Northumberland County Council

West Locality Home Care

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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on 2 and 3 June 2015 and was announced. A previous inspection of the service in October 2013 found there were no breaches of legal requirements.

West Locality Homecare is a short term support service providing domiciliary care and support to people in their own homes, often following hospital discharge. It is registered to deliver personal care. At the time of the inspection the registered manager told us they supported around 52 people over the wider rural area of west Northumberland. She said this number fluctuated regularly depending on when people were discharged from hospital and referrals from primary care services.

The service had a registered manager who had been registered with the Care Quality Commission since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 told us they felt safe when care staff were supporting them with personal care. They told us care workers were very helpful and they valued their visits. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced and were of good character to work with people who were potentially vulnerable. People told us staff generally attended appointments within prescribed time slots and there were no missed appointments.

The provider had in place plans to deal with emergency situations and an out of hours on-call system, manned by senior staff was provided. Provision was also in place to prioritise care delivery in the event of adverse weather conditions.

The provider had a comprehensive policy on how people should be supported with medicines. Staff had received training on the safe handling of medicines and had their competency checked on a regular basis. Staff had a good knowledge of the important aspects of prompting and administering medicines and records related to this activity were complete and up to date.

People told us staff had the right skills to support their care needs. Staff said they received training and there was a system in place to ensure this was updated on a regular basis. Staff told us they received regular supervision and appraisals and documents we saw supported this. Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interest decisions. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection. People said they were supported by care staff to access adequate food and drinks.

People told us they found staff caring and supportive. They said their privacy and dignity was respected during the delivery of personal care. People were also supported to maintain their well-being. Staff talked about how they encouraged people to access local health and support services.

People's needs were assessed and care plans detailed the type of support they should receive. Care plans contained goals that people wished to achieve and these were reviewed and updated as support progressed. The registered manager told us there had been no formal complaints in the last 12 months. People told us they were happy with the care provided and they had no complaints about the service. A number of compliments had been received by the service about the support provided by staff.

The provider had in place systems to effectively manage the service and monitor quality. Regular spots checks took place to review care provision, hand hygiene, medicines management and ensure people were receiving appropriate levels of care. People were also contacted to solicit their views and there was a high level of satisfaction with the service. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in care. A new electronic contact system supported care workers and allowed them to be aware of changes to people's care needs quickly, through the use of mobile technology. Records contained good detail, were up to date and stored appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People told us they felt safe when staff visited and supported them. Staff had received training in relation to safeguarding adults and said they would report any concerns. Risk assessments were in place regarding the risks around delivering care in people's own homes and issues such as lone working.

Appropriate recruitment systems were in place to ensure staff were suitably experienced and qualified to provide care. People and staff told us there were enough staff employed by the service and there had been no missed appointments in recent months.

Plans were in place to deal with emergency or untoward situations. Systems were in place to manage people's medicines effectively.

Is the service effective?
The service was effective.

Good

People told us staff had the skills and attributes required to support their care. Staff confirmed they received regular training and development and there was a system in place to ensure this was up to date. Staff told us they received regular supervision and appraisals and documents supported this.

Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interest decisions. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection.

People told us staff supported them to access food and drink to maintain their health and well-being.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care and support they received from the care workers. People said care staff were flexible in their approach to support.

People's wellbeing was monitored and staff told us they would contact health professionals, if they were concerned. Outside professionals confirmed the service was responsive to people's needs and they were made aware of any health issues.

People confirmed they were supported to maintain and improve their independence as part of the care delivered.

Is the service responsive?
The service was responsive.

Outstanding

Summary of findings

People's needs had been assessed and care plans were in place which identified the goals people wished to achieve. Care plans and care delivery was adapted as people's needs changed. People told us the service was flexible and care staff willing to offer a range of support. An electronic system used by the service allowed changes in care needs to be forwarded to care workers whilst they were still out on their rounds.

People told us they valued the contact they had with care staff. People said the staff members' individual approaches had helped them progress and improve. Staff told they always tried to make time for people and could extend the period they spent with them, if necessary.

There had been no formal complaints received by the provider in the last 12 months and people told us they had no concerns about the service. We saw a number of compliments had been received by the service.

Is the service well-led?

Good

The service was well led.

