

Mears Care Limited

Mears Care - St Neots

Inspection report

3a Little End Road
Eaton Socon
St Neots
Cambridgeshire
PE19 8JH

Tel: 01480478700
Website: www.mears.co.uk

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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

The service was planned around the individual needs of people using the service. Their needs were met in a collaborative and holistic way with good partnership working. Staff were highly organised and efficient.

The service was effectively planned and well managed with clear leadership and overview of the service. The registered manager was knowledgeable and highly organised. The support provided to people was seamless because there was a suitably qualified and experienced senior team who could deputise in the registered manager absence and all had clearly defined and well understood roles. Communication was robust which helped ensure the needs of people using the service were known and any risks or changes in people's needs were quickly identified and addressed.

The service had very robust systems in place to monitor compliance and help ensure the service was delivered in line with the organisational business plan and the local authority contract, taking into account any relevant legislation and best practice. The service scored highly in its audits but were not complacent. It embraced new ideas and technology whilst also investing heavily in their work force to be the best they could be. It acted on feedback and had a robust quality assurance system which put people at the heart of everything it did. It was open and transparent as demonstrated by its response to safeguarding concerns and complaints which were dealt with effectively.

Service delivery was in line with the service contract. Timings of calls were monitored by an electronic system which ensured the safety of staff and meant people had their calls as planned. Staff had regular rounds which helped ensure continuity and people told us they got to know their carers and were able to rely on them and trust them.

Care spoke spoken with demonstrated a caring, flexible attitude and real commitment to ensuring people came first. Staff said they were never rushed and took pride in their work. There were robust recruitment processes in place which helped ensure staff with the right values and skills were employed. Staff were supported through robust training, observations of practice, reflective supervisions and annual appraisal. These systems helped to support staff develop professionally. All new staff completed the care certificate a nationally recognised induction and staff were actively encouraged to take additional studies. Senior staff spoken with had been promoted internally through the organisation and were given the stepping stones to develop. This helped the service to attract and retain staff which benefited people using the service. Most staff we spoke with were experienced with many years' service.

The service was safely provided because there were systems and processes in place to ensure people received the support they needed in a timely, consistent way and any risks have been identified and planned for. Staff had sufficient knowledge to help them carry out the regulated activity safely and in line with people's wishes and consent. The service embraced equality and diversity and helped ensure that the service reflected the needs of people using the service. The service was regularly discussed with people to help ensure that they had no concerns or if they had ideas about how the service could be improved upon.

This was acted upon and the service was forward thinking and maintained high standards in everything they did whilst continuously trying to improve. The service had maintained its good rating and was held in high regard.

Rating at last inspection: Good, (Report published 18 August 2016)

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Mears Care - St Neots

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team included one inspector who visited the branch on 27 March 2019. One expert by experience was used over two days to make telephone calls. Our expert by experience had experience in supporting older people.

Service and service type: St Neots: Mears Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit.

Inspection activity started on 21 March 2019 and ended on 27 March 2019. We visited the office location on 27 March 2019 to see the manager and office staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information already known about the service. This included the previous inspection history, any information received about the service including notifications which are important events the service is required to tell us about. The service had sent in a provider information return when requested. This provides us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with the Local Authority and asked for additional information from other agencies such as Healthwatch.

Prior to our site visit we spoke with fourteen people and four relatives. On the day of our inspection we spoke with the registered manager, three care coordinators, and five care staff. We looked at three care and support plans, staff records and other records relating to the business. We asked for additional information and received an update from the training officer.

Is the service safe?

Our findings

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were able to give clear examples of what might constitute abuse or harm. They were knowledgeable about what actions they would take if they suspected abuse. Staff were confident that management would respond to any concerns raised. The service had a strong relationship with commissioners and safeguarding team and met regularly.

- Staff received training on safeguarding and had regular yearly updates. The management team had enhanced safeguarding training which would enable them to complete initial inquiries and preserve evidence. This training empowered managers to take decisive actions as required.

Assessing risk, safety monitoring and management.

- People told us they felt safe and had confidence in the service being delivered. One person said, "They are amazing people. I feel very safe with them." A relative said, "I think they are very safe with them. It is peace of mind for us too that someone is going in each day."

