

Milton Keynes Home Care Ltd

Home Instead Senior Care - Milton Keynes

Inspection report

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Date of inspection visit:
16 January 2019
18 January 2019
21 January 2019
22 January 2019

Date of publication:
20 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 16, 18, 21 and 22 January 2019.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the provider was supporting 59 people with personal care.

Not everyone using Home Instead Senior Care – Milton Keynes may receive regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the last inspection, on 27, 29 July and 1 August 2016, the service was rated 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Home Instead Senior Care – Milton Keynes actively promoted a culture that encouraged staff to focus on people as individuals and treat them with kindness, dignity and respect.

The staff were very kind and caring and people's relationships with staff had a hugely positive impact on their lives. People were supported by staff who were passionate about enabling people to live as independently as possible in their own homes. Staff continually strived to provide individualised person-centred care and ensured that people's privacy and dignity was protected.

People had control of their lives and were empowered to express their choices and wishes.

People were supported in a safe way. Staff understood the signs of abuse and the procedures they should follow to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing deployment ensured continuity of care. Staffing planners showed that staffing was consistent.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Staff supported people in a way which prevented the spread of infection.

Staff attended induction training where they completed an in-depth training programme and had many opportunities to undertake further training. Staff were well supported by the registered manager and senior staff and had regular one to one supervisions.

Where needed staff supported people to have access to suitable food and drink. Staff supported people with health appointments when necessary. Health professionals were involved with people's care as and when required.

Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care to help the service make improvements where required.

Quality monitoring systems and processes were in place and audits were taking place within the service to identify where improvements could be made. The provider needs to ensure that staff follow the policies and procedures in place for covert medicines and review of mental capacity assessments.

The service worked in partnership with other agencies to ensure people received the care they required. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The staff were very kind and caring and people's relationships with staff had a hugely positive impact on their lives.

People were supported by staff who were passionate about enabling people to live as independently as possible in their own homes.

Staff continually strived to provide individualised person centred care and ensured that people's privacy and dignity was protected.

People had control of their lives and were empowered to express their choices and wishes.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Home Instead Senior Care - Milton Keynes

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 inspection took place on 16, 18, 21 and 22 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to meet with us. We visited the office location and people in their own homes on the 16 January, returned to the office on the 18 January and made telephone calls to people and their relatives on the 16, 21 and 22 January.

The inspection team consisted of one 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 expert by experience for this inspection had experience of co-ordinating care services for relatives.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR and we took this into account when we made judgments in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We contacted health and social care commissioners who place and monitor the care of people in receipt of domiciliary support. We also contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

We spoke with nine people who used the service and four people's relatives. We also spoke with the provider, registered manager and deputy manager and nine members of staff including care staff, staff responsible for training and community networking staff. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at six people's care records and five staff recruitment records.

Is the service safe?

Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "Yes, I've got to know them [staff], I've only got three different ones, it makes a difference to how you feel with them." Another person's relative said, "We trust them [staff]... we're very satisfied."

Staff had built strong relationships with people, which enabled them to understand areas of potential risk and work proactively to ensure people were protected from harm and unsafe support. All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of staff said, "I would report to the office but I also know where to get the information to contact the safeguarding team." The registered manager had ensured that safeguarding alerts had been made when necessary.

People had detailed risk management plans in place to mitigate the risks in different areas of their lives. These included risk assessment screening forms that considered all potential areas of risk to a person. Personalised risk management plans were then developed to meet people's individual needs and mitigate any areas of risk. All the staff we spoke with felt that they had the information they needed to enable them to keep people as safe as possible.

There were enough suitably qualified staff deployed to ensure people received the support they required. The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. Consistent teams of staff were deployed to support individuals. People told us they received care and support from regular staff who knew them well and arrived at the time they were expected. One person told us, "They're always on time and you know who is coming."

The service safely supported people with the administration of medicines. Staff were suitably trained to administer medicines. Regular audits took place to make sure that medicines administration was being carried out accurately; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen.

Safe systems were in place to ensure that people received their medicines as prescribed. Some people required their medicines to be administered at a specific time to manage the symptoms of certain health conditions. They told us that staff followed the protocols in place to ensure that their medicines were administered correctly. However, we identified that staff had not followed the provider's policy in relation to the review of covert medicines for one person. The registered manager needs to ensure that staff consistently follow the policies and procedures in place. We discussed this with the registered manager during the inspection and immediate action was taken.