The registered manager and senior staff undertook a range of checks to ensure people's care was monitored. People confirmed checks were undertaken by supervisors and staff said that a number of "spot checks" were carried out on their work each year. People were asked for their views of the service through the use of questionnaires. Comments about the service were overwhelmingly positive.

Staff told us they enjoyed their jobs and felt well supported by the service supervisors and registered manager. They told us they worked well as a team and the atmosphere in the service was supportive.

There were regular meetings to ensure staff were up to date about care and service issues. There were also wider management meetings to discuss service issues and implement changes. The registered manager told us her biggest challenge was in trying to ensure the service met the unique requirements of the highly rural location.

West Locality Home Care

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 on 2 and 3 June 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the service offices.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We visited four people in their own homes and spoke with five more on the telephone to obtain their views on the care and support they received. We also spoke with an occupational therapist and a care manager. Additionally, we received written feedback about the service from a second care manager and the head of the hospital to home service. We spoke with four members of the care staff, a supervisor and the registered manager for the service.

We reviewed a range of documents and records including; six care records for people who used the service, six records of staff employed by the service, training records, complaints and compliment records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and spoke with told us they felt safe when receiving care and support. Comments from people included, “All the girls are great; I feel very safe with them” and “I absolutely feel safe, there’s no question of that.” Staff told us they had received training in relation to safeguarding and were able to identify potential issues relating to possible abusive situations. All the staff understood the need to protect people and report any concerns. Staff told us they would immediately report any concerns to their manager. One staff member told us, “I’ve not come across anything that was a safeguarding; but if I did, I would report it to the supervisor right away. I’d ring up and then make a note of things.”

Staff were aware of the provider’s whistle blowing policy and said they would raise any concerns, if necessary. However, all staff said they had no current concerns and felt they could speak with managers about any problems or issues and the matters they raised would be dealt with.

Accidents and incidents were recorded on the provider’s electronic recording system. Any occurrences were reviewed to determine if there were actions required or lessons to be learned from such events. We saw in a couple of instances care staff had identified errors in medicines provided in dosette boxes and action had been taken to ensure the correct medicines were administered.

Care records contained copies of risk assessments which looked at issues related to delivering care in people’s homes. Risk assessments covered such areas as trips and falls in the home, untoward incidents, infection control and lone working by staff. Staff told us they felt safe, because the provider’s system for electronically logging in and out of people’s homes allowed their whereabouts to be monitored or checked in an emergency situation. They said that if they did not log out, particularly on their last call at night, then there was a system to check they were safe. One staff member told us she was supported to change her working pattern because of difficulty in accessing transport home late in the evening. She also told us that agreement had been reached with other local facilities, such as sheltered housing complexes, to provide a safe place for her to go to between appointments.

Staff told us supervisors and senior members of staff were on call throughout the operating hours of the service and could be contacted for help and advice. Staff said they had no problems accessing help and advice when they needed it. One care worker told us, “If I had a problem I would always speak to a supervisor. She is brilliant; very professional and very good. Always caring.” The registered manager told us they had a continuity plan for bad weather and would identify those people who used the service who were at most risk and prioritise calls to these people. She said they would also work with other local services to provide a combined cover option. She said the service also had access to a 4x4 vehicle to support them maintain access in bad weather. One care worker told us how they had previously worked with the local fire and rescue service to reach highly rural areas during bad winter weather.

The registered manager told us there were currently 27 care workers employed in the service. Additionally, the service also employed seven therapists, to provide assessments of need and support planning and delivery of care, five team supervisors, four technical instructors, three administrative workers and a deputy manager. The registered manager told us that although care workers were split into teams they used the teams' resources flexibly to meet the demands on the service.

People told us staff always attended appointments and none had been missed. The registered manager told us there had been no recent missed appointments and any anomalies would be picked up by the electronic logging system. Some people told us not having a fixed appointment time did require them to be flexible, but all said their care requirements were always met. Staff said there were enough staff to provide cover, although it was sometimes busy at times of high demand.

