Care South

Care South Home Care Services Somerset

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection was announced and visits to the service took place 14 and 27 April. We made telephone calls to people using the service from 17 May 2015 to ask them their views of the care they received.

Care South is a domiciliary care agency providing personal care and support to people living in their own homes and in sheltered accommodation. At the time of the inspection they were providing a service to approximately 420 people. The majority of people received personal care. Some also received a shopping or domestic cleaning service. These activities are not regulated by us and did not form part of the inspection.

There were systems in place to manage this large service. The registered manager worked with a management

Summary of findings

team with clear areas of responsibility for planning, staffing and client services. Five geographical areas had designated planning staff to arrange people's care visits and allocate care staff. A team of supervisors monitored delivery of care and supported staff.

The Independent Living Team assessed clients and provided care for people who had just come out of hospital or commenced receiving care. As part of a multi-disciplinary team they worked with physiotherapists, social workers and occupational therapists to ensure people were safe at home. Some people required care for a short period before regaining their health. Others required long term care which was provided by the core (main) care staff. A night response team enabled some people to have planned and emergency support during the night. The service cared for some people until the end of their lives and had implemented the Gold Standards Framework for domiciliary care.

There is 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. The registered manager had a clear vision for the service. There was a commitment to provide high quality care tailored to people's individual wishes. These values were communicated to staff through staff meetings, training and supervision.

People told us they felt safe with all the staff who supported them. There were risk management assessments and plans in place which meant care was provided in a manner that kept people as safe as possible whilst promoting their independence and choices. People received care and support in line with their needs and wishes because adequate numbers of staff were employed.

The agency recruited staff regularly to maintain staff numbers and meet peoples changing needs.

There were systems in place to monitor the quality of care and plan on-going improvements. People were contacted on a regular basis through telephone calls and visits to ensure they were satisfied with the care they received.

Most people told us they had some regular staff visiting them most of the time. The service was working to improve the continuity of staffing and had implemented measures to improve the planning of staff visits. However half the people we spoke with said the timing of visits could be improved. People did not tell us staff missed visits but they often did not arrive when expected. Some people accepted this but others found it very difficult and were not satisfied.

Most people were very positive about the other aspects of the service they received from Care South. They received care following the assessment of their needs and had their care reviewed and varied if their health or social circumstances varied. People received effective care and support from staff who had the skills and knowledge to meet their needs. Care staff were supported through the effective organisation and delivery of training, observations and supervision meetings.

People found staff to be kind and caring towards them. There were many positive comments about staff that showed they understood the importance of their role in supporting people and maintaining people's independence and dignity.

People were able to make complaints or raise issues about any aspect of their service. People were encouraged to express their views and be involved in the planning of their care. A senior manager was dedicated to sort out any problems and resolve concerns.

The manager of the service led a team of staff who were clear about the standard of service they wanted to deliver. There were plans in place to further develop aspects of the service in the way people had requested.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe with the staff who supported them in their homes.

People were supported by enough staff to meet their needs safely.

The recruitment procedures ensured all staff were checked before they began work to minimise the risks of abuse to people.

Is the service effective?

Good

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

Staff ensured people consented to the care they received on each occasion.

People's health needs were monitored. Action was taken when required to ensure their health needs were met.

Staff liaised with health care professionals and followed their guidance when appropriate to promote people's well-being.

Is the service caring?

Good

The service was caring. People told us staff were polite and kind.

Staff respected people's privacy and promoted their independence and dignity.

People were involved in decisions about their care and support. There were regular reviews which enabled people and their relatives to express their views.

Is the service responsive?

Requires improvement

The service was not fully responsive. People were provided with care which reflected their wishes and needs. However a significant proportion of people contacted were not satisfied with the timing of their care visits. They said they did not arrive close enough to the times stated on their rotas or they did not know when staff would arrive.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their choices.

People knew how to make a complaint and were confident that action would be taken.

Is the service well-led?

Good

The service was well led. The vision and values of the service meant people benefited from a service based on providing high quality care to people.

Summary of findings

People were encouraged to give their views about the care they received. They told us they were able to talk to care staff, supervisors and managers.

