Assist Care Group Limited

Fir Tree House

Inspection report

Old Horsham Road
Beare Green
Dorking
RH5 4QU

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21 November 2019

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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

Fir Tree House is a domiciliary care agency that was supporting 141 people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Most of the people using the service were older people, some of whom were living with dementia. At the time of our inspection 92 people were receiving the regulated activity from the agency.

People's experience of using this service
People were aware they had care plans and told us they felt staff met their needs. However, we found a lack of person-centred and individualised information in care plans and some records which were not clear or contradictory. We have issued a recommendation to the registered provider in both respects.

People were cared for by staff who they said were very kind and caring, attentive and kept them safe. Staff had developed good relationships with people and were thoughtful in their approach to help people have the best care possible. People were happy with the food made for them, the way staff supported them with their medicines and access to healthcare professional input should they need it.

People said they felt listened to and asked if they were happy with the service they received by the agency. They told us staff timekeeping was satisfactory, staff stayed for the time expected and on the whole they saw the same staff.

People were cared for by a sufficient number of staff who were well trained and staff who understood how to keep people safe. Staff understood their responsibility in helping people retain their independence as well as gaining their consent before they carried out any care.

Staff felt supported and valued by management and the registered provider had introduced incentives to create a positive culture within the staff team. The service was constantly trying to improve its service to people by introducing new technology to assist with timekeeping and reducing the chance of a missed call. Governance arrangements were robust which helped the service identify shortfalls and areas for improvement.

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

Rating at last inspection and update
The last rating for this service was requires improvement (report published 9 February 2018). Since this rating was awarded the registered provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The service has now improved to Good as the registered provider had addressed the shortfalls we identified which related to monitoring calls to people. Since the last inspection, the registered provider has introduced

a home care software system which enables the office to track care calls.

Why we inspected:
This was a planned inspection based on the previous rating.

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

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?

Good

The service was well-led.

Details are in our well-Led findings below.

Fir Tree House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by five inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats.

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. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also required the registered manager to arrange for us to have information about people who we could speak with on the telephone.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
Two inspectors checked documentation at the office. This included looking at eight people' care plans,

medication records, six recruitment files and a variety of records relating to the management of the service, including policies and procedures. The other inspectors carried out telephone interviews with people. We spoke with 23 people in total and one relatives. We also, as part of the inspection, spoke with three staff, the registered manager and the provider's operations manager.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service under the new provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse as staff had a good understanding of how to report concerns and people told us they felt safe with staff. One person said, "When staff are here I feel safe and secure from falling." A second person told us, "I would like to think I can suss someone out fairly quickly and he's trustworthy." We read a compliment from a relative which stated, 'You don't know how happy that makes me to see my parents happy and safe'.
- Where concerns had been raised in relation to safeguarding there was evidence the agency worked with the appropriate authorities to investigate these. A staff member said, "I would speak with the person and explain it's a serious matter and that I'd have to disclose."
- Very few missed calls had occurred which meant people were provided with a safe service. People who had not received a call did not live alone which meant no harm had come to them. The agency had introduced a home care management software system in November 2018. The introduction of this system had helped to reduce missed calls and the office was alerted automatically if staff do not arrive.

Assessing risk, safety monitoring and management

- Risks to people had been identified and there was information in place for staff on action to take to reduce risks, such as people using equipment to aid their mobility. One person told us staff supported them to mobilise using a frame. A second person said, "I have one of those chairs that goes up and down and he (the carer) makes sure I am well seated in it before he moves it."
- In the risk assessment for one person who had poor mobility it clearly identified that staff should ensure their grab bed rail was up and their wheelchair left close to bed so they could transfer straight into it, using the rail.
- A second person required two staff and four-way glide sheets in place to support them with moving. There was additional guidance provided to staff on how to use the sheets to help ensure this person was moved safely. One person told us, "The staff are brilliant, they always keep me safe."
- However, our review of people's care plans identified a lack of detail and some inaccurate information. One person's said in one part of their care plan, 'key safe to be used at all times as requested by [name of person]' and yet in another place, 'please ring doorbell to gain entry as key safe not used'.
- A second person was recorded as suffering from, 'depression and anxiety' however their risk assessment recorded 'no' under the question, 'does the service used have depression related difficulties?'.
- Where people smoked, there was standard wording in their risk assessment which related to the risks to a staff member, rather than individualised information relating to what precautions the person was taking to keep them safe when they smoked. One person had pressure sores and yet their care plan stated they had no difficulties relation to their skin.

