Inter-County Nursing and Care Services Limited

Inter-County Nursing & Care Services - Christchurch

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Inter-County Nursing and Care Services – Christchurch 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 older adults. At the time of our inspection there were 36 people receiving a regulated service from the agency.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing 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.

People were actively involved in decisions about how risks they lived with were managed and provided with accessible information to help them make informed decisions. The agency was pro-active at using technology to find innovative ways to support people to remain living in their homes safely. Staff had been provided with training specific to people's risks and were confident in actively mitigating risks to people's safety including the use of medical devices. Infection control practices went beyond environmental risk factors and included risks to people who were known to be prone to infection due to health issues. NHS guidance had been shared with people and the staff team with guidance on how to mitigate these known risks. The culture of the service was open and transparent and very focused on protecting people's diversity and lifestyle choices ensuring people's human rights and freedoms were respected.

People had their medicines ordered, administered, recorded and disposed of safely. Staff worked with people to support them to remain independent and involved with their medicines and creams. This had included creating pictorial information so that a person could direct staff in cream administration and researching and accessing technology that reminded a person their medicines were due to be taken. Since our last inspection, in line with best practice guidance, the medicine policy now included homely remedy medicines.

Staff had been recruited safely ensuring they were able to work with vulnerable adults. Staffing levels enabled a flexible approach to meeting care needs and providing time for social interactions. Staff received an induction and ongoing training and support that enabled them to carry out their roles effectively. Training had included learning how to use medical equipment to keep people comfortable when they had complex health needs or near the end of their life.

The agency was pro-active and committed to working collaboratively with people, their families, staff and other professionals both at initial assessment and then throughout the time the agency provided care and support. The risks of social isolation had been recognised and people were signposted to community links such as social groups, local activities and specialist services for dementia or bereavement. Technological solutions were sourced to help people remain safe in their homes. This meant people received an outstanding level of care that met their individual needs, lifestyle choices and independence which was responsive to changing health and care needs.

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. Working with other professionals had enabled people to get the care and support they needed including appropriate equipment and access to healthcare. A complaints procedure was in place that people felt able to use and be listened to with actions taken to solve any issues.

People had their eating and drinking needs met and staff were knowledgeable about people's cultural diversity. To support care staff inexperienced in cooking the staff team had got together and produced a booklet of easy to follow well balanced meals. Where risks of poor appetite were associated with social isolation the agency had sourced solutions in the community such as dining clubs. Care plans had been reviewed and rota's adjusted so that staff had time to sit with a person and share a mealtime.

People received care that was kind, compassionate and inclusive. Care staff found innovative and practical ways to go the extra mile to make people feel valued and at the centre of their care. People had their communication needs met in order that they could contribute to decisions about their day and express their feelings and views. People had their dignity, privacy and independence respected and this was reflected throughout the agency.

The registered manager provided visible leadership and championed outstanding care both within the organisation and externally. The service was seen as an excellent role model for other services. The registered manager had provided expert knowledge at a parliamentary review on best practice as a learning tool for raising the standards of the care industry. They had also contributed to a 'Skills for Care' national publication 'Good and Outstanding Care Guide'.

At our last inspection the service was rated outstanding. The registered managers commitment, leadership and governance meant that people continued to receive an outstanding service. The registered manager promoted an open and transparent culture and provided visible leadership championing outstanding care both within the service and externally. The agency was seen as an outstanding role model by health and social care professional organisations. staff team were confident, motivated and felt enabled to go the extra mile when providing care to people. Staff were confident and happy in their roles and felt appreciated by the organisation.

Quality assurance processes were effective in ensuring people received high standards of care. Audits were reviewed and updated in line with best practice guidance and regulations to sustain and further improve service delivery. People had been provided with information that explained to them the standard of care to expect. When feedback had been provided it was seen as an opportunity for reflective learning and service development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service had remained Good.	**Good** ●
Is the service effective? The service had remained Good.	**Good** ●
Is the service caring? The service remained outstanding.	**Outstanding** ☆
Is the service responsive? The service had improved to outstanding.	**Outstanding** ☆
Is the service well-led? The service remains outstanding.	**Outstanding** ☆

Inter-County Nursing & Care Services - Christchurch

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 carried out a comprehensive inspection on the 19, 20 and 22 November 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care. We needed to be sure that they would be in.