There were systems in place to monitor the quality of the service and plans were in place to improve shortfalls identified.

Care South Home Care Services Somerset

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.

We looked at information we had received about the service. At our last inspection on 11 September 2013 we found a good standard of care was being provided to people. We had received some concerns during the summer of 2014 about the reliability of the service and problems with the planning of care visits. This was due to illness of key planning staff and had been resolved. When people had raised concerns with us they had been addressed by the manager and customer services manager promptly. The provider had completed a provider information return (PIR) . This document enables the provider to give key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 14 and 27 April and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the manager was available in the office. We also arranged to meet staff and to visit people who received a service in their own homes. They telephoned people using the service to ask their views about the care they received.

During the inspection we met five people receiving care at home and one relative. The expert by experience attempted to contact 35 people by telephone commencing on 17 May 2015; they were successful in speaking to 26 people. The inspector spoke with 20 people. We spent time at the office and met with the registered manager, management staff and 12 planners and members of the care team. We viewed records relating to individual care and the running of the service. Records seen included six care plans, three staff personal files, records of staff training and quality monitoring records.

Good

Is the service safe?

Our findings

We spoke with 46 people. Everyone told us they felt safe with all the staff who supported them. One person said "I do feel safe. I haven't had a problem like that at all." One laughed and said "I am very safe with them; they don't frighten me at all." A relative told us "I feel they are safe with them which is important." Another person said "I rely on them and they do not let me down."

The service had taken action to minimise the risk of abuse to people receiving a service. Staff had received training in recognising and reporting abuse and talked with us about the action they would take if any abuse was suspected.

Safeguarding training formed part of staff induction and was then up-dated each year. The manager and senior staff had made safeguarding alerts when necessary and were familiar with the documentation and processes involved in working with other agencies to keep people safe. People were given information about how to raise concerns and how to keep safe when they first began receiving care.

Staff told us about the ways they kept people safe. They understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse. They talked to us about the importance of safe manual handling and of being well trained in this area to prevent harm to the person receiving care and themselves. There were very clear risk assessments in people's care files. The risk assessment management plans covered people's environmental risks such as electricity and hot water. There were detailed risks identified relating to people's health conditions such as poor memory and problems with mobility. Some files identified when someone lived alone and the possible risks identified with isolation. Each risk had the action to be taken to keep people as safe as possible fully recorded.

People received support visits in line with their needs and wishes because sufficient staff were employed. The agency made additional staff available so they were able to cover staff sickness and respond to emergency situations. There was always a senior member of staff on-call who could provide back up to care staff in an emergency. Short term disruptions to routine visits did occur but were managed by managers and staff and visits to people were very rarely missed. Staff were positive about the work they were doing and understood their responsibility in keeping people safe.

In the PIR the manager told us about the recruitment process for new staff. They said keeping people safe began by recruiting "the right staff." There was a designated staff monitoring team who undertook recruitment procedures. In addition to undertaking criminal record checks and requests for references the service asks potential staff to complete an on-line employment assessment tool. This aims to match staff personalities to the job role and acts as a risk assessment on attitudes.

We looked at three staff files and saw checks had been completed before staff began working with people. We saw the induction programme took five days to complete. Staff told us their recruitment process had been thorough and their induction had prepared them well for work at the agency.

People were supported to take medicines by staff who had received appropriate training and completed a competence assessment. Training records showed when staff had completed training and when an up-date was due. Medicine administration records (MAR) were completed accurately and these were audited when they were returned to the office and during spot checks by a senior member of the care team.

The service was planning to improve the process of auditing the MAR charts. All completed record charts will be reviewed by a member of the management team. There was a formal process in place for managing any medicine errors which included additional training and monitoring for staff.

People received medicines according to their needs. Some people told us they were able to manage their own medicines. Others were pleased to have help. One person told us "They are in charge of my tablets now and it is going well." Other comments included "the carers help me with all my tablets. It's mostly ok, I think. They give me certain ones in the morning and certain ones at night" and "they cream my legs for me. They treat me well."