● We noted one person who was female had recorded in their care plan, '[Male name] would like to remain as independent as possible'. We were told immediately following our inspection that a review of each person's care plans was taking place as a matter of urgency by the registered manager and the provider's operations manager. We had confidence this would happen.

We recommend the registered provider reviews people's care plans to satisfy themselves that information is up to date in respect of risks to people.

● There were procedures to follow in place in the event of an emergency such as adverse weather for example. All staff had access to internal policies on their hand-held device which meant they could review these to refresh themselves of procedures.
● Out of hours numbers were provided to people should they need to contact the agency in an emergency. Senior staff were on call each day and calls were automatically diverted to them. Staff mobile phones are diverted to the office when they are unavailable to help ensure people can speak to someone when needed.

Staffing and recruitment
● There were a sufficient number of staff employed to meet people's care needs. People told us staff timekeeping was acceptable. One person said, "They are spot on, usually." A second person said, "They have kept in touch with us, if they are running late they will give us a rough idea of the time to expect them."
● People told us they usually saw the same staff and staff stayed the full time expected. One person said, "It's mostly one of the three, occasionally I see a different one." A second person told us, "We have two very good carers." A third person said, "I pay for 30 minutes and I get 30 minutes."
● Since the last inspection, travelling time had been factored between care calls. The registered manager said, "The new system shows how much travel time is required and this is now paid. It has reduced late calls but is taking staff some time to get used to." People told us, "The staff never seem rushed. They always have time to talk to me."
● The agency would not take on new clients if there were insufficient staff to meet their needs. The registered manager told us, "I have to have managed growth. I will not take anyone on if we haven't got the capacity to cover them."
● Staff were recruited through a robust process. This included asking for references, full employment history, evidence of the right to work in the UK and fitness for the role. Staff went through a disclosure and barring service check (DBS) which helped ensure the agency employed staff suitable for the role. The registered manager told us, "To address the concerns regarding recruitment a specific job role had been created which is proving positive."

Using medicines safely
● People received the medicines they required. One person said, "They help me a great deal with my medicines." A second person told us, "They do all my medicines. They are prescribed at certain times and the carers take care of all of that for me." A third person said, "They put cream on my legs and talk to me when they do this."
● Medicines information was held on the hand-held devices and staff entered when they had administered medicines. There was also information on topical creams (medicines in cream format) and where staff needed to apply these to a person. No gaps were seen on people's medicines records.

Preventing and controlling infection
● People told us staff helped to keep their home clean. They said staff wore gloves and aprons when carrying out personal care. One person told us, "They all put gloves on when they come." A second person said, "(The carer) is very particularly about cleanliness in a discrete way. He always make sure the bathroom

is cleaned properly after we have used it."
● Staff had a good understanding of the need to wear personal protective equipment such as gloves and aprons and they told us there was plenty of stock available to them. A staff member told us, "I always wear gloves and washing your hands is so important."

Learning lessons when things go wrong
● People told us staff were responsive to their accidents. One person said, "They are so caring and concerned over my falls. They do give me advice about what I can do to minimise my falls."
● Accident and incident information was clearly recorded with details of the event, action taken and outcome. There was evidence the information was reviewed and incident 'closed' when a resolution had been reached. One person had slipped out of their armchair and as such it was agreed they would no longer use this particular chair. An assessment had been carried out for a specialist chair which they were waiting for.
● De-briefs were held following a serious or significant event, major complaint or compliment so staff could discuss the incident as well as the outcome or lessons learnt.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People confirmed that an assessment was carried out before they commenced with the agency. A relative told us, "Yes, they did an assessment, they came to see mum. They talked to her first and they included me if mum wanted me to answer for her." One person said, "The manager came to see me last week, she ensures I'm being looked after right."
- The registered manager told us, "We get the information from social services on the brokerage system. The area manager then goes out to assess them. They write the first care plan and risk assessments and then shred the assessment as the information has been transferred over."
- Staff worked with other agencies to provide care to people. For example, they worked with the live-in carer from another service to transfer one person from their bed to a hoist and into their wheelchair each day.
- We read in one person's care plan the agency had worked with the social services team to draw up a suitable care package for one person which gave sufficient time for them to be provided with a shower at their request.
- A staff member told us, "We have varied carers with different strengths and weaknesses. They tend to put us with those (people) where we can work to our strengths."