The provider had in place a recruitment policy and procedure. Staff personal files indicated an appropriate recruitment process had been followed. We saw evidence of an application being made, references received, one of which was from the previous employer, Disclosure and Barring Service (DBS) checks being undertaken and proof of identity obtained. The registered manager told us that disciplinary processes were used to investigate any concerns or errors in care delivery, although use of the process was rare. The results of such processes often involved additional or refresher training being offered to staff. The registered manager told us there was minimal turnover of staff in the service, although attracting “new blood” was always good. One staff member, who had

Good

Is the service safe?

joined the service within the last year, told us she had been well supported when she first started and had been given a thorough induction and chance to shadow and work alongside other staff. The registered manager told us she had recently put together a new induction programme, which covered the key areas from both overseeing organisations; the local Healthcare Trust and the local authority.

Some people were supported with their medicines, as part of the overall care package being delivered. The provider had in place a comprehensive medicines policy and staff told us, and records confirmed they received training in the safe handling of medicines. Staff also said, and supervision records confirmed that regular "spot checks" on staff handling of medicines were carried out by supervisors in people's homes. Medicines records viewed in files kept in people's homes were appropriately detailed and up to date.

The registered manager told us that the service had strong links with the Healthcare Trust's local pharmacy team, who carried out annual training for staff. The pharmacy team also carried out annual audits on medicine management in the service and the results of this audit then informed future training. She told us pharmacy staff also observed staff dealing with medicines in people's homes. Additionally, she said the service now had better criteria over what they could and could not effectively deal with in relation to supporting people with their medicines.

People files contained risk assessments linked to support with any medicines. Staff had a clear understanding of what they would do to prompt people about their medicines and when they were actively administering medicines to people.

Staff told us they had access to supplies of disposable aprons and gloves for using during care delivery. People we spoke with told us staff wore protective clothing when assisting with personal care, such as showering or bathing.

Good

Is the service effective?

Our findings

People told us staff who cared for them understood their needs and circumstances and had the right skills to support them. Comments included, "I am pleased with the service and like the attitude of the carers. They are all very helpful and knowledgeable" and "All the care workers know what to do." Another person told us, "They do a very good job and quickly sort things out."

Staff told us they took part in a range of training, both face to face and ELearning and could ask for additional support and training, if they felt it would be helpful. One staff member told us, "There is always plenty of training I'm doing a BTEC in medicines." The registered manager confirmed there was a regular training programme in place. We saw copies of training schedules and records maintained in staff training files. Training records were divided into sections which covered yearly, eighteen month and two year training schedules. This ensured refresher training was undertaken within appropriate timescales. There was also a range of "one off" training provided. Areas covered in training included; fire safety, moving and handling, infection control and Non-Abusive Psychological and Physical Intervention (NAPPI) training to deal with any untoward situations staff may encounter. One professional told us, "They [staff] approach their work with clients from a background of experience, training and confidence and that filters through to their client group who feel safe in their hands."

Staff told us they received regular supervision and annual appraisals. We saw copies of documents related to supervision and appraisal in staff records. A team supervisor told us all care staff received four supervision sessions a year, including an annual appraisal and a direct observation of care delivery. Additionally, staff received a direct observation for both hand hygiene and medicines management as part of the overall supervision process.

People told us communications between the service and themselves was good. One person told us the service was provided on the day they came home from hospital. Most people said there had been no reason for them to contact the main office. One person who had spoken to the office staff said they were pleasant and very responsive. Another person said a member of the office staff had delivered a piece of equipment for her on their way home at the end of the day. People told us the service was explained to them and information about the service was available in their care folders.

Staff we spoke with from other organisations told us communication with the service was good and there were regular meetings to discuss people's needs. Professionals told us members of the service attended discharge meetings to ensure packages of care could be put in place quickly. Professionals also told us that an electronic virtual assessments system had also recently been put in place. This involved telephone consultations between the service and others involved in patient discharge. They said this was working very well.

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. Staff understood the concept of ensuring people should be encouraged to make choices where they had capacity to do so, or to be supported through the best interest decision making process. Staff told us most people they supported had capacity to make their own decisions, although they did occasionally support people living with the early stages of dementia and were aware of the need to consider approaches fitting with these people's needs.

Care workers told us they always sought permission from people before delivering care. One care worker told us, "You always ask if it is okay. I constantly check they are happy." Another staff member said, "I check with people. I say to them, 'Is it okay if I do this or that?'" One care worker told us how she had suggested she contact a person's general practitioner because they said they were not feeling well, but that the person had not wished them to do so. She said that whilst she couldn't go against their wishes she made sure someone checked later in the day the person was alright. People we spoke with confirmed staff checked they were happy for the care to be delivered. One person told us, "They always ask if I am happy with things." We saw people's care records contained consent forms, signed by people to say they agreed to the care package being delivered.