People were protected from risks to their health and well-being by the prevention and control of infection. People told us that staff worked in a hygienic way. We received consistent feedback that staff washed their hands regularly and used the personal protective equipment provided. Records showed that staff received regular training in infection control.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were recorded and reviewed by senior staff to ensure that action was taken as necessary. We saw that clear communication processes were in place to ensure that concerns were shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their care. The initial assessment considered all the areas in which staff may need to support the person, including physical health and wellbeing, communication and any cultural needs. The information gathered was used to produce a plan of care. Follow up reviews took place to make sure people were happy with the care they were receiving and to ensure that the service was meeting their needs.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. We received very positive feedback from people and their relatives about the knowledge and skills of staff. Comments included; "They [staff] are all really competent." And "They [staff] seem to know what they are doing, they know how to help me get about, I can't walk very well now, and they are there." And, "The continuity of care is so good, I'm sure they're trained well."

The provider was using a targeted approach to staff training based on assessments of gaps in staff knowledge; we received positive feedback from staff about this way of learning. We also saw that there was a wide range of developmental training available, for example training in different health conditions that may affect people using the service. Some staff were also enrolled on accredited courses on the Home Instead Dementia Training Programme.

Staff said they were well supported and encouraged to develop in their job role. One member of staff said, "I've had an appraisal and I had supervision three weeks ago, we talked about how the clients are, how I'm getting on and my training." Staff received regular supervision and appraisals, which gave them the opportunity to discuss their performance and personal development. Senior staff also carried out regular support visits and spot checks with staff whilst they were supporting people to ensure they were following their training in practice.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People who required assistance to eat were provided with this. One person's relative said, "The staff manage this [family members nutrition] very carefully and we've found if [family member] takes things slowly they manage quite well. [Family member] loves a fry up and the staff cut up the food, so they can manage it."

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including mental health support, occupational therapy and physiotherapy. For example, we saw records that reflected staff had supported a person to promptly access a physiotherapist after a sudden change in their mobility needs. We also saw that staff worked flexibly to support people with visits from therapists.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "They have called out the district nurse, I had a sore leg and they suggested we get her

out." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had a good understanding of the principles of the MCA. People's capacity to consent to their care had been considered. However, we found that one person's mental capacity assessment was not reflective of their current support needs. The registered manager needed to ensure that assessments of people's capacity were regularly reviewed to ensure they remained reflective of their needs.

People told us that staff always sought their consent before providing any care or support. One person said, "They do ask me first, they say do you want a shower this morning, they don't just do it." Another person's relative told us, "I hear them chatting to [family member], they always explain what they're doing, I've never seen them just do things without asking first."

Is the service caring?

Our findings

All the people we spoke with said they received excellent care and support from a dedicated staff team. They told us that staff were extremely kind and caring and treated them with the utmost respect. Comments included, "I'm really, really happy with them, I'm so pleased when they come, they are so kind and helpful, they do everything they're supposed to as well as any little extras to help me, like putting the rubbish out." And, "We get on very well, they are lovely. I usually sit in the lounge, but at meal time I go to the kitchen and sit down there. It's so we can chat while we're doing the meal." And, "They [staff] are very nice, we have a good chat, they always ask me about my family, and I know a bit about theirs, they're like friends."

Relatives agreed that the relationships that staff had built and maintained with people had enriched people's lives. One person had received support from the service for many years. When they first began receiving support they were fully able to communicate their choices and needs. They now had a long-term health condition that greatly affected their ability to communicate, causing feelings of frustration and distress. The person's relative told us that the provider had understood the importance of consistent staff throughout the years that the person had received care and had carefully matched staff to the person's needs and preferences. As a result, the person had a wonderful connection with staff and their quality of life was significantly improved by their relationship with the staff who cared for them. The person's relative told us, "There are things that can be done to give [family member] a good quality of life, they [staff] treat [family member] as them self, and this has shown me that there is still a life to be lived."