The inspection was carried out by one inspector on the 19 and 22 November 2018. Phone calls to people were completed by an expert by experience on the 20 November 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care at home services. We visited the office location on the first and third day to see members of the office and management teams and to review care records and policies and procedures.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had 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.

We visited two people and discussed their experience of the service. We had telephone conversations with eight people and nine relatives.

We spoke with the registered manager, care manager, care supervisor, care co-ordinator and four care staff. We reviewed five people's care files, medicine records, three staff files, minutes of meetings, complaints and audits.

Following the inspection, we spoke with two social workers who provided feedback on their experience of the service.

Good

Is the service safe?

Our findings

People were actively involved in decisions about their safety and provided with accessible information that enabled them to make informed decisions. When people didn't have the capacity to make certain decisions the focus on keeping people safe was person centred, respecting people's known lifestyle choices and independence. The service were pro-active in supporting people to remain at home safely and including the use of technology.

People and their families described care as safe. One person told us "Very safe; They help me, make sure I'm ok. They are trustworthy". Another said "Quite safe, they look after me well. I trust them". All staff had completed safeguarding training and understood their role in reporting any concerns including reporting poor practice. People were protected from discrimination as staff had completed training in equality and diversity and recognised and respected people's individuality. The registered manager had shared with staff a publication produced by a charity for older people about meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care. They explained how they promoted open and regular discussion with the staff team ensuring staff practised and felt confident to challenge non-discriminatory practice. Improvements had been made to staff supervision documents so that equality and diversity training and practice was sustained. The registered manager explained "The document is used to provide open conversation in supervision. The annual appraisal form has been altered so that protected characteristics are included".

People were involved in decisions about how their risks were managed with an overriding emphasis on respecting their freedoms, choices and independence. This ensured people had control over how they lived their lives. Technology had been researched and implemented by the agency that helped keep people safe whilst enabling them to go about their day to day lives. The registered manager told us about a person who enjoyed walking many miles each day. They had begun to not always find their own way home. Discussions had begun with the person and their family with a view to getting them a GPS tracker to wear so that family or a carer could join them and bring them home safely.

The service was proactive in sourcing accessible information from other organisations designed specifically for the people they supported. This enabled people and their families to be involved and make informed decisions when managing risks, they lived with. The registered manager had sourced a booklet published by a charity for people with dementia called 'Living with Dementia – Keeping Safe at Home'. A copy had been provided to people, their families and the staff team and provided guidance on safety hazards around the home and possible solutions. The guide had led to information being collected about important safety devices in people's homes including the location of a stop cock and fuse box. The publication included ideas about using technology that enabled people living with a dementia to remain at home safely. An example had been smoke alarms fitted to telecare systems. Environmental risks were assessed and actions had included monthly tele alarm and smoke alarm tests.

Staff were proficient and confident in recognising and mitigating risks to people's safety. One person required oxygen in their home and a risk assessment was in place which staff understood and followed. A

relative explained "Feel very safe because it's their (care staff) attention to detail. They picked up on a cream that the doctor had prescribed. It said it had petroleum jelly in it and (relative) can't take it (flammable) because they are on oxygen".

One person had been losing weight. The agency agreed actions including a weight chart being given to the family to be completed each week. The care plan had also been changed so that a carer sat with the person during their meal to provide some company and encourage them to eat. When another person had started not enjoying their meals and not eating as much the agency had sourced information for the person and their family about companies that provided freezer to microwave meal deliveries.

People had their medicines administered safely and actions taken by the agency enabled people to be involved in decisions that supported their independence and choices. One person had a medicine review which identified they had not always taken their medicines as prescribed but wanted to continue to self-administer. The agency sourced a medicine reminder clock and the person had decided to give it a try. Carers were monitoring medicines each visit to ensure medicines were being taken correctly. Another person was unable to verbally communicate their wishes but had eight different over the counter creams they liked staff from time to time to administer. Each separate cream had been photographed with details of where it was used. This had enabled the person to point at the images to direct care staff of their wishes. The registered manager told us that the medication policy had been reviewed in line with best practice guidance and now included prescribed homely remedy medications.