Good

Is the service effective?

People told us staff supported them to access food and drink, where necessary. We saw some care plans included actions for staff to prepare meals and drinks and make sandwiches for mealtimes when no care support was being provided.

Good

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were caring. Comments from people included, “Marvellous; absolutely marvellous. They are great people and the care is very good”; “I’m happy with the care, it is a really good service”; “The girls who come are good, friendly and pleasant” and “Brilliant. It has been a real help. I’m not surprised people get better so quickly in their own homes with this service.”

People told us the approach of the staff was good and they enjoyed the support they had from staff. One person told us how he felt particularly supported by one male carer who he felt he had a very good relationship with. He told us, “They are all pleasant and helpful but (care worker) is marvellous.” The person’s relative also felt the relationship that had been built up over the previous few weeks was particularly beneficial to the person’s recovery.

We observed the interaction between a care worker and a person being supported by the service during a visit to the person’s home. We noted the interaction was friendly and relaxed, but that the care worker remained professional in their actions at all times. We saw there were both verbal and appropriate physical reassurance, encouragement and support provided. Staff told us they were not aware of anyone currently being supported with any specific cultural or religious needs. One care worker recalled how she had supported one person with a specific religious belief and had made a conscious effort to ensure they were happy with how she supported them.

Most people told us they had been involved in their care planning throughout the time they were utilising the service. They also told us that plans had been developed quickly to ensure their needs were met as soon as possible. One person commented, “(Supervisor) came out and did an assessment and asked me what I needed.” Another person told us, “An assessment took place; it was done very quickly.” One person told us they could not recall being asked about the care they needed, but felt that their relative may have organised this prior to them coming out of hospital. People said they were encouraged to do as much for themselves as possible, to develop their mobility and daily living skills, but staff would support them, if they required. Staff told us how they supported people to develop daily living skills and mobility through encouraging them to do more for themselves as time progressed. One staff member told us, “I would encourage them to make their own drink whilst I made them a sandwich. Try and help them to do more for themselves each day.”

We saw people’s health and wellbeing was supported. People told us they were advised or supported to contact their general practitioner if they were not well. One staff member described how they had contacted a person’s general practitioner and in another incident had rung for the ambulance service when they had found a person who was unwell. Professionals we spoke with said the service was very good at alerting any concerns. One professional told us, “The key workers are really good at getting in touch. They communicate really well any issues or if there are problems.”

People told us staff respected their privacy and dignity. Staff told us they knocked on people’s doors, even if they were letting themselves in. They talked about maintaining people’s dignity during care delivery, including keeping people covered, ensuring doors were closed and curtains drawn to protect privacy. People also told us care was delivered in a way that maintained their dignity. One person told us how a care worker waited at her home whilst she had a shower, just in case they had any difficulties. They told us the care worker always stayed outside the shower room, unless she called her in. People told us, “They all treat me with respect” and “They are always pleasant and courteous. I have a bit of a josh (laugh and joke) with them, which is rather nice really.”

People told us the service helped them to regain their independence after they had been ill or in hospital. One person told us, “I don’t know what I would do without them.” Staff told us their main aim was to help people to help themselves, if at all possible. Comments from staff included, “You get them involved and encourage them to do as much for themselves as you can”; “You see them live independently and get them back to where they were before, if you can” and “You try and help them through and try and make it so they do it for themselves.” A professional told us the support the service provided allowed them to, “Get people home quicker”, rather than remaining in hospital.

Outstanding ☆

Is the service responsive?

Our findings

People told us the service was responsive to their individual needs. Comments from people included, “They are very flexible. If I wanted them to do something they would”; “They will do anything I ask; they are fairly flexible. If I asked I am sure they would do it” and “Nothing would be a bother for them.” One professional described the service as being “incredibly responsive.” One care worker told us, “Everyone has different needs, so we work on their specific needs.”