- Individual risk assessments were completed as part of the initial assessment of need. Staff were vigilant of any risks associated with the person's environment or their specific care needs. Staff received training in line with people's specialist needs and the training was bespoke to the person's needs.

- Risk assessments were in place for office staff. There was evidence of how the office met health and safety and building regulations.

- Staff received health and safety training and other training relevant to their job role. Equipment was in place to help facilitate people's independence and promote their safety. Electronic monitoring helped to protect staff and people receiving their care.

Staffing and recruitment.

- Staff were only appointed after they had completed a robust interview procedure and had demonstrated how they had the necessary skills and attributes for their role. Checks were undertaken to help ensure staff were of good character and had not committed any offences which might make them unsuitable for employment in care.

- Mears care had an internal recruitment team who worked alongside the registered manager to help ensure work force planning was effective and recruitment of new staff robust.

- People said staffing was effective. There had been no missed calls and calls did not usually run late. Staff were given travel time and there were gaps in their planned rotas so calls did not overlap. Staff said they never felt rushed or pressurised.

- One person told us, "Most of the time they are on time. If not, it is because it is unavoidable- traffic or a previous client. Another said, "They are very good all way round. No problems whatsoever." Another person said, "Yes they do arrive on time and they stay longer than they should sometimes. If I need something extra doing. They are very flexible with their times." Everyone spoken with accepted their carers might occasionally run late but told us they were always informed so had confidence in the service.

- The service was planned to ensure care calls could be covered. Requests for support were only accepted if the visits could be provided according to the persons preference. There were regular staff who were available to work additional hours. Staff told us they were a cohesive team and they all supported each other covering where they could. There were senior staff who were not rostered on the rota for care calls. This meant they could cover care calls if required.

Using medicines safely.

- People told us they received their medicines safely.

- Medicines were administered or prompted by care staff as required. This was established as part of the initial care assessment and kept under review. Staff received robust medicines training and an initial assessment of competence. This was revisited yearly, along with yearly training and spot checks of their performance. Monthly audits were in place to help ensure medicines were given as intended.

- Medicines could only be administered from the original packaging in line with the county council's medication policy. There was clear guidance for staff to follow including the administration of required when necessary medicines, (PRN.) Electronic monitoring systems prompted staff to administer medicines including steps to show they had completed this. This was an effective system, could be monitored remotely and there had been no reported missed medicines.

Preventing and controlling infection.

- Staff received initial training and understood the importance of preventing the spread of infection by wearing the right clothing and personal protective equipment as required. This was readily available from the office which staff said was accessible. Spot checks on staff helped to ensure staff were following organisational infection control policies and procedures.

Learning lessons when things go wrong.

- The registered manager was confident that as a service all risks were assessed, reviewed and disseminated across the managers and safety alerts were shared. The registered manager met regularly with the Local Authority, other providers and managers working across Mears care. Audits across the service helped ensure risks were well managed and lessons learnt and disseminated across the staff team.

- Safety huddle's were held each day by the senior management team to review any immediate risks or concerns and to agree actions to take this forward. The on-call system was well communicated.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The registered manager confirmed their attendance at regular managers meetings, and meetings with the Local Authority to help ensure they were up to date with any legislative changes and best practice. They had clear policies and procedures and best practice guidance which was disseminated to care staff regularly.
- People's needs were assessed thoroughly before a service was provided. Assessments were comprehensive and included assessments from other health care professionals where relevant. Where people had a health care need, guidance and training was provided to care staff to ensure they could competently care for the person.
- The initial assessment considered people's needs and preferences and was reviewed and adapted as the care provider got to know the person better. Care plans were reviewed frequently according to the person's needs or any changes in circumstances such as a hospital admission.

Staff support: induction, training, skills and experience.

