Flourish Enterprises Community Interest Company

Woodfield 24 Care Services

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

The inspection took place on 1 March 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Care Quality Commission in March 2015, but did not start providing services until May 2015. This was the first inspection of the service.

The agency's main aim is to provide personal care to people in their own homes as they approach the end of their lives. Care and support is co-ordinated from the services office, which is based at St Catherine's House in Balby.

The service did not have a registered manager in post at the time of our inspection. However, an acting manager had been appointed to oversee the day to day operation of the service until a new manager could be appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the time of our inspection there were approximately 14 people receiving care and support from the agency. Due to the nature of the service provided we could not consult directly with people who used the service due to their poor health. However, we spoke with seven relatives whose family members were using the agency at the time of our inspection, or had used it in the past. We also sampled feedback forms and telephone consultations received by the provider.

All the people we spoke with told us they were extremely happy with the service provided. They praised the management staff for the swiftness that care packages were arranged, and the care workers for the diligent and caring support they provided. One person told us, "This kind of end of life care should be available to everyone when needed. It enabled us to be his wife, children and grandchildren rather than his carers. They gave such good care I can't praise them enough." Another person commented, "They [care workers] were very, very good when he [the person using the service] was really poorly. They put a lot of extra time into looking after him. They phoned the doctor and kept us informed. They really went above and beyond their duties."

We found both the management team and the care workers had a clear understanding of the importance to ensure people were treated with dignity and respect, and were able to put this into practice when supporting people.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge and training in relation to safeguarding people from abuse, and assessing any risks people may be vulnerable to, or any that they may present. We found medicines were handled safely by staff who had received suitable training.

Recruitment procedures at the agency had been designed to ensure that people were kept safe. Staff had received an in-depth, structured induction and essential training at the beginning of their employment. This was to be followed by regular refresher training to update their knowledge and skills. Staff had received regular support sessions and there was also a system in place for staff to receive an annual appraisal of their work performance. Staff told us they felt well supported.

We found the service employed sufficient staff to meet people's needs and were actively recruiting more staff to cover for staff absences and allow for the expansion of the agency. Staff spoke passionately about wanting to provide a high level of care and support to people, as well as supporting their families.

People's needs had been assessed before their care package commenced and the relatives we spoke with told us they, and their family member had been involved in formulating and updating care plans. Care records we sampled identified people's needs, as well as any risks associated with their care. We found staff were knowledgeable about the needs and preferences of the people they were supporting, but care plans did not always give clear guidance to staff about how each person preferred their care to be delivered.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes balancing autonomy and protection in relation to consent or refusal of care or treatment.

The company had a complaints policy which was provided to each person at the start of their care package. We saw a system was in place to record the details and outcomes of concerns raised. Where concerns had been raised these had been investigated and addressed appropriately.

People had been consulted about their satisfaction in the service they received. Care workers spoke positively about the management team and the way in which they led the service. They told us they were supportive and listened to their suggestions and ideas about how to improve the service. A range of audits were in place to monitor the quality of the service provided. However, some aspects of the system had not been fully embedded.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication promptly, which included all staff receiving the correct level of medication training for the role they fulfilled.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered.

Staff had completed a comprehensive, structured induction when they joined the agency which enabled them to meet the needs of the people they supported.

Where people required assistance with their meals staff helped to make sure their nutritional needs were met.

Is the service caring?

Good

The service was extremely caring.

People were involved in making decisions about their care and the support they received. They told us the service provided a very high standard of person centred care that more than met people's expectations.

Staff demonstrated an excellent knowledge of the needs and preferences of the people they supported, and delivered care accordingly.

The service was committed to ensuring that people could access appropriate equipment and received additional support from other health and social care agencies as needed.

Is the service responsive?

Good

The service was responsive.

People using the service had been involved in planning their care. We found care plans identified people's needs, but did not fully reflect how they liked their care delivering. However, staff had received information from other sources to enable them to support people in a very person centred way.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Is the service well-led?

Good

The service was well led.

The provider had used feedback forms, telephone calls and care reviews to make sure people who used the agency were satisfied with the service provided. These indicated people were very happy with how the agency operated.

There were systems in place to assess if the agency was operating correctly and make sure staff were working to company policies. However, audits had not been fully utilised and embedded.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Woodfield 24 Care Services

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 was 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.

