Somerset Care Limited

Somerset Care Community Services (Wiltshire)

Inspection report

Unit 3, Ground Floor, Challymead Business Park
Bradford Road
Melksham
Wiltshire
SN12 8BU

Tel: 01225702141
Website: www.somersetcare.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?	Good

Summary of findings

Overall summary

Somerset Care Community Services (Wiltshire) provides domiciliary care and support services to meet a wide range of individual needs, including older people, individuals with physical disabilities, and people living with dementia. At the time of our inspection 378 people were being supported by this service.

This comprehensive inspection took place on 24, 25 and 30 January 2018. This inspection was announced, which meant the provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection in December 2015, we identified two breaches of the regulations, one for Care Quality Commission (Registration) Regulations 2009 and the other of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because incidents that required reporting to the police, had not been notified to the Commission and a referral had not been made to an external regulator following a safeguarding investigation.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. During this inspection we found improvements had been made and the provider was notifying us of important events as per regulations.

The medicine administration records did not always show people's medicines were safely managed. This was because staff didn't always sign that they had administered the medicines. Medicines audits had identified the shortfall and each staff omission was dealt with.

We received mixed feedback about the continuity of care calls. This was because the agency is a provider for the local authority's Help to Live at Home contract. The contract specifies that people were not allocated a specific time, but time slots. This meant people did not always know when staff would visit.

People told us they felt save when carers visited them in their homes. Relatives confirmed they had no concerns regarding the safety of their family member.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred.

The service developed safety packs to promote people's safety in their own homes. This provided people with information for example about fire safety, extreme weather, financial well-being, keeping strangers out and fighting doorstep crime.

Risks associated with people's mobility, eating and drinking, domestic tasks, environment and fire, had been identified. Records showed actions required to promote safety had been taken.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People told us they felt staff were skilled to meet their needs.

People told us they were happy with the care they received. Speaking with relatives they praised the care their family member received.

People were treated with kindness and compassion in their day to day care and support. Staff showed concern for their well-being in a caring and meaningful way.

People's support plans were clearly written and we saw evidence that people and/or their relatives were involved in the development of the plan.

The service had identified that some people could be socially isolated at home, finding it difficult to access the community. The registered manager told us they had compiled an information pack full of activities available for people within their local area.

The registered manager told us they valued their staff and wanted the service to be a place where staff enjoyed coming to work. Staff spoke positively about the support they received.

The registered manager continually looked at innovative ways of improving the service and getting people involved. They had made various links with agencies in the community.

There were systems in place to monitor and assess the quality of the care provided. Audits were completed and any shortfalls identified were dealt with.

We have made a recommendation that the service monitors the timing of people's support.

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 remains Good.	Good
Is the service effective? The service remain Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service has improved to Good. The registered manager had notified CQC about significant events and had put a system in place to ensure necessary notifications would not be missed again.	Good

Somerset Care Community Services (Wiltshire)

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 comprehensive inspection took place on 24, 25 and 30 January 2018. This inspection was announced, which meant the provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

One inspector and two experts by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspector visited the office on 24, 25 and 30 January 2018, while the experts by experience supported the inspection on 25 January 2018 and completed telephone interviews with people and their relatives.

During our last comprehensive inspection in December 2015 we identified the service was not meeting two of the regulations, one for the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one for Care Quality Commission (Registration) Regulations 2009.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports. We reviewed the Provider Information Return (PIR) from the service. 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 looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with 30 people who used the service and 13 relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, regional manager, registered nurse, customer and staff supervisor and five care and support staff.

We asked for feedback from seven social care professionals. We had no response.

Good

Is the service safe?

Our findings

The medicine administration records, which were available to us at the time of the inspection, did not always show people's medicines were safely managed. However, the records were historical as the current medicine administration records (MAR) were in use, in people's homes. We saw there had been 359 medicines errors in the past year, of which 207 related to staff not signing the MAR chart to say they had applied prescribed creams. This was a recording error and staff had applied the creams as prescribed. Some staff had recorded they had given a person their medicines in the daily communication log rather than the MAR. The registered manager told us people had received their medicines as prescribed; it was not always recorded on the MAR. This inconsistency did not ensure the MAR was an accurate record of the medicines taken. The registered manager told us they logged each omission of a signature as a medicines error, therefore the number of medicine errors were high. We found the service had robust systems in place to identify any errors and took appropriate action.