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Forty two people were positive about the staff who visited them to provide care and support. One noted "Oh yes, they know what they are doing." Another said "I don't have a single complaint about that." Another said "They are trained and know if I am not right." One person commented on the particular care they needed. They said "I have particular care needs. They keep me with the same person unless they are poorly or have a day off. It works very well for me. They are very well trained. They keep an eye on things and will call the district nurse if I need them. My main one is super. I can't fault her."

There was a staff manager in post with responsibilities for staff training, supervision and appraisals. We saw the action plan in place to ensure staff received their annual appraisals on time. Care South had a large training department which offered comprehensive training opportunities. Essential training included manual handing and safeguarding which was delivered at induction and up-dated annually. Training was available by a variety of methods including distance learning and in-house. A computer system monitored the training needed and when it was due. The staff manager supervised a team of monitoring officers who were responsible for staff supervisions, appraisals and monitoring visits. Staff had four monitoring visits per year and attended team meetings every three months.

Staff told us their training was very good. They told us they felt support was always available. One person told us about the training staff had received to assist them with their nebuliser. They said a group of carers had come to their house to be trained. Care staff we saw on visits or spoke with were confident and competent. They demonstrated skills and knowledge when caring for the people they visited and when talking with us.

Whilst regular carers were particularly praised a few people acknowledged "it took time to learn." One person said "Some are alright and some are not. Some know exactly what to do and are perfect, but one or two don't seem to know what they are doing." There were systems in place to offer staff extra support and training if they needed this at any time.

Each person gave their written consent to receive care when they began to use the service. Staff were trained to understand the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests.

People confirmed they were able to make decisions about the care or treatment they received. People told us they were involved in all decisions about the support they received.

We talked with relatives who helped to plan some people's care with them. We heard staff checking with people as they delivered care to ensure they were happy with everything that was happening that morning.

Care staff were aware of the importance of monitoring people's health and taking action if there were any concerns. Risk management plans seen in people's care files identified health risks. One person was at risk of urinary tract infections; another was at risk of pressure damage to their skin. Appropriate action was noted in the management plans including the health professional to contact for further support or treatment. Daily records indicated when relatives or the doctor had been contacted if someone was unwell. Some people received regular visits from community nurses who met their health needs. One person said "They are very good. They will make a phone call or organise a bit of extra help if you are unwell. Sometimes they see when I need to call my daughter before I do."

Staff supported people to eat and drink according to their care plan. People were happy with this aspect of their care and stressed they chose their meals. One person's comment reflected the views of many. They said "They do all my meals really; they do breakfast, lunch and they leave tea. They heat up ready meals and whatever I fancy."' Another person noted "They do food. In the time they've got, it can be a bit rushed, but I do choose." People felt their

Good

Is the service effective?

views about food were respected. One person explained, "I always choose. They prefer me to choose, don't like it when I say, surprise me!" Another said, "My carers do breakfast and lunch, I choose them. And she makes a gorgeous salad which she can leave me for tea.'

Care plans and daily records showed care staff were aware of the importance of monitoring food eaten by people with dementia or those at risk of losing weight. In some care plans there were very detailed instructions of how to encourage someone to eat for example small portions or how the meal should be served.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included: "I look forward to seeing her. I have no complaints at all" and "They are the most helpful and kindly people I have ever met. I feel like a princess when they are here." People appreciated the opportunity to have a chat "and a good old giggle."

A relative told us they felt supported by care staff. They said the staff came to care for their relative but also gave them good support and friendship. Another relative talked with us about the way they shared the care with the service. They said "It has been alright. Good mostly. We have addressed one or two issues. They come four times a day. They check if they need any extra care. They check with me and (my relative.) Some are very regular. I know who is coming. Yes, we have regular ones. I know them all. They are all very nice girls."

People gave us examples of what they considered to be 'above and beyond' care. One person told us "Sometimes she makes my bed, although she doesn't need to. I get on wonderfully well with her." Another said, "They are really good with my cats. They sneak in so the cats don't get out. They look after them as well, and tell me if they have fleas or need the vet." When one person had been very short of breath the care staff had called an ambulance and gone to the hospital with them. They said they were so glad the staff member had stayed. "She was brilliant." Some people expressed gratitude for their care and support. One person said "I don't know what I'd do without them,' and "they do everything!"