We saw people had received an assessment of their needs before they received care from the service. People told us this had happened at home or in hospital prior to discharge. People and professionals both said assessments were undertaken quickly to ensure people received the support they required as soon as possible. We saw in people’s care records that assessments covered people’s health and medical conditions, communication, family and home circumstances and any particular or special requirements related to their condition or circumstances. We saw from this assessment, and information provided via a referral form or through a multi-disciplinary meeting, a care plan was devised, identifying goals to be achieved and the support required. One professional told us about the virtual assessments that took place, involving a range of professionals to determine the best approach required to meet people’s needs. They said a special referrals mailbox for the service was monitored and checked every 15 minutes to ensure there was a timely response to referrals.

The registered manager and other professionals told us about the immediate response service, which had formally started in April 2015. This was a service whereby general practitioners or community professionals could make referrals to the service to try and prevent people having to be admitted to hospital. Early indications were that the service was working well and meetings to further promote the existence of the service were being undertaken with local medical practices.

The registered manager and a team supervisor told us about the impending move to agile working. This involved supervisors carrying tablet computers on which they could immediately input assessment information and this could then be uploaded directly onto the computer system. This meant people’s views and needs could be incorporated directly into the care planning process.

Goals identified with people included helping with personal care and supporting people to become independent in this area, supporting people with medicines and medical devices and supporting them with meals and drinks. We saw care plans and care delivery was reviewed on a regular basis. People told us supervisors called to assess how they were progressing and revise their care plan, as necessary. One person told us how the number of calls they received was increased immediately when they found they needed help with showering, although they had not asked for this during the initial assessment.

Staff told us they would speak to the office if they felt fewer or more calls were needed, as people progressed. Staff also told us about the new electronic computer monitoring system they were using which involved the use of smart phones. They told us the phone not only allowed them to log in and out of people’s homes and track their progress, they could also be used to update appointments or pass on additional information about people they were visiting. This could be information about a recent change in medicines, or if an appointment had been cancelled. They said it also meant staff could be redirected to provide support elsewhere if, for instance, another care worker was delayed because they were providing more detailed care than normal. One person told us they were surprised how quickly their information was updated, in that they had informed the service of a change and the care worker visiting at the next appointment time was aware of the change.

Staff told us that people were not given a specific time for appointments but a window when someone would call, such as early morning or late morning. They said this allowed them to be flexible when supporting people and that if someone needed extra time with their care they could give them the required support. They said if the delay was going to be excessive they would contact the office and either people would be informed or a different care worker would be allocated. They said they always ensured important tasks like supporting people in taking their medicines or meal preparation visits were carried out as a priority. People told us they needed to be flexible and work

Is the service responsive?

with the system, as there was no specific call time, but that by and large this did not cause any particular problems. People said they valued the fact they did not feel rushed during care support.

Staff also told us there were weekly meetings between supervisors and care staff to discuss their work and any concerns or updates on people progress. They said this was a useful vehicle for passing on information to other carer workers, but also for organising changes in people's care delivery; either increasing the number or range of visits or scaling back support as people progressed toward more independent living. Additionally, they told us they regularly contacted each other on the phone to make other staff aware of issues. For example, if a person had not been well in the morning they would ask afternoon staff to check whether they had improved or perhaps needed to call the doctor. One care worker described in detail how she had spent time helping a person gain confidence to go out again; starting with walks around the garden and gradually extending the distance and increasing their assurance. They said the person had a goal of eventually walking to a relative's house.

Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. People told us they valued the time staff spent chatting with them. One staff member told us, "Sometimes I may be the only person they see that day. I try and sit and have a chat. I try to ask them about their family and their history. It's lovely to find out about their lives."

People told us they were offered a choice during the assessment of their needs and during the delivery of their care. One person told us, "I could have had a range of things; I could have had help with my shopping too."

The registered manager told us there had been no official complaints in the last 12 months. People we spoke with told us they knew they could contact the office if they had any concerns, but said they had never had to make a complaint. There was information about how to make a complaint contained in people's care folders in their homes. People told us, "I've no complaints; well not yet anyway!"; "I've never had to complain about anything; I'm a very satisfied customer" and "I've never had to make a complaint. I'm very happy with the service and would use it again." One person told us, "They are all good" and then added jokingly, "The only thing that I can complain about is that he never brings any good weather with him!" One professional told us, "Feedback about the service from clients and staff has been positive."

People told us the move from hospital to the community was good and the support in the community was provided very quickly. One person told us, "There is nothing that would make it better, everything went very smoothly."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission since October 2010. She was present on both the days we spent at the service and assisted with the inspection.

