

Ems Valley Care Ltd

Home Instead Senior Care Havant

Inspection report

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22 January 2019

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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

About the service: Home Instead Senior Care Havant is a domiciliary care agency that provides personal care and support to people in their own houses and flats in the community.

People's experience of using this service:

- The registered manager, care manager and staff were exceptionally caring and this was evident in the whole ethos of the organisation.
- People received high quality person-centred care where staff knew people exceptionally well.
- People were encouraged to live their lives as fully and independently as possible. People were supported to continue with activities that were meaningful to them for example, activities connected to their past.
- The registered manager demonstrated exceptional leadership which ran through the whole organisation.
- The registered manager had worked very hard to create excellent links to the local community for the benefit of people. They had a strong focus on reducing isolation and loneliness in the community.
- The service was safe. The provider improved people's safety by involving outside organisations in promoting safety.
- Staff were empowered to raise concerns about risks to people.
- Staff developed highly positive, trusting relationships with people that help to keep people safe.
- Staff received high quality induction, training and supervision. There was a strong focus on continuous development and helping staff to progress in their career according to their ambitions.
- People were encouraged to live healthy lives with effective support from staff.
- The service met the characteristics of outstanding in most areas.
- Further details in the full report.

Rating at last inspection: This was the first inspection of this service since it registered with the Commission in May 2018.

Why we inspected: This was a scheduled inspection planned to check that the service was providing quality care that was safe, effective, caring, responsive to people's needs and well-led.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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 was safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Home Instead Senior Care Havant

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one expert by experience, specialising in the care of older people. 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: Home Instead Senior Care Havant is a domiciliary care agency that provides a service to older people and younger adults living with physical disability, dementia, learning disabilities, mental health needs and sensory impairment. At the time of the inspection the service was supporting 20 people with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it was small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 16 January 2019 and ended on 22 January 2019. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law.

During the inspection we visited and spoke to six people, three relatives, seven staff, the care manager and the registered manager. We reviewed documentation including three people's care records, medication records, three staff employment files, training records, staff supervision records, accidents and incidents, policies and procedures and safeguarding records. We also received feedback about the service from two external professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

We received consistently positive feedback about the safety of the service. One person told us, "[Staff] are all very careful and knowledgeable" and "I feel safe when they're here". One relative told us, "[Staff] all know what they're doing. [Person] loses [their] balance and they're very vigilant."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were encouraged to raise any concerns about safety and risk to people. Staff developed highly positive, trusting relationships with people that helped them to anticipate and respond to risks and improve safety.

- Staff monitored risk to people robustly and raised any concerns about the health and wellbeing of people immediately. For example, one person had seizures regularly that resulted in significant memory loss. Therefore, the service ensured that the same staff supported that person over a number of days so that they could tell the person what had happened during the periods of memory loss. Staff highlighted concerns about the frequency of seizures and escalated concerns to the relevant healthcare professionals. This resulted in an appointment with an appropriate professional being arranged for the person.

- Staff demonstrated a very good response to concerns about safety. For example, one staff member contacted the office with concerns about a person's memory as they had left the gas on overnight. With the person's consent, the staff member spoke to the GP and took them to see the doctor that afternoon. The person was referred to memory clinic and given further support through the GP. This resulted in improved monitoring of the person's wellbeing and safety. The service became aware of some other incidents related to gas leaks. The registered manager organised for British Gas to speak to staff about gas safety and what steps to take if there is a suspected gas or carbon monoxide leak. This advice was then acted upon to keep a person safe during a later incident of a gas leak.

- The service used a variety of ways to empower people to improve their safety. For example, the service supported a person and their family to liaise with The Blue Lamp Trust for a crime prevention and fire safety survey of the person's property. We also observed a resource named 'Senior Fraud Protection toolkit 2018'. This was given to people and relatives to highlight different types of scams that people could become a target of and how to reduce the risk of being a victim of fraud. The registered manager told us, "We want to make sure people are looked after and kept safe". Office staff had also undertaken prevent training, an extremism and radicalisation awareness course.

- The service had implemented a new electronic system. This had improved safety for people because senior staff could access people's care records remotely and staff in the office could monitor their care in real time. Senior staff could set up alerts on certain tasks to ensure they were immediately informed if they had not been completed. The system also improved safety for staff as the system would alert office staff if staff did not attend a call, one senior staff member confirmed to us that it was, "Really easy to find out if a caregiver hasn't signed on".

- Care records included detailed information about risks to people for example one care plan noted risks to

skin integrity, '[Person]'s skin becomes easily bruised and [staff] are to be very gentle'.