All people spoken with agreed that the carers were polite and respectful to them. They said staff were "Polite all the time" and "Extremely polite, and helpful, too." One person praised her regular care staff by saying "She respects me, and I'd give her 5 stars!" A relative noted, They are all polite, and kind to her. I've met them all now."

When we visited people in their homes staff were very aware of people's need for privacy whilst delivering personal care. Staff gently prompted and encouraged people to maintain their independence and to be involved in their own personal care.

Interactions between people and the staff visiting them were kind and friendly. We visited one person who received care from care staff three times each day. Staff were well known to the person and they were relaxed and happy in their company. Staff talked with people in an encouraging and supportive manner.

People were able to express their views about their care. They told us they were able to talk to carers. People were visited by the care supervisors at least annually but often much more regularly if their needs changed or they wanted to discuss an aspect of their care. The client supervisor and other managers also visited people to hear their views of their care. The service held meetings for people each year that gave them and their relatives a chance to speak in a larger group. The meetings were used as an opportunity to inform people of changes and developments in the service.

Staff were aware of the need to maintain confidentiality and gave examples of how this was done. They talked with us about maintaining people's dignity and promoting their independence by listening to what people wanted and how they wanted the care completed.

The service worked with other health and social care professionals to support and care for people at the end of their lives. The Gold Standards Framework in Domiciliary Care has been implemented. This seeks to enable people nearing the end of their lives to remain at home and live their final days according to their wishes. We spoke to the member of staff responsible for co-ordinating this area of the service. They worked with palliative care community nurses and GPs to support people and their families.

Requires improvement

Is the service responsive?

Our findings

Whilst the majority of people we spoke with were satisfied with the service they received there were a small but significant number who had not been satisfied. There were very few negative comments about the care staff or the actual care provided. All negative comments received related to the timing of visits or the number of care staff who made them. The manager acknowledged that the planning of care visits was the "key" to people's satisfaction with the service. A planning team manager dedicated to managing the planning team was appointed in January 2015. They had undertaken an analysis of planning problems and continued to work with the planning team to reduce people's concerns. People received a weekly plan showing who would visit them and at what time. The manager told us "The plans leave on time and are correct at that time." The computer system used to record care visits had been up-graded to show when a change had been made to a rota and whether or not the person had been informed.

People received a rota every week that showed which care staff were visiting them and at what time. People said most staff were reliable and did not let them down. It was not always possible to keep people informed of last minute changes due to staff sickness. People were able to express a preference about who visited them. They told the office about anyone they had not liked or who they considered to be inexperienced.

The manager told us if all staff were working as planned there were enough staff to care for people. However staff circumstances changed and there were planned and unexpected absences to cover. People requiring care began and left the service constantly and their needs changed. The manager told us about the importance of keeping staff and not just recruiting new ones.

The timings of the people's visits generated many comments. Most people acknowledged the visits were not always at the same times, but, to some, this was not an issue. One said, They can be a bit late, but it doesn't matter." Another said, "They are not always on time, but they do try to let me know." A third said, They are sometimes a little early, but it is no problem at all." A fourth added, They are not always on time, but I don't mind."

Other people did find timekeeping was a problem. One person said "They are not always on time, I get messed about. Often they come at different times. I don't hear anything about it." Another said, "They can be three quarters of an hour late. They've got no idea!" A third said, "They're not on time in the morning, but in the evenings, it is better." Thirteen other clients all said things like, "Not always dead on time, but that's okay", and "They are on time unless unavoidably detained." The letter informing people of visit times stressed staff aimed to arrive within 30 minutes of the specified time. We heard from a relative who felt they had "really struggled" to get a consistent team of care staff to arrive on time for their family member who had dementia. We heard from one person who had tried to find out who would be providing their care when their regular carer was away. They said " When a carer is off the care is not good, not planned. The office call late and say they are still trying find someone." Another person agreed "I ask them to plan the carer for the holidays. I need to know who is coming. I ask if new ones could shadow or visit before the regular ones go on holiday, but nothing."