The service took any medicines errors very seriously. Any shortfalls identified with medicines during the auditing processes, were recorded as a critical incident and fully investigated. This was through staff reviews or more formal training sessions. Where staff had made more than two medicines errors, there was disciplinary action and staff had to complete medicines management training again to check their competency. Staff's competence with medicine administration was assessed during their induction and monitored thereafter, during observational checks. The registered manager said they were due to introduce a new electronic mobile system. This system will support the service to be safer in the future as it will not allow a staff member to leave before completing all tasks, ensuring medicines had been administered and signed for.

People told us they felt save when carers visited them in their homes. Comments included "Yes I feel very safe and I have every confidence in the girls that come out to help and assist me", "Jolly safe, safe as houses I feel" and "I feel totally safe with all the agency staff that come to my home, I would have any one of them back at any time".

Speaking with relatives they confirmed they had no concerns about their family member's safety. They said "I feel better knowing someone is going to see Mum", "Yes I would recommend the service and I feel totally safe letting them into dad's house to care for him" and "I put all my trust in the girls that come to help and do feel safe knowing that they are here to help and keep an eye on things that I might forget".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. We saw that staff were visiting some homes where children lived. Staff were also aware of their responsibility to report on child abuse and we saw staff had completed child protection training, to know what signs of abuse to look out for. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. We also saw people were given a leaflet 'Stop abuse' within their service user's guide, with information about abuse and important contact

numbers.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. We saw for example when a person had a fall, appropriate action had been taken and referred to appropriate professionals to look at ways of preventing another fall. We also saw where staff had been involved in accidents, these were recorded and action put in place to reduce the reoccurrence. For example there had been many incidents with dog bites. The service developed a leaflet for people on what to do with the dog while the carer is in the house. The registered manager told us they had also purchased an emergency lifting cushion to support people up off the floor when they had a fall. They said the paramedic service had not been happy with getting call outs when a person had a fall, but had no injury. They said since purchasing this cushion, this had worked well.

There was evidence of learning from incidents and investigations that had taken place and the registered manager had implemented a critical incidents log. This logged details of the incident, staff reviews, and statements taken, in order to learn from the incident and ensure a proper investigation had been completed.

The service developed safety packs to promote people's safety in their own homes. This provided people with information for example about fire safety, extreme weather, financial well-being, keeping strangers out and fighting doorstep crime. People were supported to put a poster up on their front door or window if they wished to do so, which warned against cold callers and sellers. One person gave feedback and said "I feel safer now that the poster is there."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There were generally enough staff to cover the rotas, however the registered manager told us when staff went off sick, senior staff had to step in or they had to contact staff who were not on duty.

Risks associated with people's mobility, eating and drinking, domestic tasks, environment and fire, had been identified. Records showed actions required to promote safety had been taken.

There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed the appropriate checks had been carried out before staff worked with people, for example any gaps in employment. This included seeking references from previous employers relating to the person's past work performance and obtaining copies of identification documents to prove the person was eligible to be living and working in the UK. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Good

Is the service effective?

Our findings

The service worked very closely with Wiltshire local authority as part of their "Help to live at home" contract. The local authority would assess people's needs and outcomes prior to people starting their care package. The local authority shared information with the service via an electronic system, which meant information was shared easily between services.

A reablement unit supported people who had recently been discharged from hospital. The reablement programme supported people to achieve tailor made outcomes to help them regain their skills and independence. People told us they were supported to achieve their outcomes. Comments included "Sometimes we do stretches together and I call that exercise. To be honest I probably wouldn't do it myself if they didn't prompt me", "Always checking I am doing my physio exercise and we have a good old laugh about it" and "I often just like a chat as I do get lonely but we also partake in a little light physio, I think they call it, just pushing my arms and legs up and down but it gets things moving." Office staff attended meetings at the hospital prior to people's discharge back home, to ensure the service was able to meet their needs and that the right equipment would be in place.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People told us they felt staff were skilled to meet their needs. Comments included "The girls that come all know exactly what they are doing and they just need to check my file if they're unsure of anything and don't bother me", "They [carers] are all very good and know exactly what to do and how to help me the way I like it" and "Yes they know exactly what to do and seem very skilled."

