Empathy Care Limited

Home Instead Senior Care Bath and West Wilts

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Home Instead Senior Care Bath and West Wilts is registered to provide personal care to people in their own homes. There were up to 112 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Medicine systems were audited regularly, and action plans were developed where gaps were identified. However, there had been a number of medicine errors where staff had not recorded the medicines administered. The providers were taking action to prevent further errors. An electronic system of recording medicines administered was to be introduced.

People's needs were assessed before the service agreed to deliver personal care. Care plans were individualised with people's background information and their preferences. Their abilities to manage their care and how staff delivered personal care was part of the care plan. However, the priorities of care and wishes were not consolidated for one person receiving end of life care. We recommend the provider introduce end of life care plans for people receiving palliative care.

People told us they felt safe with the staff. Safeguarding information and procedures were on display in the office and staff room. Safeguarding referrals were made appropriately.

Systems were in place to manage risk. Where risks were identified individual risk assessments action plans were in place on how to minimise the risk. People's environment was assessed to ensure the safety of people and others.

There was an online system of recording accidents and incident. Reports were reviewed and the follow-up action to prevent any further reoccurrences was detailed They were also analysed to identify patterns and trends such as persistent medicine errors

Staffing levels were determined by the needs of people.

New staff had an induction when they started work for the service. The staff attended the training that ensured people's needs were met and were supported with their performance and development. Performance was monitored through one to one supervision, observations and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. People had capacity to consent to their care and treatment. Some people had nominated Lasting Power of Attorney and the provider had checked the status of the legal document with the office of the public guardian. Where people had capacity and deferred consent to their relatives this

needed to be made clear in the documents.

People managed their healthcare. The staff reported concerns about people's healthcare. There were electronic records of health care visits which included the nature of the visits and the outcome.

People and relatives were complimentary about the service. They told us the staff were kind, caring and they would recommend them. They told us their personal care was delivered by staff that knew their preferences and the matching of people to staff ensured relationships were built." We saw photos of when the staff were caring towards people. The staff told us there was always time during their visits to sit and chat with people. The deputy manager told us they ensured the staff employed were caring and compassionate.

Complaints were investigated and resolved. People told us their concerns were resolved whenever they raised concerns.

Quality assurance systems were effective. The national office completed audits of outcomes and the providers developed improvement plans on how to meet shortfalls identified. The views of people and staff about the agency was gathered through questionnaires. Actions were added to the improvement plan from feedback received through surveys.

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

Rating at last inspection
The last rating for this service was Outstanding (published 7 February 2017) in brackets.

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

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.

Home Instead Senior Care Bath and West Wilts

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 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.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 September 2019 and ended on 28 September 2019. We visited the office location on 16 and 17 September 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We spoke with seven people and six relatives by phone about their experience of the care provided by the staff. We contacted staff and received feedback from seven staff. At the office we spoke with the management team which included trainers, recruitment, quality assurance and the deputy manager. We also spoke with the providers and nominated individuals. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a healthcare professional during the inspection.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm because systems and processes that safeguard people from abuse were in place
- The people we contacted told us they felt safe with the staff and relatives told us "[I have] been there when they [carers] are there. I would have said something if I was not happy."
- The safeguarding of adult's procedure with additional guidance on how to recognise signs of abuse were on display in the office.
- The staff told us they had attended safeguarding of adults at risk training. They told us there was guidance on how to recognise signs of abuse and reporting abuse procedures.

Assessing risk, safety monitoring and management

- Risk reducing measures were put in place where risks were identified. For example, the risk of choking was high for one person and guidance was given on how staff were to minimise the risk. The guidance also included healthcare professionals advise on how to prevent choking.
- The staff we contacted told us risk assessments were completed by the management team. They said there was basic moving and handling training and on any specific equipment to ensure people were protected from potential risk.
- Moving and handling risk assessments were in place for people with mobility needs. The risk assessments detailed the aids used by the person, the assistance needed from staff and the actions to ensure trip hazards were avoided.
- People's environments were assessed during initial visits for personal care. Potential risks were assessed, and action plans gave guidance on how staff and others were to maintain their safety.
- The risk assessment for one person who expressed feelings of anxiety gave staff guidance to prompt and assist with maintaining routines. The staff were to reassure the person when they expressed frustrations and to assist them if they were not able to retain information.