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. In addition to managing avoidable environmental risks an infection control risk assessment was completed monthly detailing people who had or were prone to infections and the counter measures the person and staff needed to take. NHS advice bulletins had been shared with staff and people to aid their understanding of actions needed to minimise avoidable infections such as a urinary tract infection.

Staff had been recruited safely including checks with the Disclosure and Barring Service to ensure they were suitable to work with vulnerable adults. People told us there were enough staff to meet their needs. One person told us "There's plenty of time for what I ask them to do; they go beyond sometimes". Another told us "I think it gets a bit chaotic when people are sick and changes happen but it doesn't affect me". Staffing arrangements enabled flexible working ensuring people received the care they needed. The care co-ordinator explained "I can provide care as well as others in the office. It's a good back-up".

Lessons had been learnt when things went wrong. Incidents, accidents and safeguarding's were a way to improve practice and action had been taken in a timely way when improvements had been identified. One example had been a delay in people having their medicines ordered if their key carer was absent from work. A spreadsheet had been created which identified the carer responsible and the date required. This was managed by the care co-ordinator who re-allocated the task if a carer was absent. Audits demonstrated this had led to people having their medicines ordered at the correct time.

Good

Is the service effective?

Our findings

The positive 'can do' approach and collaborative working with people, their families, staff and other professionals ensured people received a high standard of person centred care.

Staff completed an induction and had on-going training and support that enabled them to carry out their roles effectively and confidently. One person had complex health conditions that needed medical equipment to monitor their breathing. Specific training around the person's individual specialist needs had been put into place before the agency commenced care. This had included members of the management team and care staff receiving training from the persons family and experienced carers who knew the person before transferring over the care ensuring. A carer told us "We went to (name of city) and had training with a respiratory nurse who showed us how to use the equipment. First couple of nights their old carer sat with us and it gave us the opportunity to ask questions".

When a person had been receiving end of life care they at times needed their throat clearing with a suction machine. Care staff had worked alongside a physiotherapist who had provided training enabling them to provide instant relief safely to the person when required. Another person had a stoma and told us "They've been trained, they are very confident; I look forward to (carer) coming, they are absolutely marvellous". The organisations moving and handling trainer had supported families with moving and assisting skills so that they could safely provide effective assistance if needed.

People had their eating and drinking needs, choices and cultural preferences met. Care staff were proactive in finding innovative solutions to ensuring people had nutritious well-balanced meals. One person told us "I'm doing very well with the way my meals are prepared for me". A carer explained "(Name) has their cookbooks from before they had a (medical condition). We use them as it's meals we know they like and enjoy". Some carers had not been experienced cooks. Care staff had created an easy to follow recipe booklet entitled 'Meals in Minutes' they could use to prepare homecooked nutritional meals. Staff had regularly collected take away meals for a person who loved food from their country of origin.

When people were at risk of choking speech and language therapists had completed assessments, and left safe swallowing plans. One family member explained "(Relative) has a swallowing problem. They (carer) holds the glass, (relative) has it thickened; they do it as it should be done". One person had a sensory impairment and the agency had sourced coloured plates and beakers to aid them eating independently. Another person loved carrying out their own cooking but due to a dementia had an increased risk to their safety. The agency had worked with the persons family and safeguarding to ensure their safety and meet their wishes in the least restrictive way. The outcome had been a smoke alarm over their cooker connected to their tele alarm. The agency had recognised risks associated with social isolation and dining alone on a person's appetite and eating well. Where this had been identified we saw people's care plans included the member of staff sitting and spending time with a person during their meal. A carer told us about one person who had meals delivered but often struggled with their appetite saying they weren't hungry. "They told me they really fancied fish and chips so the next day I picked some up for them. I had fish and chips with (name). They didn't struggle; it's nice to have company when you eat".