Staff told us they had the training and skills they needed to meet people's needs. They said they were in the process of completing yearly updates on their mandatory training, such as safeguarding vulnerable adults, mental capacity and manual handling. New starters had a probationary period of training and shadowing another member of staff. Staff told us the training was good and prepared them for their roles. A staff member said when they completed manual handling training, they had the opportunity to go in a hoist and a wheelchair. They said "Going in the hoist makes you think about how people feel when being moved."

Somerset Care had a clinical team, dedicated to supporting people with complex clinical needs as well as supporting care staff with any clinical advice. The team consisted of highly trained nurses. Speaking with a registered nurse, they said the office was also able to utilise their knowledge. For example a person was having a diabetic low blood sugar during a care visit. The carer rang the office for advice and was able to speak with the nurse, who talked them through what action to take. This meant the issue was resolved quickly and there was no need in this case to call for a paramedic.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs, but said they would always ask on the day what people would like to eat and drink. People said "My carer does a lovely job cooking for me, I look forward to it every day" and "My carer makes me a cup of tea as soon as she gets here and makes sure I drink plenty.

She always makes me one before she leaves too." A relative commented "I can see if my wife is not eating or drinking enough but the girls always help and give any little tips they think may help us along to a happier day."

The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed, for example their GP, Community nurses and a chiropodist. People and relatives told us staff were responsive in contacting the relevant health care professionals when needed. One person told us "When I am poorly, they [carers] will phone my GP for me to arrange a home visit and they don't leave until it's sorted." A relative said "The carers noticed that my husband had a red mark when they washed him and said a District Nurse ought to have a look at it, so I telephoned my GP straight away. If I wasn't there I know they would have done it [made the phone call]." Another relative said "The office is brilliant at organising things when my wife had to be rushed to hospital the ambulance men refused to use the hoist so Somerset Care immediately got someone out to help and use the hoist to get her into the ambulance and they even went to the hospital with her."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this didn't apply to anyone receiving the service at the time of this inspection.

We found the service was working within the principles of the MCA and staff had an understanding of the principles of the MCA. A staff member said "It's designed to empower and protect people who are unable to make decisions about their care and medical treatment."

People or their representatives signed a contract before care commenced, which also covered consent to receiving care within their own homes. The registered manager told us they had not had to complete any mental capacity assessments yet, but if they had any concerns about a person's ability to make a specific decision, they would contact the GP or local authority for advice. We saw an example where a person lacked capacity to consent to their care, a social care professional had completed the mental capacity assessment and the service could access a copy. People told us staff encouraged them to make decisions and asked for their consent before undertaking any task.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included "They [staff] are genuine people and very quiet and caring and also respectful", "The staff are very good and very caring", "The staff are really very good, I've never met one who wasn't pleasant, kind, caring and most of all helpful and willing" and "They [staff] are always polite and cheerful. I know that's their job but they seem to really want to be here, not like it's a chore."

Speaking with relatives they praised the care their family member received. They said "The girls are always, without fail, kind, caring and very considerate to my wife", "Everyone who comes to our house from Somerset Care is extremely respectful. Respectful of our privacy and of our personal lives and of my wife's dignity" and "They [staff] treat mum with the greatest of respect and the dignity she deserves, can't fault them." Staff gave examples of how they would promote a person's dignity. They said they would always ensure that a person was covered with a towel when providing personal care and that curtains and doors were closed.

People were treated with kindness and compassion in their day to day care and support. Staff showed concern for their well-being in a caring and meaningful way. A staff member told us of a person who was a hoarder and had no hot water or heating. The person was reluctant to accept any support, but staff worked with the person to introduce them to a care home. The staff member took the person to have a look at the care home, which meant they had a familiar face. The staff member said "It has really worked for her [person]. She is a changed person."

People received care and support from staff who had got to know them well. People said "She [carer] knows me inside out", and "The carer has got to know me very well. I was really worried to start with about having a carer, not having ever had anyone else looking after me before, but the first lady carer I had was superb, she really was."