The inspection was conducted by an adult social care inspector and included a visit to the agency's office on 1 March 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed 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 also obtained the views of professionals such as service commissioners, health and social care professionals, as well as Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were approximately 14 people receiving care from the service. Due to the nature of the service provided we could not consult directly with people who used the service due to their poor health. Therefore we spoke with seven relatives whose family members were using the agency at the time of our inspection, or had used it in the past. We also sampled feedback forms and telephone consultations received by the provider. We spoke with the nominated individual, two managers, both administrators, a senior care worker and five care workers.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care records, medication records, safeguarding concerns and complaints, six staff recruitment, training and support files, as well as policies and procedures.

Good

Is the service safe?

Our findings

The relatives we spoke with whose family members had, or were using the service, said they felt staff supported people in a safe way. This was also reflected in feedback forms returned to the provider.

We found care and support was planned and delivered in a way that ensured people's safety and welfare. Care records identified any specific areas where people were more at risk, such as how to move them safely. They explained what action staff needed to take to protect people and had been reviewed and updated to reflect any changes in the person's needs. We also found environmental risk assessments had been completed to make sure any potential risks, such as access to people's homes, had been taken into consideration. This helped to ensure people's homes were safe for staff to work in. One person told us, "He [the person being cared for] wanted a double bed so they assessed how to care for him in that bed in a safe way. It was difficult for them [staff] but they did it."

The manager told us staff were issued with an ID badge which they were expected to wear while on duty so people could verify who they were, and this was confirmed by the people we spoke with. We also saw people's personal information, including key codes, was well protected.

Policies and procedures were available to tell staff how to recognise and report any safeguarding concerns appropriately. We saw staff had received training in this topic as part of their induction to working for the agency. The manager demonstrated a good awareness of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

The manager told us their aim was to employ staff who reflected the agency's core values. They described how open days had been held so potential staff could visit and learn about the core values expected, such as being caring, respectful and to work safely. They said once applications had been received these would be shortlisted and face to face interviews arranged. The manager told us that although they looked at the experiences of potential staff they also employed people with little or no experience. They said, "If they [applicants] have the correct values and are passionate about caring for people to the end of their life we will employ them."

We found recruitment procedures at the agency had been designed to ensure that people were kept safe. Each staff file we sampled included an application form, evidence of a face to face interview taking place, and at least two written references, (one being from their previous employer). We also found staff had undertaken a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The staff rotas showed the manager arranged visits in dedicated areas to give better consistency for both

people who used the service and staff. They also told us staff worked in pairs so any changes in people's needs could be met without delay. We found three staff were allocated to night work and there were also bank staff that filled in for holidays and sick leave. The relatives we spoke with told us the same care team had visited on a regular basis. This meant that staff developed a good knowledge of the people they supported. One person said, "Sometimes a new carer would come, but the other carer was always someone we knew." Another relative said, "We knew them [staff] all, there were about six pairs of carers who rotated to meet our needs."

The service had a medication policy which outlined the safe handling of medicines. The manager told us most people either managed their own medication or a relative met this need. However, we saw where necessary staff had been trained to prompt people to take their medication from a monitored dose system. Where people needed assistance to take their medication we saw staff completed medication administration records [MAR] each time they prompted someone to take their medicines. The MAR we sampled had been completed correctly. We found care workers had completed medication training as part of their initial induction to the agency and refresher training was planned for the future.

We asked the manager how medicines that were only taken as and when required [PRN] were recorded and administered. They told us that as staff could only prompt people to take their medication from a monitored dose system [MDS] on a regular basis. They were not involved in supporting people to take PRN medicines.

We noted that although the content of the MDS was recorded at the point of delivery, care records did not include a record of all the medication the person was taking and staff were signing for. We discussed the reasoning behind this additional recording with the manager who said they would consider further best practice guidance on the recording of medication.

Good

Is the service effective?

Our findings

People's comments, and the outcome of providers returned feedback forms, showed that people felt staff were very competent in their roles and provided very good person centred care and support. Relatives told us how the agency provided as much or as little support as they wanted. One person said, "He [person using the service] had his favourites, but they [care workers] were all good." Another person commented, "They [care workers] are all angels. You could see they had, had really good training and they knew about caring for the dying. They were brilliant, the level of training stood out." Third person described the carers as being very competent in their work adding, "Especially at the end, they even called in the district nurses etcetera as needed." Another person who used the service told us, "The ladies [care workers] were good and worked with the district nurse team well."