- There was an open culture in response to safety concerns. Incidents were thoroughly analysed and discussed for any learning and action taken as appropriate. People told us that they had not had to raise any concerns about their safety with the service.

Systems and processes to safeguard people from the risk of abuse

- Staff were skilled and proactive at identifying when people were at risk of abuse or felt unsafe and had received training in safeguarding people at risk. Staff were aware of types and signs of possible abuse. One member of staff told us they would be concerned by a change in a person's character or bruises and marks. Another member of staff explained that if they had any concerns they would be comfortable to, "Report it to the office as soon as possible", social services and the commission as appropriate.
- The registered manager understood their responsibilities in relation to safeguarding people at risk of abuse. They made appropriate safeguarding referrals to the local authority and notified the commission of those incidents as required.

Staffing and recruitment

- The service had a positive approach to the safety and wellbeing of its staff. The registered manager highly valued all staff members and told us, "We want [staff] to talk to us and see us as a support mechanism because care can be challenging at times", "we want to help [staff] through those issues as best we can". They built strong relationships with staff to understand any of their concerns, both personal and work-related. The service monitored workload and work-related stress, carrying out risk assessments where necessary. Staff also had access to a free independent 24 hour helpline for confidential personal and work-related advice and support. Staff told us the service was an excellent place to work.
- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.
- People and staff told us that there were sufficient numbers of staff to meet their needs. The registered manager informed us that they had not missed a visit since the service registered with the Commission. One relative told us, "We've never been left without a carer. There's never been a problem. They've never missed a call. They are generous with their time; they have to go on time if they have to see someone else, but they're never rushed". One staff member told us, "We get enough time with the people".

Using medicines safely

- The service was supporting people to take their medicines safely. Staff had received appropriate training, refresher training and competency checks. Staff were requested to inform senior staff if they had any concerns about medication at all. There had not been any medication errors since the implementation of the new electronic system as the system prompted staff to ensure all tasks were done and recorded.
- Staff had recognised when people needed increased support with their medicines. For example, staff organised for medicines to be delivered in a blister pack as a safer option for one person.

Preventing and controlling infection

- Senior staff visited people's homes regularly to support staff and carried out environmental checks where any risks related to infection control were monitored and managed. Staff had received infection control training. Staff told us precautions that they take to minimise the risk of spreading infections for example, washing hands and wearing gloves and aprons when required. People and relatives confirmed to us that they were always cared for in a clean and hygienic way.

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

People's outcomes were consistently good, and people's feedback confirmed this.

We received consistent feedback from people and staff that the service was achieving positive outcomes for people. One person told us "All the [staff] I've had are very good. I'm pleased with them all". Another person told us, "They do their job very well."

Staff support: induction, training, skills and experience

- Staff received a thorough induction and shadowed experienced staff prior to supporting people themselves. One member of staff confirmed to us that the induction had included, "So much detail, more than anyone else I've worked for". They felt confident to go on their first visit.
- The service had an excellent approach to staff training with a strong focus on continuous development and helping staff to progress in their career according to their ambitions. The registered manager told us, "We want people to view this as an option to grow and to make it something that is a career path for them".
- We received highly positive feedback about training, one staff member told us, "They do the best for us to make sure we can go out with confidence". The service offered modules that included mandatory training alongside broader information such as the ageing process. The system used by the service highlighted any due or overdue training. The service was planning to imminently implement another system that would enable them to identify specific gaps in knowledge and then provide training on those gaps. The aim of this was to personalise training to each staff member and make it more effective.
- All staff had completed the Care Certificate. The Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. After this training, staff were encouraged to complete professional qualifications. Staff were also given support to undertake extra training to ensure specific needs were met for example, staff had been trained to administer medication in the treatment of seizures. Staff also completed City and Guilds accredited dementia training. Staff undertook competency assessments, for example in moving and handling, annually.
- Staff told us that they were very well supported. Comments from staff included, "It's like a second home" and "If I'm worried about anything, I can just ring [the office] and someone will always be there". Information was communicated to staff by telephone, through daily office staff meetings, weekly team updates and quarterly team meetings. Staff were positive about communication from senior staff, one staff member told us, "They keep you up to date".

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

- The service promoted the importance of eating well by giving people a 'Stay nourished' information pack on initial assessment. This included helpful information on how to recognise signs of a poor nutrition and how to promote a healthy diet.
- Care records reinforced the importance regular food and fluids for people. For example, one person's

records noted, 'Flask to be in [person]'s reach so [they] can have hot drinks later in the day'. We observed staff offering people options for their food and drink, one staff member confirmed, "We always offer different options".