Staffing and recruitment

- Recruitment procedures ensures that staff suitable to work with people at risk were employed.
- New staff were appointed after a satisfactory interview, employment and character references, and disclosure and barring service checks (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- We noted inconsistencies between the names of referees in two application forms and references gained.. The providers told us during feedback that the national office offered workshops for staff involved in

recruitment of staff. The provider then gave us their reassurance that workshops would be considered for staff involved in recruitment processes. This was to ensure robust recruitment processes were followed.

●A member of staff with a recruitment role in the service had not attended selection and interviewing training. They told us, "I go on the ethos of Home Instead and I make sure the staff meet the standard

● A member of staff said visits were scheduled to provide continuity of care from staff that knew people. They stated, "we always have a minimum of two core staff that know the person. Where the package is more complex then there is a minimum of four core staff."

●Visits were scheduled to ensure people received continuity of care . A member of staff responsible for scheduling visits told us about the electronic logging system used to record when staff arrived on visits. The electronic system sent an alert to the management team when there was a 12 minute delay in staff's arrival. The office staff responded by making contact with the staff and if they were unable to do this then office staff covered the visits. Staff we contacted told us visits were rarely missed due to the electronic system. We checked and there had been no missed calls in the last year.

●A member of staff said personal care visits were not rushed and the staff were not under pressure to complete calls within a time limit. If a person's needs had changed the member of staff said, "I call the office and say that the allocated times are not enough".

● People told us the staff arrived on time and stayed for the agreed time. Relatives told us there were times when staff arrived late. Their comments included, "Odd occasion when one has been a bit late. Not a problem because I can stand in", "Time varies by 15 minutes or so" and "Always there on time, if they are five minutes or so late will make it up at the other end."

Using medicines safely

● Safe systems of medicine management were in place.

● Assessments of needs detailed people's ability to administer their own medicines. Medicine administration records (MAR) listed prescribed medicines, time sensitive medicines and specific instruction for when required medicines (PRN). We noted the MAR charts were reviewed were signed by staff to indicate the medicines administered.

● Medicine systems were audited regularly, and action plans were devised where there were shortfalls. The providers told us an electronic system for recording medicines administered was to be introduced This system the providers told us would reduce the number recording of errors.

Preventing and controlling infection

● Staff told us they were provided with adequate supplies of personal protective equipment.

Learning lessons when things go wrong

● Accidents and incidents were reported, and copies of the reports were kept on file at the agency office. The office copies of accident reports detailed the follow-up action taken which included alerting other staff of the situation and informing relatives. For example, reviewing policies and procedures which staff signed to confirm their understanding

● Accidents and incidents were assessed to identify patterns and trends such as persistent medicine errors. The reports of accidents and incidents showed there were 13 errors where staff had not recorded when they had administered medicines. The providers were taking action to address medicine errors. There were supervision meetings arranged for staff that made medicine errors. An electronic system of recording medicines was to be introduced to reduce the number of administration errors.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 told us there were visits from managers to discuss their needs before personal care was delivered.
- Information on people's needs was documented by the management team during initial enquiry discussions about care packages. There were introductory visits from the management team to assess people's needs and to establish the staff's ability to meet the care package.
- Needs assessments were provided for care packages funded by the local authority or continuing healthcare groups.
- Care plans were then developed from the introductory visits and from needs assessments provided.