People and their families had been involved in an assessment prior to receiving care from the agency. It had been used to gather information about people's care needs and lifestyle choices. relative told us "They reviewed the care plan when there were certain law changes (data protection). (Staff name) came in and said, 'I've got to change your file'. They're on the ball with it".

Working with other organisations had enabled people to receive effective and appropriate care. The registered manager described one example where a GP had identified a crisis due to a person becoming unwell and needing care in bed. The registered manager carried out an assessment and provided care the following day. They also met with an occupational therapist who assessed and organised delivery of equipment enabling the person to receive safe care.

Staff were effective at responding to people's changes in health. One person told us "Staff are good at noticing change. They might say 'You're a bit chesty'. The care staff talk about things with me; give me a bit of advice". A carer told us about one person who struggled with oral care and explained "We're currently trying to get a dental hygienist and hoping they can visit once a week".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

We found the service was working within the principles of the MCA. When people had been assessed as not having capacity, decisions had been made in the persons best interest and included families and health and social care professionals. People's files contained their signed consent for photographs and the collection, use and disclosure of personal information. This demonstrated that people were having their rights upheld.

Outstanding ☆

Is the service caring?

Our findings

At our last inspection we rated caring as outstanding. We found at this inspection this had been sustained with the emphasis and culture reflecting people being the centre of their care and staff proud and innovative in going the extra mile.

People and their families spoke very highly of the care they received describing it as fantastic, compassionate and kind. One person told us "They're brilliant, they're lovely, they talk to me, they sort me out, they're fantastic". Another told us "Everything they do is compassionate and caring". Another person said, "If I'm in a lot of pain they're very kind; they try to think of best ways not to make the pain any worse". A relative explained "With my (parent) they have a really lovely chat; just personal things. Like when she was a girl and they tell her what they have done. It's like a friendship on a professional basis". Another said "They chatter, show interest in (relative). Their communication skills are fantastic. It's a boost to (name); more than anything else". A social worker told us "They are outstanding. They think outside the box with their clients. We had a case and they went over and above constantly. They wanted to stay at home and with (care agency) help they achieved this. They were brilliant, I can't fault them".

We were told many stories of staff being innovative and practical; going the extra mile to make a difference to a person's day. One person was no longer able to get into their garden. Carers took photographs of the garden through the seasons so that the person could continue to enjoy their garden. Another person had lost their confidence leaving their home. Carers cleaned their balcony and created a sitting area, encouraging the person to sit with them and build up their confidence of being outside. Another person was visually impaired and a carer sourced and purchased coloured buckets for the garden. A relative told us about a medical emergency they experienced which meant they needed urgent support for the person they lived and cared for. "I rang and spoke with the agency who told me not to worry they would find somebody to come in. They came and stayed overnight; I was speechless with gratitude. How many agencies would do that and do it with good heart".

Staff demonstrated an empathy for people and their families providing emotional support when appropriate. A person told us "They are always there if you need it. If you feel a bit down they will sit and listen". A carer explained how they supported a person who often became tearful. "I stay close, offer reassurance. Sometimes they like to be left alone with (family) which I respect. I reassure and empathise; let them know we understand it's difficult for them". The registered manager told us about a person who had experienced a recent bereavement. Care staff had reported they were low in mood and neglecting themselves with personal care. They explained "I spent time ringing around Samaritans and voluntary groups and found a service who would free of charge visit, sit and listen. Within about four months I went to see them and they had put their make up on and had a new lease of life".

People had their communication needs met which enabled them to be involved in decisions about their care and support. A relative told us "They are wonderful. (Relative) can't have a conversation but they communicate with (relative); they involve them. I hear them in the bathroom, having a laugh and I hear (relative) laugh". A carer told us "We have choice cards which show images of things like bed, wheelchair,

meals and (name) points at them". One carer told us about a person who is unable to express how they feel. "We have face charts, images of happy, sad, frustrated, tired. Not being able to speak gets (name) frustrated. Using face charts we have seen less and less frustration". Independent advocacy services were available for people when they needed support with decision making.

Communication aids were used specifically designed for people with a dementia. These included conversation cards which had been sourced and shared with staff and families. They provided starting points to stimulate conversation and memories with a person who was living with a dementia. Care staff as they were leaving a person's home left a large photograph of the next carer who would be visiting them as a reminder.