The feedback we received showed the agency worked very well with other healthcare professionals, communicating changes in people's needs and ensuring they had appropriate equipment and support. The health and social care professionals we contacted spoke positively about the service provision. They described how the agency's staff had received training from different sources, including community nurses and the hospice team. One told us the community nurse training had been tailored for social care provision rather than health care specifically for Woodfield 24 staff. They said the feedback they had received about the agency from people they worked with had been positive adding, "They provide a fantastic level of care."

We found staff had received tailor made training to meet the needs of the people they supported. This included a structured induction that lasted over at least a two week period. Topics covered included moving and handling people safely, dementia awareness, nutrition, infection control, privacy and dignity as well as the basics of caring for someone's personal care needs. As the service specialised in provided care and support mainly for people who were assessed as at the end of their life, great emphasise had also been put on end of life care and supporting people through loss and bereavement. Staff told us their induction had involved shadowing an experienced member of staff until they were assessed as being confident and competent in their role. One staff member described how their induction had also included visiting the local hospice to give them a better insight into their role.

Staff told us they had access to on-line policies and procedures and each staff member had also been given a copy of the staff handbook, which provided them with further guidance.

We saw new staff had been enrolled to complete the Care Certificate. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The agency used a computerised training matrix which detailed the training each staff member had completed and when refresher training sessions were due. This helped to make sure staff updated their skills in a timely manner. The manager told us the first round of refresher training was being arranged, They also said their aim was for staff to have a nationally recognised award in care and that they were speaking with a local college about staff undertaking a diploma in end of life/palliative care.

There was a system in place to provide staff with regular support sessions and appraisals of their work performance, including their training and support needs. We found regular one to one support sessions had been provided as well as observational checks to assess if staff were working to the expected standards. If it was determined a staff member required additional support sessions, we saw these had been arranged. All the staff we spoke with felt they had received the level of training and support they needed for their job roles.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS do not apply to people living in their own homes, but we checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We found policies and procedures on these subjects were in place and care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. People we spoke with confirmed they had been fully consulted about the care to be provided and had agreed to how this would be carried out.

Some people told us care workers were involved with food preparation, while other people did not require any assistance. We found where staff were involved in preparing and serving food and drink people were happy with how this took place. We saw staff had completed training about food hygiene as part of their induction.

Staff were able to describe the actions they would take should someone not be eating or drinking sufficient. This included monitoring and recording people's intake and reporting any concerns promptly to the management team and family members. They discussed assisting people to take nutritional supplements' and the importance of helping people keep well hydrated.

Good

Is the service caring?

Our findings

Due to the nature of the service provided we could not consult directly with people who used the service due to their poor health. However, we spoke with seven relatives on the telephone, whose family members were using the agency at the time of our inspection, or had used it in the past. We also sampled feedback forms and telephone consultations received by the provider. Comments indicated that people were very happy with the service provided, as well as the support staff gave to their families. One person had commented, "Care and dignity is paramount and this is shown [by staff]. The carers are all friendly and efficient and very caring. They [staff] considered the welfare of the whole family. I am confident to leave my husband in their capable hands."

Other people told us staff were caring, sympathetic, professional but friendly, showed empathy and '"Go the extra mile." One relative said, "They [staff] were really wonderful. I didn't think I needed it [support] at first, I only realised how much I needed it when I got it." Another person told us, "We were referred by the McMillan nurse. We were reluctant to have support as he was a very private person, but right from when they [staff] first opened the door they were smiling, looked smart in their uniforms and introduced themselves to us. He took to them straight away. They became part of the family without overstepping the mark and supported me too." A third person said, "They spoke with him all the time and always included him in by asking what he wanted. Then they would tell me what they had done and ask if there was anything else they could do, they even used to dim the light for him, something most people wouldn't think about."

People told us the agency was flexible to meet their needs. One relative commented, "They [care workers] were very, very good when he [the person using the service] was really poorly. They put a lot of extra time into looking after him. They phoned the doctor and kept us informed. They really went above and beyond their duties." Another person said, "This kind of end of life care should be available to everyone when needed. It enabled us to be his wife, children and grandchildren rather than his carers. They gave such good care I can't praise them enough."