Staff told us they felt well supported by the management structures in place. They said that if they had any problems they could contact the office and speak to a supervisor. They said they could also seek advice and support through an on call system or, if necessary, the social care emergency duty team. Comments from staff included, "There is the on call system for help and advice or (registered manager) or the emergency duty team"; "If I had a problem I would always speak to a supervisor" and "There is a supervisor at the end of the phone and on call for evenings and weekends. You have always got their back up, so I feel very safe."

Staff told us they felt settled in their roles and enjoyed working for the service. Comments included, "It's great; I absolutely love it. Meeting different people and helping people in the community"; "You just feel like you are helping people. I know how I would like my family to be treated, so I know how other people should be treated"; "I enjoy it. Meeting people and helping them. Seeing the progress that they make" and "I like helping people. Making them smile every day; comforting and supporting them." A supervisor told us, "It's a very good team of care workers. They are flexible and will always swap shifts or provide cover for annual leave or sickness."

People told us senior staff called on them to review their care requirements, check they were happy with the services and that the care staff were completing the allocated work. The registered manager and a supervisor told us care was reviewed at least every two weeks or more often, if necessary. Documents we saw confirmed this was the case.

Staff told us there were regular staff meetings and we saw minutes from these meetings. Staff said they could raise any issues they had with the registered manager in these meetings. Staff also said they could approach the registered manager with any issues or problems that they had. One staff member commented, "(Registered Manager) is brilliant as a manager. She is very supportive. You can go to her with anything; work or personal. She sort of knows when something is wrong and if she can help she will."

The registered manager told us a range of quality monitoring and audits were in place and these were reviewed by the provider's quality assurance team. We saw care plans were audited to ensure documentation was complete and up to date. Out of 60 records audited four were identified as having no signed consent form and three had incomplete plans for people's goals. We saw the issue of obtaining consent had been discussed and the intention was to achieve 100% compliance. Hand hygiene audits showed 100% compliance. Another review of 40 care records identified only four with minor issues that needed addressing.

There was also monitoring of learning and development in the team. Training on infection control and safeguarding had a 100% completion rate, although information governance was only at 71% and health and safety at 65% compliance. Plans were in place to address this. There were also monthly compliance assessments which looked at the performance of the team against CQC outcomes, including areas such as medicine errors and complaints.

The registered manager told us the local Healthcare Trust had recently introduced a new short satisfaction survey for people to complete when they had ended their involvement, called "Two minutes of your time". She said this was in the early stages of use. We saw a number of positive comments about the service including: "The six week STSS (Short Term Support Service) was fantastic as also is the physiotherapy" and "Always arrived at specific time. I was informed of any changes to be made. Carers efficient and professional." The registered manager also showed us copies of an annual survey specific to the short term support service. Where this was broken down we saw satisfaction with the West Locality team was generally over 90%. 96% of people questioned felt they were treated with dignity and respect, 94% felt care workers had the appropriate skills and knowledge to support them and 91% felt fully involved in their care. The service had also received a number of compliments in the last 12 months. One letter indicated, "We should like you to know how impressed and delighted we have been with the service we have received from you every step of the way."

Good

Is the service well-led?

The registered manager felt the key element of the service was that it was person centred and based around client's needs. She told us they had recently renamed care workers as enablers to try and reinforce the enabling role of the service, both with the staff and the people who used the service. She also told us she was moving to more fully integrate therapists into the assessment and provision of the service, as this seemed to have a positive effect on service delivery and outcomes for people who used the service. She was hoping to train supervisors to do simple equipment assessments, under the auspices of the occupational therapists, to make access to equipment quicker. She also felt the close working with the telecare provider had improved outcomes for people and led to quicker response times for the installation of these emergency systems. Telecare is a system that allows people to call for help in an emergency, such as if they have a fall.

She said she was encouraging staff to "step back and think" rather than just focus on the task in hand. She wanted staff to be more thoughtful and responsive in their care delivery. She said one of the main challenges for the service was delivering care that fitted with the rurality of the location. There were pockets of urban population, but also wider rural expanses. This gave the location a very particular feel and the service needed to develop to fit the challenges that this presented.

Records we looked at, both at the service office base and in people's homes were kept appropriately, up to date and comprehensive. Daily records of the care delivered, kept in people's homes, contained good details of the action taken and the support offered by care staff.