People had their privacy, dignity and independence respected. The registered manager explained how dignity ran through all aspects of the service. "Dignity is discussed right from interview (recruitment) and at supervisions we always discuss dignity and ensure records reflect this". A care co-ordinator told us "Dignity features in our spot checks (visits to observe practice in people's homes). We check that staff gain consent and promote independence such as encouraging somebody to do their own hair and make-up". We read feedback from a relative which stated, 'I cannot fault the sensitive skilled and professional way these carers have supported a fiercely independent (person) with mild dementia and slowly but surely gained their trust and developed a life enhancing relationship with them'.

Outstanding ☆

Is the service responsive?

Our findings

People received care that had been tailored to their individual needs and life style choices. Care was provided in a flexible way which enabled care to be tailored to peoples changing needs. The care agency had been pro-active in finding innovative ways to create and sustain community links for people and reduce social isolation.

A relative told us "The care plan is the most detailed thing I've ever known. I don't think they leave anything to chance; it's covered in minute detail". Carers understood the actions they needed to take to meet people's needs whilst providing a flexible approach that enabled people to be engaged and involved in their care and support. A carer told us "Equality and diversity; it's something that's important. It's the way of the world. You have to be open minded, polite and respect people's lifestyle choices". We spoke with a social worker who told us "I've met two or three carers and they work between themselves, looking out for each other; going above and beyond. Really caring and really person centred".

Peoples likes, dislikes and interests were an integral part of planning support. One person enjoyed walking and the service had identified a carer who was a member of a walking group and they walked once a week together. Another person had particularly liked how a carer styled their hair and this had been accommodated on the rota for them each week. One carer spent time sitting with a person and explained "We had similar colouring books so we sit and do them together". Another carer told us about a person living with a dementia whose favourite pastime had been gardening. "We collect twigs and bring them onto the decking and (name) sits and prunes them". The registered manager told us of how one person and a carer shared an interest in old movies and they spent time searching for their favourites on you tube and watching bits together.

The care agency was pro-active in supporting people to feel part of their local community and to combat social isolation by actively promoting links with other care providers, social clubs and events. The registered manager explained how two local residential homes had held charity events "We identified people using our service who are socially isolated and we discussed with them if they would like to attend. The company picked up the two hour bill so that people could go along with a carer". The events had included a lunch and entertainment. We read feedback from a relative that said '(Relative) has told us she's had an absolutely wonderful time at (care home) with singing and cakes etc. (Relative) seemed more lively after this visit then they have been for ages'. Another read "Just wanted to thank you for picking (relative) up to go out on Friday as he was so happy and rang me to tell me what a wonderful time he had'.

Local social clubs and organisations had been actively sourced and shared with people, their families and the care team. These had included a dementia friendly community allotment, music for memory, music and movement classes and an advice line that offered friendship and advice for people in older life. This meant that people had access to information they may not have otherwise been aware enabling them to make informed choices about expanding their community links and support networks.

People had been included in national awareness days and fund-raising events. One person told us "They

(carer) came around for dementia awareness day and we each had a plant. Another time they collected donations for (national charity) and they provided cupcakes and I loved that". We read about a 'Wear your Christmas jumper to work day' to raise awareness for the food bank and people and staff who had wanted to and could get involved provided a food donation. Raffles had taken place for fundraising events and photographs had been taken of the gifts and shown to people who wanted to take part. Local businesses had provided some prizes including and one person had won a manicure and another a visit to the hairdressers.

The service met the requirements of the Accessible Information Standard (AIS). The Accessible Information Standard is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. AIS formed part of a person's initial assessment. People had been provided with a questionnaire asking how they would like the agency to communicate with them and included offering large print, braille, sign language and alternative languages to English. People's communication needs had been included in their care and support plans and included in information shared with other services such as hospital admissions.

The service had a complaints process. People and their families knew how to make a complaint and felt they would be listened to if they raised a concern. Complaints had been logged, investigated and outcomes shared appropriately. One person had raised a verbal complaint about a daily note entry and told us "The woman in the office took it very seriously and spoke to (carer) and it hasn't happened again". When complaints had been received they had been investigated and responded to in line with the complaints process.