The manager told us how they visited people prior to commencing a care package to assess their needs and discuss how much support they wanted, and how they prefer this to be delivered. This was confirmed in the care records we sampled. During our visit to the agency's office we listened to one of the office managers explaining the service they could offer a prospective user of the service. They outlined everything from one call to four calls a day, as well as night and daytime respite sitters. They made it clear to the person they were talking with that they were the ones making decisions on how much, or how little, support they wanted, and that they could change this at any time.

Relatives confirmed they and their family member had been encouraged to express their views openly, and were involved in making decisions about the care and support provided. They described how they had been involved in developing care plans and said staff worked to these plans but also, "Do little extras, which mean so much." One person said, "They got it just right. I was so stressed out and they immediately relieved that." Another person told us, "We are very happy. They were prompt and very organised. We could say don't come and they were flexible. The care was wonderful." A third relative explained how the agency had tailored the

care package to meet their needs. They added, "They [staff] became friends. It was good to have someone to talk to that fully understood what I was going through", but they made it clear staff did not overstep professional boundaries.

We found a regular team of care staff were, or had supported people. One relative spoke of how reassuring it was to have the same staff visit, while another person told us having different care workers brought something different as they could talk about different things. All the relatives we spoke with said staff treated people with dignity and respected their choices and preferences. One relative told us, "He used to look forward to them coming, they made him feel special." Another person said their family member had been "Quite difficult" but told us how staff were patient and respectful at all times adding, "The ladies were so good with him."

Care workers spoke in a passionate and caring way about the people they supported and told us that they loved their job. When we asked them how they knew what was important to the people they supported they said they talked to people and read the care plans. They told us they also received information about people's needs and preferences on their company mobile phone, which was password protected. They said the management team also discussed each person they were supporting with them so they had detailed information about them, they said this enabled them to provide an excellent standard of care.

Staff comments showed they had a good understanding of the people they were caring for as well as their families. We saw visit notes had been completed to outline the care and support provided, as well as the person's general wellbeing and any changes care staff had observed. One staff member said, "It's all about them [people using the service]." Another care worker commented, "We follow their lead [person being supported]. We do whatever they want us to do."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. For example, one staff member told us how they covered people up while washing them and closed curtains. Another care worker said, "If I am working with a male care worker I always ask female clients if they want them to leave while personal care is provided. I ask how they want things doing and what they prefer to do themselves, it's important to give people choice."

Staff also described how they maintained people's independence and respected their beliefs. One care worker told us, "I would want to do as much as possible myself, it's important to give the people we care for the same choices, so they maintain their independence." Staff also gave examples of how they had supported people to continue to follow their religious beliefs. For instance, a care worker told us how they had spent time reading passages from a religious book, this helped the person to continue to practice their faith.

We spoke with five health and social care professional as part of our inspection. They spoke about the agency working with other services such as the community nurse team, hospice from home and the local hospice in a positive and inclusive way. One person told us there had been teething problems at the beginning, but these were quickly resolved and they were only getting "Really positive outcomes" for people using the service. They went on to explain how the service had filled a gap in the care sector, thereby enabling people to be cared for at home instead of in a hospital or a hospice. They said, "It means there is a much smoother pathway for people. We have had no complaints at all, and only positive feedback. It was a risk, but it has worked well."

One healthcare professional told us staff had attended training developed at the local hospice to ensure they had the correct approach and skills to support people near the end of their life. They said, "They [staff]

looked at the psychological effects of supporting someone who is dying and took part in case studies and reflection, which gave them time to think about what people were feeling and giving them coping skills to take away with them."

Good

Is the service responsive?

Our findings

All the relatives we spoke said they were very happy with the service provided and praised the office staff for the way they managed the agency and the care workers for how they delivered care. Relatives confirmed they, and their family member, had been involved in planning the care provided. They said staff worked with the family to provide a very person centred care package that met people's needs and allowed for changes to be made promptly if necessary. One person told us, "They responded to everything we needed doing, even little things like bringing the milk in." Another relative told us they had experienced good communication between them and staff adding, "They could not have been more flexible and responsive to our needs." A third person described how the agency had factored in respite time for them so they could go out with friends for the day.