People consistently told us that their positive relationships with staff meant that they viewed staff as an extension of their family. Staff were inclusive in their approach, and caring towards family members of the person they were supporting. One person's relative said, "They're like family, they really are, [family member] loves them coming and looks forward to seeing them, they are very caring and can't do enough, they make me a cup of tea too, not just [family member]."

We saw many thank you letters from people and relatives praising staff for going above and beyond people's expectations. For example, "You are simply amazing human beings and it is hard enough to find words to express our appreciation and thanks to all of [family member's] team."

The provider was focussed on providing companionship as well as personal care. People were provided with care and support from a passionate and exceptionally motivated staff team. Members of the management team and staff all spoke with passion about the work they did and the support they provided to people. The provider had a positive online presence and used this to promote the strong caring ethos of the company. One member of staff said, "I followed this company for a long time online and was impressed by the relevance and quality of the information they posted. I chose to apply to the company because I liked the ethos, to treat all clients like family and that ethos rings true in practice. I have had the same clients for three years, I've spoken to other staff and they all say the same." Another member of staff told us, "I think it [the company] is very good, the focus is on providing companionship as well as personal care... I try to connect with all my clients and have a good relationship with them. I support one person with dementia, who says to me, "I love it when you come along, you're normal, we can have a good chat." Everything is based on

friendship and building the relationship."

Staff had a genuine interest in the well-being of the people they supported. One member of staff told us that they were concerned that one person with cognitive difficulties may not be eating very well when staff were not there to encourage them. Help with food and eating and drinking was not part of the support the service had been asked to provide but the member of staff recognised that this may be an area where more support was needed. With the person's agreement they had re-arranged their fridge to make it easier for them to see what food they had. They told us that they were consistently allocated to support this person which meant they were able to monitor the food in the fridge and if they weren't eating would report this to senior staff.

Relatives and people told us that staff consistently went the extra mile for them and that this significantly improved their quality of life. For example, when someone with cognitive and communication difficulties was admitted to hospital, staff from Home Instead Senior Care Milton Keynes worked alongside hospital staff to provide the person's support. This reduced the trauma of being in an unfamiliar environment and had a positive effect on the person's recovery.

Staff regularly did small extras, that enhanced people's well being. People told us that this made them feel valued and cared for. One person told us, "I can't hurry, and they do things the way I can manage them, they even do a bit of shopping for me, they're very kind."

Staff also told us of the extra things that they did for people, for example one member of staff described how one of the people they supported was living with a particular health condition and was worried about visiting the doctor. Staff had noticed that the person was quiet and anxious and encouraged them to talk about their concerns. Due to the close relationship between the person and staff they were able to open up about their worries and gain the medical support they needed. The member of staff also provided practical help by supporting with the telephone calls needed to book the medical appointments. Another member of staff told us that they had noticed one person was struggling to do their laundry. They knew that the person had no one to support them with this and although this was not part of the care package, they now did all the person's laundry for them.

The provider was committed to working flexibly to enhance people's lives. For example, they agreed to be the point of contact for one person's lifeline whilst their family were away. This enabled the person to remain at home as they wished and reassured them and their family that help would be available should they need it.

People and staff were enthusiastic about the process that matched people and staff based on shared interests. They felt that the provider put a lot of thought into which staff were allocated to people's support. One person's relative said, "When we made contact they brought out a carer they thought would suit [family member] best, [family member] was there and they had their say too... the carer they thought would suit [family member] at the start is still with them... they look after them well." A member of staff said, "They [management team] genuinely try to match the clients and carer givers [staff]." We saw examples of staff being allocated to people based on common interests such as motorbikes, dancing and photography.

Staff understood the need to respect people's cultural needs and support them to follow their beliefs and customs. The registered manager gave examples of people being matched with staff of a similar cultural background, this had ensured people were comfortable with the way their support was provided. One person required their personal care to follow strict guidelines. The registered manager matched them with a member of staff from a similar background who had good knowledge of how their care should be provided. The staff member then worked with other staff to ensure the person's care was consistently provided in the

way they wished.

Staff had the information they needed to provide individualised care and support. They were extremely knowledgeable about people's history, their preferred routines and the people who were important to them. Before any care or support package was started staff were given the opportunity to meet the people they would be supporting. They were able to read people's plans of care and determine the support they required.