Staff support: induction, training, skills and experience

- People were supported by staff that had attended an induction when they started work at the service.
- New staff completed the Care Certificate (a set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care). A training officer was employed to support new staff with their induction. The training officer said before new staff delivered personal care they had to attend a three-day face to face induction, which included any training set as mandatory by the provider.
- The training matrix showed new staff attended moving and handling and medicines training during the induction. Other training attended by staff included Cardiopulmonary resuscitation (CPR) training. The training officer told us they also delivered dementia awareness, medicine competency, catheter care and application of eye drops. However, not all staff had attended safeguarding of adults at risk and mental capacity act training. Staff from the management team told us where there were updates of policies the staff were provided with the appropriate copies of the procedures. For example, safeguarding and Mental Capacity Act procedures were provided to staff during team meetings. They said staff had to sign copies of the policies to demonstrate their awareness and understanding.
- Staff were supported by the management team. A member of the management team said there were six supervision sessions per year which included three one to one supervisions, two observation visits and one annual appraisal. One to one supervision minutes were dated and signed to confirm the discussions and agreements reached. A member of staff we contacted told us their supervision ensured they were, "More informed, skilled and confident in providing a high standard of care and handling various situations." Another member of staff told us carers were, "Not regularly shadowed on the job but are able to request supervision if needed and can contact the office any time for guidance."
- Appraisals were two-way discussions where staff had the opportunity to discuss personal development, performance and agree on the objectives for the year. One member of staff told us that during their

appraisal they discussed, "How the job has changed since I started, what progress I've made, what I'd like to work on, what training sessions I'd like to do in the future, whether I'm happy with my working hours."

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

● Some people received assistance from staff with meals and refreshments. One person told us, "[the staff prepared] my meals from fresh ingredients, [they are] lovely meals. [I] choose what I have. [They] order food on- line and they help me with that."

● Care plans were in place where staff supported people with eating and drinking. A member of staff said people made decisions about the menus which they prepared.

Supporting people to live healthier lives, access healthcare services and support

● Some people managed their health conditions while others had support from their relatives. People we contacted told us staff made suggestions when healthcare concerns were observed. One person told us they had, "noticed that I had a sore toe and called in the district nurse."

● Care routine plans detailed people's health conditions and for some people there was information on the symptoms of health deterioration. Where there was advise from health care professionals this was detailed in the care plan. For example, Speech and Language Therapist (SaLT) guidance on high risk foods.

● The staff we contacted told us the management team was kept informed about their concerns on people's healthcare. A member of staff said the office staff would take the appropriate action. This member of staff said the management team, "Will seek to resolve these problems by working with the person, their GP or other health professionals and family."

● Electronic notes showed where staff, relatives and healthcare professionals contacted the service to update the management team on outcomes of visits.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● Some people signed a service agreement and consent. We noted relatives without authorised lasting power of attorney (LPA) had signed agreements and consent for the medicines to be administered by staff. The deputy manager said some people had deferred for their relative to sign formal documents such as consent and agreements. Where people had capacity and deferred consent to their relative this needed to be made clear in the documents. The providers told us they will clarify on the agreement forms the reasons why a person with mental capacity had not signed the documents.

●The management team documented where there was a nominated LPA. The Office of The Public Guardian was contacted to check the type and status of the LPA.

●The staff we contacted were knowledgeable about the principles of the MCA and were clear they must gain consent before delivering personal care. These staff told us the day to day decisions people were able to make.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

●People we contacted told us the staff were kind and caring. One person said the matching of staff to people had built relationships because of similar interests. Other people said staff having a sense of humour helped them build trust. A relative told us. "Excellent, very cheerful, ladies do a superb job, excellent care. You want to see what happens on [Name] birthday, cake, birthday card, presents from [carers], always bring her something back from their holidays, above and beyond."

● We saw examples of kind and compassionate care towards people. For example, afternoon tea was taken to one person unable to join community activity organised by the staff. Staff also sent flowers to another person celebrating their centenary.

● A member of staff told us they used facial expression, tone and body language to show kindness and compassion. They stated, "I don't talk over people and I give them a chance to talk. [I] take the time to be with the person. They get a feeling of security from you."

● The deputy manager told us the recruitment process ensured caring staff were employed. They explained their recruitment process was based on the selection of caring staff instead of their qualifications. It was stated, "It's about who the [staff] is rather than their experience or qualifications. Caring is not taught. [We] create awareness and insight on why some people behave the way they do. [We] challenge the views of new staff during supervision." The management team monitored that new staff were working within the agency values during their induction.

● A member of staff we contacted told us the service's ethos was geared towards fostering positive relationships between them and people they supported. They said, "People are matched so that both parties will have similar interests and are more likely to enjoy spending time together."