- People spoken with were complimentary about the staff delivering their care. One person said, "They are wonderful carers, very well trained and they look after them very, very well." Another person said "Absolutely, they are very well trained, professional and competent. They know me very well now, and me them."
- Staff told us the training helped them feel confident and understand the needs of people they were supporting. Staff started the care certificate within the first twelve weeks of employment. This was a nationally recognised induction which covered all the prerequisite skills required by carers. Staff received face to face, training, regular updates and observations of practice. Competency assessments were carried out around manual handling and medicine practices to ensure it was done safely.
- Staff had a five -day classroom based induction. They then worked alongside other care staff until assessed as sufficiently competent and confident to work alone. Records showed how new members of staff had been supported and any initial feedback from the assessor or client.
- The service encouraged staff to continue with their studies and signed them up automatically and free of charge for (Qualifications and Credit Framework) QCS 2/3, a recognised qualification.

- Staff received specific training according to the needs of people using the service. For example, medication, stoma care, diabetes, person centred training and dementia care.
- Guest speakers came to staff and managers planned meetings. Mandatory training and annual training updates were provided as required.
- Staff had annual appraisals which focused on staff performance and development and how to support staff to progress, with clear objectives set and reviewed. All staff spoken with felt the organisation was very supportive.

Supporting people to eat and drink enough to maintain a balanced diet.

- The care plan set out any support the person required including support and encouragement to eat and drink and stay healthy. Any risks associated with eating or not drinking enough were documented and there was guidance and literature available to staff.
- If there were concerns about the persons nutritional or hydration needs the registered manager said these would be referred to the relevant health care professional to address through assessment and staff would act on any relevant guidance.
- People received support with their meals if required. One person said, "Yes they will get my lunch for me. Whatever I fancy at the time." Another person said, "I usually manage my own but they will ask me if I need anything getting ready before they go."
- Staff told us that they signposted people to agencies that could provide and deliver ready meals if this option might be appropriate.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff spoken with said there was no hierarchy within the service and said all staff worked as a team to provide seamless care. They staff had an appreciation of each other's role and all staff delivered care at times.
- Staff said they worked regularly with other agencies, community healthcare professionals and had a good working relationship. Staff were confident they could respond to a person's changing needs and get equipment in place quickly to help promote the persons safety and independent.
- Staff said they were often involved in new projects and initiatives as identified by the Local Authority which were designed to better support people.

Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people well and said they could quickly recognise when there was a change in their needs. The service demonstrated its responsiveness through live data management.
- People and their relatives were confident in the care they received. We asked relatives if they were informed about their family members care. One relative told us, "Oh I am sure they would, They always let

me know if he is not feeling too good anyway." Another relative said, "They would if needed. They are on the ball and would know if I wasn't well." Staff spoke about the relationship they had with other professionals and said they could stay with people if they were unwell or were waiting to go into hospital.

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

Ensuring consent to care and treatment in line with law and guidance, The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The service worked within the principles of the Mental Capacity Act and ensured people could and did consent to their care before it was provided. If there was any doubt regarding capacity there were processes in place to help ensure people's rights were upheld and consent was sought with the involvement of people who had authority to act on their behalf.
- Staff could demonstrate how they supported people according to their wishes. Staff were clear that if there was anything they were unclear about they would refer to the office. One person told us, "They chat all the time to me and say what they are doing and is it ok."
- Staff received the necessary training to help them understand the principles of mental capacity and how they should act lawfully.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity.

- Everyone spoken with said staff were kind to them. One person said, "I don't ever want to change them. I would be lost without them now." Another said, "They are all very, very kind to me. I have got used to them all". Another person said, "When they are here I feel like I am having a spa day." Staff spoken with spoke positively about the people they supported and knew them well.
 - Literature took into account people's preferences of care and was made accessible to people. For example, one person's native language was Punjabi. To overcome communication barriers and to give the person appropriate choices the service devised picture cards with the corresponding words in Punjabi written at the top. This helped the person to participate in their care plan and daily routine offering them choices. Another person who did not have English as a first language was matched with a carer who had the same native language.
 - All care workers received training on equality and diversity during induction and received annual refresher training. Newsletters and memos were sent out regularly and the registered manager was mindful to make them inclusive. For example, they would omit reference to Christmas, Easter etc in light of people's different religious nominations. Care staff supporting people would be aware of peoples cultural, and religious beliefs as this was clearly documented within the support plan.
- Supporting people to express their views and be involved in making decisions about their care.
- The service collated feedback from people by involving them in their initial assessment of care, any review of their care and by asking them for specific feedback about their carers, the support they received and if there was anything they could be improved upon. Everyone spoken with knew they had a plan of care and most remembered it being reviewed.
 - People told us staff always asked permission before providing care to people. One person said, "They chat all the time to me and say what they are doing and is it ok." This showed people were involved in their day to day care needs and made decisions about their care.
 - We asked people how else the service kept in touch with them to ensure they remained happy with their care. One person told us, "I do have a survey from time to time and people in the office call to see if I am ok." Others confirmed there was contact from the office by telephone, visit and postal surveys.