Staff knew people's individual communication skills, abilities and preferences. Where people had poor eyesight or hearing, staff said "If I know a person is hard of hearing, I would talk slowly" and "Before I provide any care, I would ensure the person has their hearing aid in and their glasses on, so they are able to hear and see me."

People were given the information and explanations they need, at the time they need them. A person told us "The staff always say before they are going to do something, like 'I am just going to wash your back now, is that OK?' which is nice." People also said that staff always asked how they wanted things to be done. Comments included "They [staff] always check with me first, to make sure things are done the way I like it", "I am always asked how I prefer things to be done and what's more they actually listen" and " Staff provide everything the exact way I like it."

The registered manager told us staff went above and beyond their caring responsibilities at times. For example a staff member took a person's cat to the vets in their own time as the person had no one else to

support them. Another staff member was visiting a person using the service, when they saw a neighbour's relative who was outside the property, unable to make contact with the family member inside the property. The staff member stayed with the relative and provided reassurance until the paramedics arrived. People also told us staff would not hesitate to do more than what was written in their care plan. A person said "The staff are amazing, they will do anything for me, I am the first visit for one carer and she always checks if I need milk bringing or anything else. She doesn't need to do that but she will."

The registered manager told us some people had become isolated from the community. Staff showed kindness and compassion, for example staff had organised a Christmas party for people the past couple of years. Staff did this in their own time and organised transport, the venue and food at no cost to people. Staff donated presents to give to people and they made all the food for the party. The local school attended and sang Christmas carols and spent time with people. We saw written feedback from two people who attended, which stated "I enjoyed it, cannot wait for the next one. I was happy with my present and all of the food. The school kids were lovely" and "I enjoyed it very much. It was lovely to see the school children singing Christmas carols and catching up with carers I had not seen in a while."

We also saw that the service had received a large number of compliments regarding the care they received. Written compliments included "Thank you so much for the support to [person], most importantly that you all always treated [person] with gentleness and dignity and thought of the little things to help", "I write to express my sincere gratitude for the excellent care provided by you to [person] at home" and "I extend my grateful thanks to everyone at Somerset Care. We [relatives] couldn't have received better care which was always given so cheerfully."

Staff had completed Equality and Diversity training and staff told us they treated people equally. Staff said "I was brought up to treat people with respect. Ensure you treat people the way you would want to be treated" and "I try and treat everyone like they are a family member." Staff gave an example of working with a Jewish person. They said they knew the person would not have meat in their house, so staff was careful to prepare vegetarian food of their choice.

Good

Is the service responsive?

Our findings

People's support plans were clearly written and we saw evidence that people and/or their relatives were involved in the development of the plan. The information detailed people's needs and the support required to meet the identified outcomes. Care plans were individual to each person and were regularly reviewed. The service was responsive to people's changing needs, for example staff carried urine sample bottles to test for a urinary tract infection, where a person's urine smelled strong or staff noted a difference in their behaviour. This meant the right treatment could be sourced immediately.

The service used an electronic care plan documentation system, which ensured that the out of hours team could be more responsive to people's needs. All completed paper work was scanned and uploaded to secure online files. This meant the out of hours staff, which did not have access to a paper copy, could access information in people's care records to advise and support people when making contact with the out of hours service.

The service was proactive in providing information to people where certain incidents had occurred at home. For example a person was sat out in the sun, which resulted in sunburn. The registered manager told us the service created an information leaflet, which was given to all people on "Tips to stay safe in the summer heat". A newsletter was also sent out monthly to update people about what was happening within the service and around their local community.

We saw evidence where the service also responded to incidents in the community, for example 'alerts and recalls' to ensure all community staff were made aware of any equipment, which might be under a recall. This was so they could look out for these and ensured action was taken if any people had any defective equipment in place within their homes. Other examples of responding to incidents included; a cold weather alert sent to staff to help them get ready and plan ahead in situations and a monthly hazards newsletter to share learning from accidents and reminders of best working practice.

The agency is a provider for the local authority's Help to Live at Home contract. The contract specifies that people were not allocated a specific time, but time slots, for example morning care would be provided between 7 – 11am, lunch from 11.30 – 2pm, teatime from 4 – 6pm and bed time 6 – 10pm. We received mixed feedback about the continuity of care calls. Positive comments included "We have two ladies four times a day and they are pretty regular but the agency makes sure any new carer is introduced and meets my wife first", "I never feel like my carers are in a rush to go", "I don't feel like they are clock-watching" and "I look forward to [carer] coming, it's the most important part of my day."