People were consulted and involved in creating and updating their care plan and told us that they felt fully involved in all decisions. One person told us about the meeting they had before it was agreed that the company would provide their care. They said, "They [staff] asked me lots and I told them lots... I do feel I am in control of what they do, and they've never tried to do anything I haven't requested." Where appropriate people's relatives were involved in discussions about their care needs, one person's relative said, "We talked about everything [family member] might need, it was very thorough, I suppose you could say it was a joint effort."

It was very important to one person that staff follow a very specific routine when providing their support. This included items being organised in a precise way in their home. For example, tea towels being folded in a certain way and when the table was laid for a meal, crockery and cutlery had to be placed in a specific arrangement. There were many photos of how these items should be arranged to guide staff and ensure the person was comfortable with their care.

People told us that staff respected their privacy and dignity. Comments included, "They [staff] tend to be very sensitive, it's washing my feet, legs and back that's the most difficult, they let me call out when I want them to come in, so I can cover myself with a towel, they're very sympathetic like this. I think they have very good training." And, "They are very good, if I can do it myself they don't interfere, they just make sure a towel is ready to cover me."

People praised how staff promoted and respected people's independence. One person said, "I have difficulty dressing, my hands are not very good, they [staff] are very encouraging, like doing the buttons, they say to take my time." Another person told us, "They [staff] don't just do things, they let you have a go first. I wash all my front and they do the back, it's a good plan." A third person said, "They [staff] say that if I can't do something they will help me, otherwise I do as much as I can."

We also saw that the service worked flexibly to ensure people had access to the support they needed to improve their independence. Staff had arranged to visit one person at the same time as they had a physiotherapist visiting to ensure they were supported during the appointment. This also enabled staff to be confident they were supporting the person with their mobility in the most appropriate way. The provider noticed that some people they visited had been assessed for a type of equipment designed for supporting people off the floor if they fell. They arranged for staff to have training to use this equipment so that they would be able to support people in an emergency rather than emergency services needing to be called.

The provider's recruitment process emphasised the importance of the motivation and values of the staff they employed. Staff told us that every part of their recruitment had emphasised the importance of providing genuine companionship to people and the importance of working in partnership with them. From the initial job advertisement through to the questions they were asked at interview about the values they would bring to the role. This helped to ensure that the staff working at Home Instead Senior Care – Milton Keynes supported people with compassion, kindness and empathy. This was reinforced throughout the staff induction and training process.

One of the induction modules taught staff about the ageing process and enabled them to experience how it could feel. It highlighted common signs and symptoms that may influence people's care needs and what adjustments might have to be made. Creative techniques included activities where staff had the opportunity to experience certain symptoms of old age, such as wearing glasses that simulated reduced vision, or opening boxes of medicines wearing gloves to simulate reduced dexterity. Staff spoke positively of the induction and said it gave them a real understanding and empathy for the challenges that may be faced by the people they supported. One member of staff who had worked in social care for many years said, "This is by far the best induction I've ever received... the ethos of the company is made so clear and the aim to deliver high quality care in a person-centred manner."

At the time of the inspection none of the people using the service required the support of an advocate. However, the registered manager was aware of their responsibilities if they felt people needed the support of an advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they would have access to independent support to assist them.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. A range of assessments had been completed for each person and detailed care plans had been developed with people and where appropriate their relatives. These were regularly reviewed to ensure that they continued to reflect people's needs. One person said, "We had a few interviews, I made various decisions about what I needed... It's constantly reviewed, they come round and talk to me."

People said they were happy with the care and support provided which was personalised and met their needs. They told us that they never felt rushed and that staff always did everything they needed them to do and always asked if there was anything else they could do before leaving. One person said, "They always ask if I need anything doing... They put the washing in the basket near the washer to make it easier for me." Staff knew people very well; they understood the person's background and knew what care and support they needed.

People were supported to follow their interests and take part in social activities. For example, the service had arranged one person's visits so that they could continue to enjoy a trip to the local pub for lunch. Staff also organised social activities for people to enjoy time together. At Christmas they had organised a Christmas tea party and had collected people from their homes to enable them to attend. One person was unable to attend, and staff went to their home to sing carols to them.