● Staff said the delivery of personal care was, "never rushed." A member of staff said visits were arranged, "to have enough time to spend quality social time together as well as completing any personal or home help tasks."

● People's background and interests were documented, and staff had access to the information. A member of staff told us, before initial visits they read people's life story to get a flavour of what this person is like, and they will have a chance to chat with them in the introduction. They said, "Knowing someone's life story shows you respect them and what their history is. It can help you to understand why they are the way they are and help you to treat them with dignity."

● People told us there were visits from the management team to gain feedback on the personal care delivered. A relative told us there was at least one visit from [Name of staff member]. "[Name] came to see how Mum was getting on, good or bad feedback welcomed."

Respecting and promoting people's privacy, dignity and independence

● People told us staff respected their rights. One person told us, "My dignity is respected. Talk to me kindly, laugh about things respectfully." Another person told us, "Dignity, very much, so respectful." A relative we contacted told us the staff were, "Caring and respectful. Always ask if mum wants something done. Thoughtful, very nice people."

● The staff we contacted told us how they respected people's rights. This member of staff gave examples such as, closing doors and curtains and minimising interruptions to describe privacy and dignity.

● The staff told us there were people living with dementia who at times were reluctant to accept personal care from staff. These staff said they contacted the management team for advice when people resisted personal care. One member of staff said there were opportunities for additional training to manage difficult behaviours. Another member of staff said we aim, "to be sensitive, gentle, respectful and positive, never losing sight of the person's right to refuse any assistance we may give them."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● End of life care was provided by staff at Home Instead Senior Care. The service was commissioned by the continuing health care team to provide one person with palliative care.

●Assessments and documentation from continuing healthcare and GP notes confirmed end of life care was to be delivered. However, the care plan lacked detail on the palliative care to be provided. There was little information on how staff were to support the person with their advanced wishes and priorities of care. A member of staff said, "When I work with people on end of life I get to know the protocol. What their wishes are." The providers told us, they worked with the community team and work closely with families and were part of partnership working with other organisations.

●Following the inspection and in response to our feedback, the providers introduced a separate "specialist care" section on the end of life care to be provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●People received person centred care from staff

● People we contacted told us the staff recorded the personal care delivered. Relatives told us there was contact with the management team about the care delivered to their family member

● People's daily routine care plans were individualised and detailed their social background, medical history and preferences such as likes and dislikes. The plans included the person's abilities to manage their care and their preferences on how staff were to deliver personal care. There were clear directions for one person supported by two staff with personal care. Specified were the actions each member of staff was to take when delivering personal care. For another person their health conditions and prescribed medications provided staff with information on the symptoms of health deterioration.

●The staff we contacted told us care plans were developed by the management team. They said there was an expectation staff read care plans on the first visit and as needed for reference.

●The staff were kept informed about people's current needs. A member of staff told us, "We email or ring in with information. Where people's needs change everybody that works with the person will get an email. Communication is always good. We are always kept in the loop."

●People told us they had a group of regular core staff that delivered their personal care. One person told us the office team ensured they had visits from staff they knew. Another person told us they were told about changes of regular staff and new staff were introduced before personal care visits took place.

Meeting people's communication needs

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.

● The service was compliant with the AIS. The care plan for one person stated that pointer cards were to be used to help the person understand staff's comments.

● One person told us they were able to speak to a member of staff in their preferred language.

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

● The staff we contacted told us there was time during visits to sit and chat with people.

● People we contacted told us the service had organised a tea party. One person told us, "Wonderful tea party. Had a lovely time. Nice to see carers and meeting other carers."

Improving care quality in response to complaints or concerns

●Complaints were managed well and used to drive improvement

● People were provided with copies of the complaints procedure. Copies of the procedure were kept in care files.

● People we contacted were aware of the agency's complaints procedure. Two people gave us examples of complaints raised and told us the management team took action to resolve their concerns.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●The values of the organisation included Responsive, Trust, Reliable, Trained and Engaged staff. Measures were in place to ensure the staff felt valued.

● People we contacted told us the service was well managed. They knew how to contact the office and were confident to speak with staff from the management team. A relative told us, "Outstanding management, nothing any trouble, important when it's your first experience of care."