Staff support: induction, training, skills and experience

- Staff received appropriate training for their role. One person said, "I would say he is very well trained. [Staff name] wouldn't do anything he hadn't been trained in doing." A second told us, "They're all very knowledgeable."
- Staff underwent a wide range of training which included basic food hygiene, infection control and health and safety. On the day of inspection a dementia awareness course was being held. A staff member said, "I had three days training and shadowing. I am new to community care and I feel very supported."
- New staff were expected to complete the Care Certificate which is a national set of standards expected of staff working in this sector.
- Staff had the opportunity to meet with their line manager on a regular basis and there was a robust system in place for checking staff were competent in their role and following best practice. Staff underwent a probationary review, mentoring and shadowing programme followed by quality assurance checks, spot checks and appraisal.

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

- People who had assistance with meals said they were happy with this aspect of their care. One person told us, "They make me breakfast, lunch and tea." The person said they were able to choose which meals and

drinks they had.
● Information was recorded in people's care plans about the support they may need for food and fluids. One person's recorded, '[Name] condition affects his ability to be able to walk, it also affects his hands, making them shake. Staff to spoon feed [name] and give him a drink through a straw'.
● Care plans contained information to remind staff to encourage people with fluids.

Supporting people to live healthier lives, access healthcare services and support
● The agency supported people well to remain healthy and to access services when needed. We read of one person who was nervous about using hospital transport for their appointment so staff escorted them in their own car. Another person had not had their medication delivered on time, so the agency arranged for another pharmacy to dispense their medicines who were more reliable. A third person had a possible urine infection and staff obtained a sample which proved positive. They then collected the person's medicines so they could start taking them as soon as possible.
● There was evidence of people receiving support from healthcare professionals. This included the doctor and district nurse. Where one person had reduced mobility on hospital discharge staff raised concerns and as such the person was readmitted to hospital.

Ensuring consent to care and treatment in line with law and guidance
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 in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

● People had signed their consent to care and people told us staff always asked for their consent before carrying out any care.
● People had information on their mental capacity in their care plan. This recorded whether people had capacity or fluctuating capacity. All of the care plans we reviewed showed that people could make day to day decisions.
● A staff member told us, "You give everyone a choice. Just because they have dementia doesn't mean they can't make choices but sometimes you might need to manage what's being offered and not give too many options." A second staff member said, "We would have to check power of attorney or whether someone had an advocate and that there were no restraints, like bed rails."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People said they liked staff. One person said, "They are very good. I am very happy with all of them. They are wonderful people." A second person said, "They are lovely girls, they really do look after me. I couldn't get through the day without them."
- People told us they were happy with the consistency of care and one person told us they saw regular staff. One person said, "I regard them as friends, it's good to have the continuous contact with people." A relative told us, "The staff are friendly. Mum gets on well with them and they have a laugh together."
- People said staff spent time with them. One person said, "They do sit and we have conversations. They are never in a hurry." A second told us, "They ask me how I am and they talk to me and my wife while they do things. We chat away together."
- Care staff clearly enjoyed working for the agency and with the people they cared for. When we spoke with them, they talked about people with a smile on their face and it was evident they had developed good relationships with people.
- There was a thoughtful approach from staff towards people. We read that some staff had funded a small birthday party for one person who did not have much family. Another carer ensured someone had sufficient heating and electric whilst the person's benefits were being sorted out. A third example was of a staff member exchanging a pair of trousers for one person as their family were unable to do it. One person told us, "All the staff are so lovely, warm and always take care of me so well."
- We read positive comments left by people in on-line reviews. These included, '10 out of 10. I am happy with everything the carers do. They always go above and beyond' and '[Staff name] is a natural born carer and she is very grateful for her help'.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect. One person said, "Yes, they do treat me with respect." A second said, "They treat me with such respect. They always make sure I'm happy with what they're doing and that I'm comfortable."
- Staff promoted people's independence and respected their dignity. One person said, "I can wash myself and shower myself, I need steadying for when I move which they do help me with."

A staff member told us, "If they are having a wash, offer them the flannel first." They added, when giving personal care, "Make sure their private parts are covered, doors are shut and curtains closed." A second member of staff said, "I listen. I enjoy the interaction and getting to know them."

- People said they were involved in their care. One person told us, "They do involve me, ask me what I would like – things like that." A second person said, "They do everything I need them to."