Respecting and promoting people's privacy, dignity and independence.

- People told us they received the planned support they required which helped them stay independent. One person told us, "Yes they will get my lunch for me, whatever I fancy at the time." Another person said, "I usually manage my own but they will ask me if I need anything getting ready before they go."
- Staff confirmed they had time to spend with people and by using an electronic call monitoring system the office were able to monitor how long calls took and if there was a need to go back to the commissioner to ask for more time or less time for a visit.
- People told us they were comfortable with their care staff. One relative told us, "They are very respectful and will have a joke with him without going too far. They make sure he is private when they help him shower." A relative told us, "They treat her with the utmost respect. They are so patient with her and never shout."

Is the service responsive?

Our findings

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Assessments were carried to assess people's needs and focussed on what people wanted from the service. Care plans took into account people's preferences and specified what support the person needed to enable them to live in their home as independently as possible.

- Care staff said they got to know people well and each person had a profile which gave details of the person, their past and what was important to them. This helped them to meet their needs responsively. Electronic monitoring helped ensure the service was planned and delivered around people's needs.

- The branch piloted an electronic system which included digitalisation of the support plans, risk assessments, reviews and communication log entries. Training enabled staff to use the system effectively and outcome focused training was provided to the registered manager, co-ordinators and all senior team members. Communication logs were immediately available to view by office staff and concerns could be quickly escalated.

- People told us they were involved in their care plan and their needs were reviewed. One person said, "Yes I do have one. They do look at it now and again to see if it is up to date." Another said, "Yes, it is in the red folder. It was reviewed just before Xmas."

- The service was planned to ensure people were supported by a minimum number of staff who could get to know them well. One relative told us, "Yes they have the same team of carers usually. He likes that consistency." We reviewed daily notes and medicine records and saw that people were supported by a small team of regular carers.

- Office staff said people's needs were reviewed after six weeks, then at least six monthly. Reviews were face to face but in between times office staff telephoned people to check their well-being. New staff were introduced to people as part of their induction and there were regular spot checks on their performance. These took place in people's homes and people were asked if they had any concerns. The electronic monitoring system enabled office staff to block carers from a call if a person had requested this.

- The registered manager gave examples of how they promoted people's independence, autonomy and well-being and worked collaboratively with other agencies. They supported people with complex social, medical and housing needs. They carried out an initial assessment of need and established a rapport with the person through providing continuity of carers who could build a relationship. This was a key to success.

Improving care quality in response to complaints or concerns.

- There was a robust complaints procedure in place and people had access to key policies and procedures. Staff went through these with people at the beginning of the service. A number of complaints had been received and dealt with in an open, transparent, timely way.
- People told us they felt able to raise concerns if they needed to and had confidence that staff would address them. One person said, "I can't imagine having to complain about anything about them." Another said, "I would ring the manager if I had any worries."

End of life care and support.

- Staff told us they had supported people as they approached the end of their life and felt able to do this confidently. They said they worked in conjunction with other agencies: the district nurses, palliative care team and family.
- People's end of life care and wishes were recorded as part of their care plan so people could be supported accordingly. Some staff said they had not had formal training but felt they had learnt more by working alongside other professionals. The registered manager told us they were planning to provide training to all staff and were mindful of staff's experiences when matching carers to clients and ensured staff were not left unsupported.
- A new end of life preference form had been introduced in line with best practice as outlined by the Care Quality Commission. This gave people the opportunity to discuss and plan for their end of life preferences should they wish to. The registered manager told us, "We treat end of life like any other package of care putting the service user at the centre. We are guided by them and their families' wishes and preferences."

