service, relatives, staff and other professionals, we spoke with told us they were empowered to share their comments about the service. This included satisfaction questionnaires and complaints, which were analysed and used for improvement, and care reviews and telephone monitoring and visits. Since our last inspection, the registered managers, to demonstrate their commitment to continuous improvement and

involving people in the development of the service, people were invited to a focus group held in November 2018. We saw photographs of the staff and people who attended. To encourage attendance and make it enjoyable, there was tea and cakes provided and Remembrance Day was celebrated. There was a display of war memorabilia, one person who used the service read war poetry to the other attendees and people had made time capsules about their thoughts of the day, which were being buried on the premises. This demonstrated that people's views were valued and the service had developed an inventive way of gathering people's views. Changes made as a result of the comments made by people included, improvements made in the recruitment systems and the provision of satisfaction questionnaires in a larger font to make them more accessible to people. These improvements were being used across the provider's locations, showing how people were central to the development and improvement of the service. The registered manager told us that this focus group had been successful and there were plans to hold these annually, for which they had already booked a venue in November 2019.

The registered managers had systems in place to demonstrate to staff working in the service that they were valued. Since our last inspection, wellbeing sessions had been held, which advised staff in areas such as stress and how to care for themselves. Staff meeting minutes showed that they were encouraged to share their views and these views were valued and used to improve the service. There was a dignity tree in the office where support workers had written comments about how they had supported people to maintain their dignity and their positive experiences of working with people. Comments made included, "By spending extra time with [person], I managed to make [person] feel at ease, we built a lovely work related relationship. [Person] enjoyed being set different goals. [Person] gave excellent feedback." Another stated, "[Person] was very happy with my care and support because I spent extra time with [person] and when the extra step for [them] to make them feel happy and comfortable. It made me feel happy and very smiley." This provided support workers with the opportunity to reflect on their practice and the care provided to people. In addition, the comments we read, demonstrated that the support workers valued people who used the service and their experiences of working together.

Support workers told us that they felt very supported by the service's management team. The support workers we spoke with were extremely passionate and committed to provide a good quality service to people and all understood their roles and responsibilities. They shared with us examples of how they had supported people to achieve their goals and were extremely proud of the work they did. One support worker told us, "I love my job." We heard the registered managers speaking with support workers and thanking them for the work they did. We saw emails which were sent to support workers by the registered managers advising of any compliments received and thanking them for their good work. This demonstrated that the registered managers were extremely supportive to staff and celebrated compliments received.

Support workers were very valued and there were areas in place for development. Support workers received a programme of training which provided them with the information they required to support people to a high standard, this included training in people's diverse needs. An occupational therapist told us how they had attended a hoarding and self neglect conference in November 2018, which was useful and they used information gained in the development of training. They told us that support workers were encouraged and empowered to suggest improvements to training and if they requested specific subjects be included this was acted on, to ensure people received a service from skilled support workers. The registered managers showed us a list of support workers who were identified as champions in various subjects, including nutrition, infection control and dementia. These champions attended training specific to the role and to advise their colleagues if they required specific information or guidance. This demonstrated a commitment to improvement and the development of the staff working in the service.

The registered managers told us about the very positive relationships they maintained with other

professionals. This included those who commissioned the service and other professionals involved in people's care. In the office where the registered managers and their team were based, there were also local authority staff, including safeguarding and social workers. This assisted in the development of positive working relationships with other professionals involved in people's care. The service offered a residential service access to the reablement training provided to care workers. This showed that the registered managers had developed good relationships between services in the community to provide high quality care to people using services.