Negative comments included "I never know when they are coming", "I don't know when they will show up" and "I don't know when they will be here." Some people said they didn't know when the carers were coming, but they didn't mind. They said "There's no set time but I'm not going anywhere so it doesn't matter", "They come any time but I don't mind" and "I don't know who will be coming but that's okay."

Following the inspection we received a statement from the local authority, which stated "A move away from

time and task support plans enabling providers to increase responsiveness and work more closely in a person centred way with the customer." The registered manager also told us that if people requested a staff rota, that would be provided. They had employed two further customer support advisors to make phone calls to people informing them of any unavoidable changes to their visit times. This was done in response to feedback from people about wanting to know who was coming when things changed."

Staff also raised concerns that people did not always know what time their care call would be or which carer would be visiting. They felt communication between care staff and the planners, who completed the rotas, could be improved on. Staff told us the planners did not always know the geographical area, which meant their rotas were not effectively planned and could mean long travel times. The registered manager told us they were trialling a different system in the Chippenham area, which they were hoping to roll out to other geographical areas. This system did not make use of planners, but the customer supervisors, who knew people well, were completing the staff rotas. This meant more continuity in care times and would reduce travel times for staff.

The registered manager told us people were informed of the contract before commencing their care, to ensure they didn't 't have false expectations about what the service could offer. People were aware that they would not have a specific time allocated, but the service tried to accommodate people's wishes as much as possible. However, given the negative comments that we received, it was unclear if people understood the information they were given. The registered manager said where people needed time critical visits, for example for medicines administering for diabetes or Parkinson's disease, these visits were allocated first. They explained the contract meant that they sometimes had to change care calls at short notice. The registered manager told us they were aware this was not ideal, but they would be discussing this with the local authority when the contract comes up for renewal. They said they would never compromise people's safety.

The registered manager told us they completed spot checks on planned times against actual times of care visits for monitoring purposes and to identify any shortfalls. They also completed 'continuity' reports to ensure the number of different carers supporting a person did not exceed the recommended numbers based on the number of visits or hours support they received.

We saw people had made complaints about the timings of their care calls and at times not being informed when a carer was running late. For example we saw that one person was scheduled a call for 8.40am, but it was changed to 10.30am. Another person expected carers at 9.20am, but they didn't arrive until 11.40am. When staff called in sick, there was a system in place for planners to make a list of people who would be affected by the changes and those people would receive a phone call. However, at times this system did not work and some people did not receive a call. We saw that even though people were not always satisfied with the timings of their care calls, that the majority of people said in their satisfaction questionnaire that they would recommend the service and gave them 10 out of 10.

People's concerns and complaints were encouraged, investigated and responded to in good time. A customer supervisor was in place to deal with people's concerns and escalate them to the right person to be dealt with. People told us they would raise concerns if needed and felt confident their concerns would be acted on. Comments included "Yes I would tell them if I wasn't happy", "Yes I would tell them and I think they would do something about it", "I'm sure they would act on it", and "Of course I'd know how to complain. I have just never had the need to, we sometimes need to talk things through and I wouldn't use the word complain I would use discuss." The registered manager told us the customer supervisors also

recorded small issues people reported over the phone, where they did not want to make a formal complaint. This meant that all issues raised were addressed.

The service had a system in place by which people were able to place a 'bad match' on any staff they did not feel comfortable receiving care visits from. The planners in the office recorded any 'bad matches' to ensure the staff member was not sent to that person again. The registered manager would investigate the reasons if given, as to why a person felt uncomfortable with a particular staff to ensure the staff member was suitable to continue providing other people with safe care.

The service had identified that some people could be socially isolated at home, finding it difficult to access the community. The registered manager told us they had compiled an information pack full of activities available for people within their local area. For example one to one yoga classes, writing time, beginners drawing classes and other activities such as lunch clubs and day centres. Where needed, staff supported people to access activities of their choice. A staff member told us they supported a lady to go to church and other people were supported to go shopping. This promoted people's emotional well-being and reduced the risk of social isolation. The service was always looking at innovative ways to involve people. For example they service was given free tickets to a local football match. People who were not able to leave the house very often were invited to attend.