● The people and relatives we contacted told us they would recommend the service to other people.

● The providers told us, "The ethos is more about the relationship we build with people." A member of staff told us the values included, "Keeping elderly people in their own homes amongst their own surroundings and supporting people to stay at home for the longest time."

● Comments from staff about the registered manager and provider included, "Home Instead, who I consider to be exceptional, in both aspects. They are certainly the reason I continue to undertake this form of employment", "I would like to say that this is a great company to work for" and "Everyone is so approachable and really look after their staff and clients."

●We saw in the staff room posters on benefits and rewards offered to staff. A copy of newsletter dated July 2019 was also in the staff room. This newsletter related to caregivers (staff) conference, social activities and a Tea party. In the newsletter the providers thanked the staff for their support during poor weather conditions.

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 providers understood their regulatory requirements to report notifiable incidents to CQC and the local authority.

● The people we contacted and relatives told us they were kept informed about events by the registered manager.

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

●Quality audits by the Home Instead Senior Care national office took place in April 2019. While the outcomes assessed were met, there were a number of actions needed and a continuous action plan was required by May 2019. The consolidated improvement plan detailed the progress made on the actions. For example, leadership and staff training was ongoing and lone working assessments were completed. We

noted that end of life care planning was not part of the audit.
●The providers told us the actions which would be taken to address the findings of the inspection. Interview technique training would be considered for our recruiter.
●The staff told us they worked well as a team. Comments from the management team included, "We all have a lot of challenges. We try and support each other. We collaborate with recruitment of staff so we can get the right staff," "We share the work. I speak with [registered manager] every day on what needs to be done. It's a really good team" and "The registered manager and owners are caring and supportive. The [registered] manager and owners try and keep us in the loop. They keep us updated with what is happening in national office."
●The deputy manager told us the day to day challenges came when the management team had to cover visits due to staff absences. There were also high expectations from carers that the management team take action from the feedback that was provided.They said some expected action may not be realistic or appropriate to take or to discuss.The deputy manager told us other challenges included monitoring of staff's training and performance. The introduction of electronic online medicine recording will reduce medicine errors. This system will be followed by care planning which can be accessed by the family.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The providers told us the philosophy of the service was for continuous improvement. They said feedback from surveys were used to develop and improve the quality of service delivery.
● Management team meetings were monthly. A member of the management team said, "We talk about where we are going, new referrals and reviews." This member of staff said there were discussions about the recent advertising campaign. "We are kept in the picture" and "we are prepared for the phone calls generated by the campaign." The providers told us the registered manager has weekly catch up meetings with the team which they also attended. There were monthly reporting with the Home Instead national office which " are key". For example, recruitment, service reviews.
●There were core staff team meetings for people with complex needs. The staff who delivered personal care met to discuss the care delivery.
● Surveys were used to gain feedback from people and staff. Positive comments were made by people who responded. Overall feedback from staff was positive and action plans on improvements from feedback received were developed.

Continuous learning and improving care
● The providers told us the future plans for developing the service had to benefit the service as a whole including people and staff. For example, staff will be attending additional specific training for their role including selection of staff. They told us the systems introduced since the last inspection had benefits to people and staff. For example, block scheduling of visits was introduced to offer staff consistent hours and time cards where staff logged in when they arrived had reduced the potential of missed visits.
● The service maintains an online presence with the aim of connecting with the community, the people supported and potential referrals. Social media platforms were used to keep people informed of events and campaigns. For example, dishonest attempts by individuals or companies to obtain money from people at risk. The social media editor said, "It's important for companies to keep up to date."

Working in partnership with others
● The management team and providers had developed links with the local community, commissioners and other professionals. A healthcare professional told us the service "Is brilliant. It's the one agency I can count on. The carers are reliable and welcoming. They will call if they have concerns about specific people. I get a lot of feedback from people and they continually sing the staff's praises. They said the service agency will go

the extra mile for people."

● A trainer told us there was no pressure placed on them to rush to assess staff as competent. The training officer said there was, "A good working relationship. It's a fantastic company." They told us about the selection process where staff's compatibility was matched to people before agreements for personal care were reached. There were social events taking place in the community which the staff organised.