People were encouraged to raise any concerns or complaints. People and their relatives we spoke with said they knew who to speak to at the service if they had any complaints, however no one had had any cause to complain. We saw there was a clear complaints policy and procedure in place, and complaints received had been dealt with appropriately.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. For example, they had provided information in a suitable format for a person who was colour blind. People's care plans provided staff with detailed information regarding their communication needs; to ensure information was given to them in the most appropriate way.

At the time of the inspection, no people using the service were receiving end of life care. The provider had an end of life policy in place and understood the importance of providing good end of life care to people. The registered manager confirmed that support would be given to people who wished to make advance decisions about the end of their life. Staff had recently been involved in a project to highlight the benefits of advanced care planning as part of the Dying Matters Awareness Week and had distributed advanced care plan booklets to people and their relatives. (Dying Matters is a coalition of individual and organisational

members across England and Wales, which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.)

Is the service well-led?

Our findings

The provider and registered manager had a clear vision and strategy to provide positive, personalised care for people. The registered manager described how the service worked with people on an individual basis, to support them to be as independent as possible and live life as they wanted to. They said, "It's all about providing choice and control for people." The management team and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs.

All the staff we spoke with were happy with the support they got from the management team and felt valued. One staff member said, "Working for a care company I don't think you could get better. At all levels they are lovely people. I can't say enough good about them." Another member of staff told us, "There is a lot of emphasis on training and the staff, they look after the staff very well." We saw that staff were comfortable interacting with senior staff, and a positive and open working atmosphere was present. The provider showed their appreciation of staff by giving them a 'goody bag' at their six week supervision, containing information flash cards, a key ring, hand gel, an ice scraper and a voucher for a cup of coffee.

All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. The staff demonstrated their knowledge of all aspects of the service and the people using the service. One member of staff said, "There are clear lines of accountability and this is reflected in the training." There was a strong emphasis on treating people as individuals and supporting them with care that was tailored to their individual needs.

The provider was an active member of their wider community, we saw many examples of work that they had carried out to support people locally and promote community involvement. For example, a community networker was employed to engage with the local community in projects such as 'Santa for a Senior.' This involved staff wrapping gifts that had been donated and distributing them to older people in the community. The provider was also working with the 'Home Instead Senior Care Bring Joy Foundation' and had signed up to raise £1000 for local charities.

The provider was committed to raising the profile of dementia in the local community. They facilitated training for Alzheimer's Society Dementia Friends and were involved in setting up a local dementia friendly community. They had just begun a project with the local church to set up a memory club.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families if appropriate to comment on the quality of care they received. These were provided in a format suitable to the person's abilities and needs. Results were collated and analysed to identify any areas for improvement and actions required.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw minutes of meetings where discussions had taken place about the most recent people and staff survey results, the importance of nutrition and hydration, staff training and medicines. The provider took appropriate action in response to feedback. For example, the training team

had recently developed information flash cards containing helpful prompts and information for staff when they were out on care visits.

The provider promoted staff well-being and development by facilitating a staff forum. This provided staff with a platform to enable them to meet together to discuss areas for improvement. Staff involved in the forum spoke very positively about the benefits of meeting together and told us of ways the forum had enabled staff to present their views to the provider and registered manager and bring about change. For example, as a result of the forum discussions there had been a change to work schedules to improve staff shift patterns.

Quality assurance systems were implemented by a comprehensive management team. The provider, registered manager and senior staff worked together to maintain the quality and safety of the service. Comprehensive audits were carried out across all areas of the service including, client care plans, client records, medicines and staff files. We saw that any areas for improvement were clearly identified and acted upon by the service. The provider had recently introduced an electronic system for care planning, medicines and monitoring people's care visits. This had enabled them to monitor people's visits in real time and take action when required.

With regards to the concerns identified with covert medicines and mental capacity assessments, the provider needs to ensure that staff follow the policies and procedures in place.

We saw that the service was transparent and open to all stakeholders and agencies. The provider shared information as appropriate with health and social care professionals; for example, health professionals involved in commissioning care on behalf of people. We spoke with a healthcare commissioner to gain their opinion of the service. They told us they were confident in the ability of staff to support people with complex care needs and had been impressed at how well staff worked with other agencies.

The management team were aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law. The registered manager had ensured that notifications were submitted when required.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.