Is the service well-led?

Our findings

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the staff were well trained and the service effectively planned. There had been no missed calls since introducing a live electronic monitoring system. This system enabled risks to be quickly identified and calls realigned when necessary. There had been no adverse incidents and there were clear processes to identify, share, investigate and learn from adverse events or near misses.

- Feedback was very positive: One person told us, "Yes they are all friends for life now. They are marvellous." Another said, "Absolutely. I have no complaints at all and I can't praise them enough." Another person said, "They are the best I have ever had and never want to change them now." People told us they would recommend the service and staff said the same.

- The service was open and transparent with a good working relationship with the Local Authority and safeguarding team and sought advice when appropriate.

- The service only accepted new packages of support if they could provide staffing in line with people's needs and expectations. Assessments were robust and clearly identified what the commissioners' expectations and the persons expectations and goals were. The service was skilful in balancing and meeting both sets of expectations by working creatively.

- Skilled carers established positive relationships with people which enhanced their lives by promoting their independence and enabling them to stay in their homes. Care packages were regularly reviewed to ensure their effectiveness at achieving the desired outcomes. Daily care entries and medicine records were audited each month to help ensure the care was provided as required.

- Staff were supported to access regular learning to support their development and there were clear progression pathways. Effective team work was in place and staff recognised the importance of this to help ensure people's needs were met.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.

- A registered manager was in post and familiar with the service. They could effectively plan and prioritize.

They had worked with Mears for eight years and had appropriate qualifications for their role. They had been internally promoted within the scheme and understood the different role requirements. Feedback about them was excellent. There was a team of staff with management responsibility and in-depth knowledge of the service.

- The service was well organized with a central and local on call system. Staff responsibility was understood at every level of the organization and morale and team work strong. People and relatives told us communication was effective. One person said about the office, "They are all very helpful if I have a problem." Another person said, "Yes I know (manager) she is so helpful I recently went into hospital for an operation and she made sure everything was in place for when I came out. I had no worries at all."
- There were solid clinical governance processes and internal and external audits and reviews of the service which showed high levels of compliance with clear measurable standards.
- The last internal audit was in January 2019 and rated green with a score of 86. 7%. A clear action plan was in place. Actions had already been met at the time of our inspection.
- There was oversight from the Local Authority. The last significant review was in 2016 when they rated the service 100% and the service had been able to demonstrate its continued compliance. The service met regularly with the local authority and submitted data each month to demonstrate how they were complying with the contract.
- There was a clear business development plan which considered strengths, weaknesses, opportunities, threats and actions to mitigate risk and improve the service. For example, effective staff recruitment was necessary for the continued growth of the business. To achieve full employment the service regular advertised along with regional and local recruiters, took part in job fairs and offered flexible employment opportunities and varying contracts. They accepted staff who could drive, walk or cycle to work and planned their workload according to their personal circumstances. Financial incentives were offered for staff gaining professional qualifications which were automatically offered following successful probation. The company invested in its workforce to improve staff retention
- Surveys were comprehensive and used to drive improvement. Annual staff surveys included their views and ideas about what could make things better. Staff were asked about organisational values and how they met them as part of their performance development.
- The 2018 people's survey showed most people rated the service either outstanding or good, which reflected the feedback we received. People told us they would recommend the agency based on their experiences. People were confident that their feedback was acted upon.
- The organisation had been awarded national accreditation for the service it provided. This followed three years of assessments, measuring: customer insight, the culture of the organisation, information and access, delivery and timeliness, and quality of service.
- The service was compliant with legislation. For example, the Accessible Information Standard. People's communication needs were identified through assessment and documentation was made accessible in line with any impairment, disability or sensory loss they might have. Mears care had a clear 'Guide to confidentiality' which was given to people. It outlined how they would request information in an accessible format.

- The service issued a staff hand book which had links to policies and procedures which were automatically updated as necessary.