The service used a range of ways to make sure people were able to say how they felt about the quality of the service. People's views were sought through care reviews, annual surveys and service user themed conversations. The customer supervisors visited people at home and chose a specific theme to discuss with people. These themes were linked to the key lines of enquiries (Kloe's) which CQC inspect. For example to check if people felt safe and supported in their home. These conversations were used to identify any concerns people might have and to improve the service. Themed conversations were also used with staff to check their knowledge.

The service provided people and their relatives with support during their end of life. The registered manager told us they had been developing a local end of life partnership to gain knowledge and skills for end of life care and to be able to improve end of life care for people. The service worked closely with community nurses, GP's and palliative care services to ensure people had a pain free and dignified death.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection in December 2015 we identified that the service was not meeting Regulation 19 (5) (b) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (2) (f) Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not notified us of important events such as involvement with the Police or safeguarding. Following that inspection the provider sent us an action plan, detailing how they were going to meet the regulations and make improvements. During this inspection we found the provider had followed their action plan. The registered manager had notified CQC about significant events and had put a system in place to ensure necessary notifications would not be missed again.

There was a registered manager in post who was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a team of customer and staff supervisors, planners, operations and a care manager. Office and care staff spoke positively about the support they received from the registered manager. Comments included "Her [manager] door is always open. Feel very supported", "[Manager] is fantastic. She deals with any issues immediately" and "[Manager] is approachable. She seems friendly enough." One care staff told us they didn't know who the registered manager was and have not met them since they started working for Somerset Care a year ago. We raised this with the registered manager, who acknowledged they didn't always get to meet new staff. They were due to introduce "manager's road show", where they would attend different team meetings, with the different locations.

Speaking with people they also said they didn't always know who the registered manager was, however they knew who to contact in the office. The registered manager told us it wasn't possible to visit all people in their homes, but they had sent out a newsletter, introducing the office staff to people. This meant people and relatives could put a name to a face. People had regular contact from their customer supervisor.

The registered manager told us they valued their staff and wanted the service to be a place where staff enjoyed coming to work. They said there were various ways to show staff they were valued. For example nominations for employee of the month and carer of the week and they had also introduced "Thank you Thursday". All staff that were in the office on a Thursday, would contact one staff member to personally thank them for what they had achieved that week. Staff said this had been good for morale. Staff also received an attendance bonus and other staff benefits. The service involved people to nominate staff for Somerset Care awards, which gave people an opportunity to recognise staff for their support. Four staff members were also selected to participate in Somerset Care's "Rising Stars" program. The program was designed to develop staff knowledge and skills and identify and invest in "Managers of the future".

Somerset Care had annual Care Awards, in addition to long service recognition, where people and staff could nominate staff and volunteers who had made a positive difference. For example five staff were shortlisted in 2017 in recognition for their achievements, including the winner in the category "Care and Support Worker of the year". The registered manager told us this was a great way for staff to feel appreciated for what they did. People were also involved in nominating staff for "People's Choice" which was a great way for them to show their appreciation of staff.

The registered manager had systems for monitoring the quality of the service provided. The manager used an online system which detailed the audits completed. The audits covered areas such as care plans, information and policies, and how these are delivered to staff, missed calls, medicines administration and accidents and incidents. The system flagged up any areas of the service that required improving, and the registered manager set an action plan to address these.

The registered manager continually looked at innovative ways of improving the service and getting people involved. The registered manager told us it was difficult to get people engaged as it was a big service, for example they had tried "customer forums" before to get people in conversations about improvements or visions they had for the service. However, attendance was low. They were planning to introduce "customer coffee mornings", where people could come into the office and have a coffee and chat.

The service worked in partnership with various organisations such as Wiltshire Council, Age UK, fire service, Bath College and Dementia action alliance. Knowledge gained from these links, were used to improve the service to benefit people and also to raise the profile of the service locally. The service took part in charity work as a team, which built on staff relationships and showed a commitment to the wider local community. This raised Somerset Care's profile but also demonstrated care for the community as a whole while supporting a good cause. The registered manager stayed up to date with new guidance and legislation. Any updates were shared with staff in the weekly newsletter or during staff meetings.