People received flexible and responsive support that enabled people to remain in their home if they needed end of life care. Records showed us that working alongside other health professionals such as MacMillan nurses, occupational therapists and physiotherapists had enabled care that responded to changing needs. End of life care had been holistic reflecting a person's cultural and spiritual needs. We read of one person where arrangements had been made for Buddhist monks to visit them. Another person lived alone and extra visits had been put in place at no cost. The registered manager explained "Carers spent time sitting with the person and sharing videos on YouTube of things they loved which made them smile".

The service recognised the on-going need to support families and staff following a bereavement. This included signposting families to bereavement support groups and charities and providing staff with opportunities to talk about how they feel both with their manager or an external staff counselling service.

Outstanding ☆

Is the service well-led?

Our findings

Inter-County Nursing and Care Services had a registered manager. 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 provided visible leadership and championed outstanding care both within the organisation and externally. he registered manager had provided expert knowledge at a parliamentary review on best practice as a learning tool for raising the standards of the care industry. They had also contributed to a 'Skills for Care' national publication 'Good and Outstanding Care Guide'. At our last inspection the service was rated outstanding. The registered managers commitment, leadership and governance meant that people continued to receive an outstanding service.

Staff were motivated and enthusiastic about the leadership and proud of the work they carried out and the organisation. A carer told us "(Registered manager) tells us 'If you go the extra mile tell us about it. Don't be afraid to do something extra it's what it's all about". Another told us "We are a caring company. It comes from (registered manager). She is a caring person. We really pull together to make things happen. (Registered manager) is at the heart of everything. It's brilliant; very person centred". Another said "(Registered manager) instilled in me the best way to have a good working team is to be open and honest and always tells staff the office door is always open". One carer told us "We all support each other. If a mistake is made it's OK, it gets sorted".

People and their families spoke positively about the management of the service. One relative told us "I think it's very well managed. I've got a lot of respect for the managers there". Another told us "Somebody always answers the phone; even on a Sunday morning".

Staff felt confident in their roles and understood their responsibilities. A carer told us "It's really well organised which is good as you never have days not knowing what is expected of you". A quarterly awards scheme was in place in recognition of staff going that extra mile and continuously improving experiences for people. One carer had achieved an award and told us "It made me feel appreciated". Staff described teamwork as "brilliant", "supportive" and "fun". Team events were regularly held to promote staff sharing time together. During our inspection we saw staff really engaging in the team spirit; filling shoe boxes with presents for a children's charity.

People, their families and staff had opportunities for engaging and being involved in developing the service. Opportunities included one to one meetings, staff meetings, newsletters and correspondence. To ensure everybody had an opportunity to engage with the service alternative communication methods had been offered such as large print.

The registered manager recognised the risks of social isolation and actively sought community links relevant to the people using the service. This had included links with residential care homes, charities and local

social groups. Staff felt empowered to go the extra mile and understood the role they could play in providing social engagement. The registered manager had sourced information about technology designed to help people remain safe in their homes and this had been shared with families who had used the guidance to support loved one's independence whilst managing risks.

Quality assurance processes were effective in monitoring service delivery and regularly reviewed against best practice guidance published by the National Institute of Clinical Excellence and Care Quality Commission (CQC). Processes and systems within the service had regularly been reviewed against these standards and updated to sustain and improve service development. Since our last inspection the supervision and appraisal format had been reviewed and now included discussions on equality and diversity and health and safety. The CQC publication 'Standards to Expect from Homecare' had been shared with people so that they clearly understood what their rights were and the standard of care to expect.

Feedback from people, their families and staff was an opportunity for learning and continually developing the service. Following a suggestion from a carer we saw that summaries of people's care visits had been developed and were in people's care files.

Partnerships with other agencies had provided opportunities for learning and service development. Examples included the Clinical Commissioning Group and publications such as 'Living Well with memory Loss and Dementia in Dorset'. The registered manager explained how they had used the resource to help a family source the support they needed.