- There was clear guidance about information governance and people's personal data. Clients information was held on hand held phones by care staff delivering care. These were password protected. If the phone was lost information would be automatically wiped. Staff could send secure messages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The service ensured all staff understood the protected characteristics as identified by the Equality Act and delivered care according to people's preferences and needs. Person centred training was provided to staff and staff had regular updates on equality, diversity and mental capacity.

- Staff were supported by the Alzheimer's association and had completed 'dementia friends' The Alzheimer's association provided training and resources to help support people living with dementia and to increase awareness of the impact of dementia on individuals, families and the community. This helped staff to support families more effectively. The service matched experienced carers with people living with dementia and invited family members to the training to help them share their experiences and understand how they could better support their loved one. The service told us this could help build more positive relationships

- The training manager was studying for a diploma in dementia care and said senior staff were champions for different areas of health and social care.

- Mears Care supported several different charities relevant to their main purpose i.e. to help to support/ prevent isolation.

- The service regularly engaged with people and gave them opportunities to network. They also managed extra care housing for people living communally in their own accommodation with a tenancy. The registered manager said they regular held events/ Christmas parties which everyone could participate in.

- Staff were asked to donate items to make up hampers which were distributed to people using the service at Christmas.

Continuous learning and improving care.

- The service proactively engaged and volunteered for projects which improved care outcomes for people. Commissioners confirmed this. For example, they had been involved in a recent pilot working alongside occupational therapists to review how people could be supported more effectively by having the right equipment in place. This could also reduce the number of carers needed to support the person.

- The service met regularly with commissioners and held discussions about how assistive technology could support help people stay longer in their homes and promote their safety. Movement sensors in a person's home linked to a call centre would enable people's activity to be monitored remotely and alert the call centre of changes to people's movement which might be indicative of a problem such as a fall or inactivity suggesting someone might be unwell. This was being offered as a trial in Cambridgeshire.

- Senior staff received comprehensive training including training in risk assessing and were kept up to date about what equipment was on the market and how this might benefit people. This helped them advice people about what could facilitate their independent.
- The service was involved in a project managed by the local authority called 'transforming lives.' This is a holistic approach looking at how people interact with their environment and how they are encouraged to set themselves goals and preferred outcomes of care. Projects like this aim to empower community services to engage with people differently and to support people to stay in their homes and communities.
- Continuous learning was in place for the workforce and was planned around the needs of people using the service. Staff on completing their probationary period were automatically signed up for The Qualifications and Credit Framework (QCF), which have replaced the National vocational qualification. This gave staff a professional qualification at different levels depending on their role.
- The organisation had a number of schemes to recognise innovative and good practice. For example, the were registered for investors in people This was a recognised standard for people management. The accreditation is recognised across the world as a mark of excellence and high performance through people.
- Internal award schemes were established to promote and reward good staff practice, such as carer of the month and the smile awards. Staff received financial recognition and certificates which documented what they had done to go 'the extra mile.' For example, where staff had taken quick, decisive action to safeguard a person, and had worked in conjunction with others to ensure a person's well -being.' This involved people using the service who were encouraged to nominate and received feedback about staffs performance through a regular newsletter.
- National award ceremonies were held to recognise performance and best practice across all the branches. Monthly managers branch meetings were held which helped ensure best practice and lessons learnt were effectively shared across the organisation.

Working in partnership with others.

- The service engaged with other health and social care professionals and the wider community. Examples included friends against scams. The service linked up to Cambridgeshire council website to see if there were any known/ ongoing scams in the area. They were then able to advice/ safeguard people they were supporting and where possible divert a possible scam.
- The service attended monthly meetings with the Local Authority Commissioners and other service providers to share information, show case what they did well and lessons learnt. This helped the service stay in touch and be aware of health and social care developments which could benefit their staff and people they supported.
- Some of the staff were trusted assessors which meant they had been assessed as competent to order and fit equipment and reduce delay and demand on other services. The service had a wide range of aids so could offer people choice and consider what best would increase their independence.
- The service regularly liaised with other professionals to help ensure people's needs were met as holistically as possible. For example, to ensure people had any adaptations they might need to help them stay as independent as possible. To ensure their housing needs were met and to help promote their well-

being by sign posting people to local resources such as day centres.