One of the managers told us that referrals were received through the Single Point of Access [SPA] team and then an appointment was made for a full assessment of the persons needs to take place. We listened to one of the office managers discussing a new care package with the SPA team. They gathered as much information as possible and then called the hospital ward where the person was moving from. They gathered further information about the person's date of discharge, their needs and arrangements for specialist equipment, such as a specialist bed. They also clarified that arrangements had been made for the community nurses to be involved in the persons' care when they returned home.

The manager also called the family of the person to be supported. During the conversation they outlined the services available, arranged a time to go out to meet the person and carry out an assessment of their needs. They checked some of the details they had received from the SPA team, for instance the arrangements for the person to receive their medication and also provided the relative with a contact name and number for the agency. The manager clearly explained that the agency was there to support the family as much, or as little as they decided they wanted, and told them how flexible the care package could be as the person's needs changed. Throughout the call the manager spoke in a friendly manner putting the person at ease. They told them that staff would be wearing a uniform and an ID badge and would be working in pairs.

The care files we sampled contained information about the areas the person needed support with and any risks associated with their care. They included body maps and other monitoring tools, detailed the name the person wished to be called, whether they preferred a male or female care worker and information about their past hobbies and interests. However, they lacked detail about exactly how they preferred their care delivering. Staff told us they also received information via an App [an application software programme with a specific function for the sole use of the agency] on their work mobile phone. However, this information had not always been captured in the written care plans available in people's homes. The App also gave staff information about the visits they were to make each day and logged when staff arrived at and left the visit. The management team gave assurances that the information on staffs phones was protected by a PIN [personal identification number] and if lost could be immediately disconnected from the computer system. We discussed lack of comprehensive detail in care plans with the management team who said they would add further information into the written care plans in future.

Although care plans did not provide specific details about how people preferred their care delivering staff had received comprehensive training to meet identified needs and knew the people they were supporting very well. Comments from relatives also demonstrated that staff were aware of people's preferences and met them to a very high standard.

We saw care workers had completed a note about the care and support they had delivered after each visit, and the people we spoke with confirmed this. The ones sampled provided detailed information about the care given and any changes in the person's general wellbeing. This indicated that staff had good information about the care and support people required and delivered it in line with their wishes. The manager said these were checked each time the booklets were returned to the office to help assess how people were, and if their needs had changed. Care workers also completed a summary of each visit using the App on their phone; this enabled the management team to monitor changes on a daily basis. Telephone calls to relatives and staff feedback was also used for this purpose. The manager said a review of care packages would take place as people's needs changed, or after 12 weeks. A relative told us, "I read them [daily notes] all the time to see what kind of day she's had, they [staff] record everything for example they capture any pain, so I can see what has happened."

The electronic system was also used to highlight visits by other professionals such as the community nurses. For instance, if the district nurse had to give pain relief in the night this would link into the system and turn red to alert the agency manager, who said this may prompt an earlier call to check on the person.

The company had a complaints procedure which was included in the Woodfield 24 booklet given to people at the start of their care package. We saw a system was in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome. We found three concerns had been raised since the agency was registered in March 2015. These had been investigated and appropriate action taken where necessary.

The file also contained numerous compliments received from people who had used the service; these were very positive and reflected what the people we spoke with told us. All the people we spoke with said they had not needed to raise any concerns or complaints, but said they would feel comfortable speaking to care workers or the management team if anything arose. One person said, "I have none [complaints] whatsoever. Staff respected us and our wishes. My wife had a very fond relationship with the staff, particularly X [named a care worker]."

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission as the former registered manager had moved to another post in September 2015. However, two acting managers had been put in place to manage the day to day responsibility for the running of the agency until a new registered manager could be appointed. The nominated individual told us they had been actively recruiting to the post but had not found anyone with the appropriate skills and knowledge, so they intended to re-advertise the post. The service was registered with the Commission in March 2015, but has been only been providing services in the Doncaster area since May 2015.