We asked about the length of time the carers stayed and received mostly positive responses with care staff staying the planned time. Occasionally a visit would be shorter than planned or staff appeared to be in a hurry to get to their next person. There were also positive comments reflecting people's differing experiences such as "They stay as long as I need them", "They always stay over" and "They don't rush me." One said cheerfully, "I don't time them, but they do everything I need!"

Some people felt they were not kept informed of changes made to their rotas. One person said "The office change things for no reason! They changed the times twice. We should have a letter telling us who is coming and what time, but it hasn't come again!" Another also commented, "The only problem was when they haven't told us when they've changed the carer or the time." A third person said, "They come at a different time and I don't hear anything about it."

There were positive and negative comments about the number of different carers visiting people. One person said "All different ones, there can be seven different ones in a week. And they are coming from all over the place, which is badly planned." Another said, "I have too many people coming in and out". Some people were not unhappy about having care from different people; comments included "It

Requires improvement

Is the service responsive?

was fine: they are all lovely girls. I know them all now" and "There are different ones, but it's all okay". For most, there was some consistency: 'It's usually the same carer, which is great," said one. Another person explained, "The weekends are different, but during the week, it is usually the same one." A third person said "It is usually the same, unless there is holiday or an illness, which is understandable."

When we looked at a selection of people's rotas there was a plan to provide regular carers to people. When we talked to the planners and looked at the computer screens there were many reasons why there were differences between the initial planned rota and the actual visits to people. These included staff being sick or needing time off at short notice to cover a child's illness.

Timing issues were also identified in the constructive feedback section of quality questionnaires completed by people. Comments included "Be on time as I like routines so I know what time they come in case I have visitors." "I wish the office would inform me of times. I have had a stroke so rely on the care." and "If a carer is running late I would appreciate a call."

Some people commented it was difficult to communicate with staff in the office. One person' comment was typical of many "The office are polite but cannot organise anything." There were also positive comments. Three people called the office staff "helpful." Others agreed staff were always polite. A relative who felt they had had "a lot of trouble" getting calls at the right time said "It is alright if you know who to ask for. If you get the right one they will take it on and sort it out. Others pass the buck."

The service had pioneered a night response service since November 2013 which supported people with planned and emergency visits through the night. This service was commissioned by Dorset health authority to support people after they have left hospital and to respond to care emergencies. It was intended that the service would reduce hospital admissions and re-admissions and help people to stay in their own homes. Staff were well qualified and supported by an on-call manager at all times.

People received a range of services appropriate to their needs. Some people received a weekly visit to ensure they were able to bath or shower, other people received up to four visits a day from two care staff. People always received an initial assessment visit to determine their care needs

and preferences what service they required. Some people received a "care package" that comprised of care visits, shopping or domestic support and a longer "sitting service" visit. People told us their care could be varied to accommodate weekly appointments and occasional trips out. We looked at the care records and visit rotas for six randomly selected people and saw the care plans and the rotas reflected the needs of the person.

People told us how their planned care met their needs. One person said "I am really happy. Very pleased with them. They come once a week and wash and cream my legs. I am prone to ulcers and they note any little thing." A person who had a morning visit said "They have come every morning for two years. I am very satisfied. They are caring and kind. They help me to stay independent. To stay here." Another person had three visits a day from one carer. They told us the carer helped them with all aspects of their daily life. "I am absolutely happy. I couldn't manage without them."

People felt able to make complaints and raise issues they were dissatisfied with. The client services manager dealt specifically with complaints and tried to resolve any issues of concern. If the complaint was about a planning issue they liaised with members of the planning team. One person said, "Once, I had to complain. A carer came too early and was a bit rude about it, so I said I didn't want her anymore, and she hasn't been again". When concerns were raised they were dealt with promptly. People said there might be "hiccups" or things occasionally "went a bit off balance" but would be quickly resolved. One relative had expressed concerns about the service. The person had been visited several times and the client services manager worked with them to maintain their satisfaction. Several people wanted to stress they had "no complaints at all."