● One person said, "I do have a care plan. When they first did it they gave it to me and asked if there was anything in it I didn't agree with, didn't like or wanted changed."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People knew they had care plans. One person told us, "I used to have a paper care plan in my home, but now they (staff) have it on their phones." A second person said, "They help me a lot. I don't know where I'd be without them. I am very, very pleased with them all."
- People said staff met their needs. One person said, "They anticipate my needs and they never have a problem with meeting any of my requirements." A second told us, "He (the carer) brings me alive, we both have similar background and we have a lot in common."
- However, although we had no concerns that people's needs were not met, where people had specific medical conditions, such as diabetes, epilepsy or multiple sclerosis (MS) there was limited information for staff. One person had been diagnosed with MS and yet there was no information to say how this may affect the person as the condition progressed. Other people were recorded as suffering from epilepsy and seizures but their risk assessments contained standard wording in place, rather than an individualised care plan for them. One person was recorded as, 'has been diagnosed with Parkinson's disease' and yet this was not mentioned anywhere else in their care plan.
- A further person's eating and drinking records stated they had associated risks with swallowing, however this contradicted their main care plan which recorded, 'give person time to swallow'. Further on, we read the person was independent with their eating.

Much of the information in people's care plans were from a pick list meaning it was less person-centred. For example, in relation to people who used bed rails. The care plans listed equipment failure, trips and falls and risks to staff, giving over 25 reduction measures.

- There was also limited background information on people. For example, what they did as a job, their likes, dislikes and favourite pastimes. There was a section entitled, 'knowing me – what can make me upset, likes/dislikes, happy/relax' in people's care plans and yet we noted this was only used to record people's health conditions, rather than personalised information.
- There were no end of life care plans for people. One person who the registered manager told us was, "On long term end of life care" had no care plan in place. Their end of life care plan recorded, 'no' to the question, 'does the client require support with palliative care?' the only reference to end of life was whether people had do not resuscitate forms in place.
- The provider's operations manager and registered manager had identified that care plans required review and acknowledged there was a lack of end of life information recorded. They told us they had started to review each person's care plans to make them more robust as a matter of urgency. Also, when speaking with staff it was evident they knew people well and as such this mitigated the risk that people may not receive responsive care.

We recommend the registered provider reviews people's care plans in order that they are person-centred and individualised.

● Despite the records lacking detail the agency was responsive to people's needs and people said staff met their needs. We read in the compliments report, '[Name] called office to ask if we could provide a carer worked to cover a lunch call today as she is feeling very unwell'. This was updated the following day to read, '[Name] thanks the company for their quick response and fulfilling her last-minute request'. People told us, "One does my shopping on a Tuesday, which I love. Always gets the stuff I like" and another said, "Always ladies – that's what I prefer."
● There was some good personalised details in some people's care plans we reviewed, such as one person who had recorded, 'please put two water bottles in my bed'. If people declined to have their photograph taken for their care plan, there was a photograph of their front door so staff would know they were in the correct address.
● The electronic system gave explicit location information for staff when attending to a person for the first time. Staff had access to full documentation to act as a short-hand reminder before commencing care resulting in less stress for a first attendance. Staff confirmed they could read information on their hand-held devices. The registered manager told us, "Handheld phones give staff all the information they need. Carers can send information back on the device and we can make immediate changes."

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People received the information they needed. One person told us, "They came and saw me and gave me a booklet with all the info I needed in it. It was in a format I could read and understand." A second person told us, "They explain things well. I understand very clearly."
● One person liked to eat out and their care plan gave good information to staff on how to support the person out during the week to have lunch or a coffee. This was important to the person.

Improving care quality in response to complaints or concerns
● People said they would have no concerns about raising a complaint. One person told us, "I would complain if I felt the need to." A second told us, "If I was unhappy I'd certainly make them aware." People said they had not had a reason to complain. One person told us, "No, I have never been unhappy. I am very happy with everything."
● The agency recorded all complaints received. We read these were dealt with promptly and to people's satisfaction, with senior staff meeting with the complainant or investigating their concerns. There were no outstanding complaints on the day of inspection.
● The agency had received a number of compliments. These included, '[Name] had an appointment which she was anxious about and [carer] kept [name] calm also made sure she was dressed appropriately and looked lovely. She always does a fantastic job and is a wonderful carer', 'My brother and I would like to thank the carers for all their support with dad, we realise that he can be very difficult due to his low mood', 'Thank care workers for doing a brilliant job supporting mother' and, 'Service is great! [Carer] looks after me very well and he is top notch. I always feel better when [carer] is here'.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Managers were clear about their roles and understood the need to provide a good service which included the need to have accurate records about people. The provider's operations manager and registered manager had identified that care plans required review and following our inspection the registered manager told us, "The operations manager and director are currently updating and modifying our care plans and risk assessments format to ensure they are more person-centred and individual health needs and conditions are incorporated into the risk assessments." We will check at our next inspection that this has happened.