People consulted were very complimentary about Woodfield 24 and their comments evidenced that the service was working to its core values as outlined by the management team. One person told us, "If it was your parent you'd want these people [the agency] looking after them." Another person commented, "I was sorry to see them [staff] go. A couple of them came to the funeral and I have had a couple of calls and texts to ask if I am okay. They are very efficient, kind and concerned." A third person told us the manager called them every couple of weeks 'to catch up' adding, "I have the office number and the manager's mobile number so I can get her at any time to get advice etcetera." Other people spoke of the service being efficiently run, staff keeping to agreed times for visits, good communication and making sure appropriate aids were available.

When we asked people if there was anything the agency could do better only one person could think of what they called 'one little thing' that could be improved. They said that if their family member had not eaten much they would like to know exactly what they had eaten so something could be offered later. Otherwise all their comments were very positive and complimentary. Other people told us, "They do exactly what we want," "I feel really supported; they [the agency] are so much better that past experiences. Woodfield 24 are so obliging" and "The agency is very organised."

We saw people were given a feedback form at the back of each new care booklet so they could share their opinion of the service received, either during support being provided or when the care package had ended. We also saw telephone calls and staff observational checks had been used to gain people's views about how the service was operating. Comments in the feedback forms we sampled were very positive. They included, "All the carers were people we were happy to welcome into our home" and "Thank you for the fantastic support you provided to me and my husband."

The provider had gained staff feedback through staff meetings and one to one support meetings. Staff told us they could raise any concerns with the management team and felt they would be listened to. They told us the managers were approachable and supportive. When we asked care workers if they felt they could question how the service operated they all said they felt they could. One care worker said, "Without a doubt, they [managers] are open to ideas. They are approachable and act quickly, they are really supportive." Another care worker gave examples of topics they had raised and how the managers had listened and reacted to their suggestions.

When we asked staff what was the best things about working for the agency one staff member said, "I have worked for other care companies but with this one I feel like I've hit the jackpot," Other staff commented, "Brilliant agency. The carers and office staff are great. We get so much feedback, information and praise. It's the best job I've ever had", "Great team work" and "Job satisfaction."

When we asked if there was anything they felt the service could do better they said they enjoyed working for the agency and were happy with how it operated. One staff member said they thought care staff should be able to give medication that was not included in the monitored dose system, as this would enhance some people's lives. The management team had already told us this was something they were looking into as a way of improving the service they could offer to people.

There was a clear staff structure so each member of staff knew their roles and responsibilities. The agency's office was staffed by two manager and two administrators, who shared responsibility for areas such as recruitment, organising rotas and the day to day running of the agency. During our visits we saw the management team handling calls and organising new care packages in a professional, but friendly manner. The office team were backed up by a senior care worker who worked out in the community. Their responsibilities included completing care assessments and monitoring staffs performance. This included spending time observing how staff worked to check they were following company policies and meeting the company's expectations.

Staff meetings and one to one sessions had been used to ensure staff were working to company policies. The manager told us that although none of the staff had worked at the agency for a year they had been carrying out performance appraisals to help evaluate how staff were working and any additional support they might need.

One of the managers described how documentation coming in from people's homes, such as care and medication records, were checked to make sure staff had completed them correctly. However, we found outcomes had not been summarised and an action plan drawn up to address any shortfalls. The manager said that as there were only a few people being supported, action was normally taken straightaway on an individual basis to address any shortfalls, and staff performance was being closely monitored by the senior staff on a one to one basis. However, they said that in the future they would introduce a more formal way of recording audits undertaken. We found no errors or gaps in the documentation we sampled. Although we had identified that care plans lacked detailed information about how staff should support people, this was more to do with available documentation rather than shortfalls in how they had been completed. The manager told us they would consult with the nominated individual to see how the printed booklets could be improved to provide more space for this information.

The five health and social care professional we spoke with told us people who used the service had experienced positive outcomes. They said they felt the management team worked extremely well with people who used the service and other outside agencies to ensure a comprehensive care package was in place that met all the persons' needs. Some professionals told us they had been involved with the agency from the beginning and their feedback was all positive.

Another professional told us they were "Really pleased with the service provided." They said they had nothing negative to say about the service and discussed two videos which relatives had participated in to inform the CCG [Clinical Commissioning Group] about the care the agency had provided. They said these would also be used at an end of life conference in April 2016 to share people's experiences with community nurse and care home staff. A member of the hospice at home team told us how they communicated regularly with the agency's management team to share information and arrange training. They said they had

received good reports from people using the service and they felt the agency was, "Doing a very good job."