Good

Is the service well-led?

Our findings

The registered manager was very open and approachable. They developed their skills and knowledge by on-going training and attended local and national conferences. They visited people whenever possible and said it was important to keep in touch with staff and people receiving a service. They were involved in solving problems on a regular basis. When we asked about complaints or safeguarding issues raised they knew the people and were able to talk with us about each one.

They had clear ideas about the service people received from the agency. These were based on the provider values 'HEART' which stood for honesty, excellence, approach, respect and trust. They had a vision of a service that was reliable and provided high quality care to people. They acknowledged problems in care delivery occurred and supported staff as they resolved them. Managers and staff supported each other to do a good job for people receiving care. Staff were given opportunities to develop some aspects of the service themselves and were encouraged and supported to take responsibility.

There was a staffing structure which gave clear lines of responsibility and accountability. The registered manager was supported by a team of managers with clearly defined responsibilities. Three senior managers were responsible for the planning office, staff recruitment and training and client services. The planning office manager and staff manager had been appointed in January 2015 to focus on these key areas and to drive improvements. The client services manager dealt with all service user issues including compliments, complaints and safeguarding issues. Management meetings were held regularly to co-ordinate work undertaken.

Care supervisors were responsible for their designated teams of staff and people receiving care. One care supervisor explained their role in promoting good standards of care through knowing people and staff well.

The manager told us how staff were involved in improving the service. Interested staff were given opportunities to develop a particular document or lead a part of the service such as dementia care, dignity champion or end of life care. The manager made arrangements for us to talk with staff and emphasised the contribution they made to the service.

Staff told us they felt happy to speak directly to the manager at any time. They told us they felt supported and were able to raise issues with their line manager if they had any concerns. There were systems in place to make sure high standards of care were delivered. All staff received formal supervisions with senior members of staff. Supervisors worked with care staff and also carried out observations and spot checks. When there were concerns about staff performance these were addressed by senior staff supported by the provider's human resources department.

There were examples of action taken by the agency to improve the service. When people said they found it difficult to access staff in the office a new phone system had been installed. This directed callers directly to a member of staff who could deal with their call. The system had reduced missed calls and the need to transfer people from one person to another. It had freed staff to concentrate more on their own jobs and reduced pressure on some key office staff. Phone calls were recorded to monitor performance of staff and when necessary to check information received or passed on had been accurate.

Work had begun on analysing aspects of the planning office's work to identify problems and take action to avoid similar events. For example a log was being maintained to show the action taken when a carer was absent. This recorded the scheduled time of visit, when the person was informed and whether they were satisfied with the alternative arrangements.

There were quality assurance systems in place to monitor care. The formal quality assurance questionnaires for staff and people were managed by an independent agency. The questionnaires indicated people were largely satisfied with the service. The question on timekeeping consistently received a lower score than the responses to other questions and was the area the service continued to work on. Each month a report on the quality and service delivery is completed and sent to the Director of Domiciliary Care who reports to the company board of directors. This report includes complaints and compliments received any safeguarding issues or other significant incidents. The report must show what action has been taken to address issues in a timely manner. The Director of Domiciliary Care met with over half of the staff in 2014 all to identify any areas of the service that could be improved and to listen to staff views.

Good

Is the service well-led?

People were encouraged to give their views about the care they received. They told us they were able to talk to care staff, supervisors and managers. Each year a meeting is held for people using the service and their relatives. This gives people the chance to express their views in a larger forum. At this year's meeting people were also informed of the new training being implemented for staff undertaking the sitting service for people with dementia.

The manager spoke with us about areas of the service they were planning to develop and improve in the next twelve months. We saw the action plans and target dates set for these. For example further training is planned for staff on working with people with dementia using a variety of accredited training programmes. The action plan had commenced by offering training to staff providing a "sitting service." Staff providing the sitting service stay with people with dementia when their regular family carers go out. The training programme seeks to ensure the time the sitter and person with dementia spend together is as enjoyable and meaningful as possible.

Information was available if people needed to be transferred to another service. The manager said there was a team approach to problems that arose and plans were in place to respond to emergencies such as poor weather.