We recommend the registered provider reviews care plans to satisfy themselves that they are contemporaneous.

● At our inspection under the previous registered provider we identified a lack of monitoring of care calls. This meant the office could not guarantee that people were receiving their call when planned. The introduction of the home care management software system allowed the registered manager as well as the registered provider's operations manager to produce a number of reports. This enabled them to monitor the performance of the service across a range of day to day aspects which included missed calls, medication errors and cancelled visits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People felt the agency was well managed. One person told us, "I think the management are pretty good." A second said, "The management are very good, they have a grip on things. They are always prompt in ringing us back in reply to our calls." A relative told us, "They are really good with mum, they keep us up to date with what is happening."

● The agency promoted a positivity within their work force and as such retained staff. Special leave was granted to staff going over and above what was expected, there was a monthly carer recognition award scheme for staff and a referral and retention scheme recognising good practice. Staff told us they enjoyed worked for the agency and felt supported and valued. Staff 'griefchats' and 'welfare chats' were offered to staff in the event of a person's death or staff needing a confidential chat or support.

● There was a robust management structure in the service, with the registered manager being supported by the provider's operations manager, area managers who carried out assessments as well as care co-ordinators. The registered manager told us, "I feel very supported by [operations manager]."

● Quality checks were completed with staff to help ensure people received good care. Area manager's carried out spot checks on care staff and supported them in their role. We were told, "For example, if there was a medicines error, I would carry out supervision to make sure the staff member was fully competent."
● The registered manager was clear about their role. They told us, "Because I have been through the ranks I can see things from everyone's point of view. If I am needed to do care, that's the priority."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager recognised the need to be truthful when something did not go as well as expected. For example, when people had missed calls. We read that letters of apology had been sent to people.
● Services registered with CQC are required to submit notifications of significant events or safeguarding concerns to us. The registered manager was complying with this element of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People told us the registered manager had visited to ask if they were happy with the service. One person said, "I have heard from her, she has visited a few times." A second told us, "They come and visit every so often to ask me how things are going."
● The software system allowed family members to leave 'post it' notes for staff, view visit data and activities completed. In turn the funding authority could be given direct access to care information relating to their clients. This enabled people close to those receiving care to monitor the service provided.
● Surveys were carried out to obtain people's views. Although the most recent had resulted in a positive response, we were unable to identify which responses related to Fir Tree House as the survey was for both this service as well as the registered provider's other service in Sussex. However, we could read that people felt happy with the service they received. The provider's operations manager told us, "Responses have been transferred to a table format and the next stage is to allocate actions."

Continuous learning and improving care
● The service looked for ways to improve. One improvement had been the introduction of the home care software system which enabled staff to review information on people's needs, record daily notes, complete medicine administration, report concerns and exchange information with the office on a hand-held device. It meant paper records in people's homes were no longer required and information storage was more confidential. A compliment from the local authority which read, '[Name] rang advising the system looks great and he hopes other agencies follow our lead'.
We also noted in one person's care plan a photograph of their front door
● The registered provider's operations manager was introducing new audits which looked at accuracy of care plans and risk assessments as well as an audit of the service as a whole. This was carried out in line with CQCs key lines of enquiry. They said, "This will help ensure we pick up areas, like the care plans lacking detail." There was also a punctuality report which showed the percentage of care calls on time, those 15 minutes late, 30 minutes late, etc. This report had only just been developed. We asked how the service would use this to improve care and were told, "We will review the information and an area manager will hold supervision or carry out a spot check on those staff who are consistently late. This will help improve timekeeping of care calls."

Working in partnership with others
● The service had a good relationship with the community district nurses and could call them in relation to people.

● The service worked with the local authority quality assurance team in relation to any safeguarding concerns.
● The registered provider was in London on the day of our inspection helping promote the care sector to young people looking at career options. The registered provider was also a member of other associations, such as the Surrey Care Association and National Care Association.