Staff working with other agencies to provide consistent, effective, timely care

- The provider monitored people's health needs and made appropriate referrals to healthcare professionals. They also worked hard to follow up on those referrals and ensure people were followed up as soon as possible, developing positive relationships with professionals at the same time. One person confirmed to us, "Some of the [staff] have had to call the doctor if I've had a fall or they've got the medics out".
- Staff made referrals to various healthcare professionals including: occupational therapists, physiotherapists, district nurses, community psychiatric nurses, social workers and GPs.
- Staff supported people with treatment plans that had been left by healthcare professionals for example, exercises prescribed by physiotherapists.

Assessing people's needs and choices; Supporting people to live healthier lives, access healthcare services and support

- People's needs were holistically assessed prior to being supported by the service. Needs and choices were assessed thoroughly to provide person-centred care.
- The provider had rolled out an electronic system for care records. Since its implementation, the service had not had any recording errors due to ease of use and live alerts to staff in the office if any tasks had not been completed on the system. The care manager informed us that this had aided communication with people and staff and improved monitoring as they could see what had happened immediately. We received very positive feedback from staff about the new system. The service was planning to add access to parts of the system for people and relatives to improve communication and maintain transparency about the service being provided.
- Relatives were given a 'Five ways to prevent senior hospitalisation' guide with helpful information on how to recognise someone is at risk of hospitalisation, prevent hospitalisation and what to do when a person is returning home from hospital.

Delivering care in line with standards, guidance and the law

- The provider was following national guidance for example, guidelines on personal care and medicines management produced by the National Institute for Health and Care Excellence.
- Best practice was reinforced throughout staff training.

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 with appropriate legal authority. Though the service was not supporting anyone deprived of their liberty, we checked whether the service was working within the principles of the MCA.
- People confirmed to us that staff always asked for their consent before supporting them. Staff had received training on the MCA and were able to describe the principles of the act. Staff carried a small 'What is the Mental Capacity Act?' guide from Skills for Care with them in their badge holder to remind them of the principles.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

People told us the service was extremely caring. One person told us, "I'm spoilt rotten by everybody". Another person told us, "It's always a pleasure to hear their key in the lock. I always think, 'How lovely.' It's always lovely to see them, because I live alone." A relative told us, "They are very good. They do what we want them to and they are so caring, they really are. They make [person] laugh". Staff spoke with compassion about people and the service, comments included, "Feels like family" and, "I feel like the whole ethos and everything about it is really caring" and "I just feel as though I'm making a big difference to people's lives".

Ensuring people are well treated and supported; equality and diversity

- Staff were exceptionally caring. All staff members told us about the importance of supporting people in a compassionate way. One member of staff told us that all staff must "empathise with [people]".
- The provider worked hard to ensure people were supported by staff with similar interests. For example, one person's first language was not English and the service was able to match them with a staff member who spoke the same language and was able to do traditional cookery from that culture. Another staff member learnt how to make a person's favourite family recipes for pheasant pie and rabbit stew which they made for the person and their family enabling them to enjoy this together. This helped to provide person centred care, develop rapport with people and recognise staff as individuals with their own skills and interests. One staff member told us, "I've formed some really good relationships with my clients".
- Both the registered manager and care manager knew people very well and demonstrated that they were very caring individuals. One person told us, "[Registered manager]'s phoned me a few times to ask how I am. [Registered manager] sent a nice card when my [relative] died. That meant a lot to me". The care manager spoke of the importance of striving for a caring service and asking themselves, "Would my mum be happy with this level of care?".
- The senior management demonstrated that they cared about the wellbeing of their staff. They had started a regular "Feel the love" event where staff met socially to provide support to each other. We received positive feedback from the staff about this event, one staff member told us, "The 'feel the love' events that [care manager] has introduced is working really well". Staff clearly cared about the senior management team, one staff member told us, "They really care and really make sure I'm okay, I want to help them". We observed during the inspection that another staff member brought in flowers for the care manager.
- The service had organised a Christmas party for people and staff. The registered manager spoke with great pride about the success of the event that had demonstrated staff and people cared about each other. One person confirmed, "They had a Christmas party with the staff and the people, it was really nice".
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age,

disability, gender, marital status, race, religion and sexual orientation. Staff confirmed to us that "Everyone is unique" and gave us some examples of meeting diverse needs. For example, one person was supported to continue attending their local church. People's preferences in relation to the sex, age, cultural and spiritual background of staff supporting them was respected.

- Staff valued the safety of people. We heard examples of staff waiting with people for long periods until ambulances arrived to make sure they were safe or waiting with people until medication concerns were resolved to provide reassurance to people.

Supporting people to express their views and be involved in making decisions about their care

- The service cared about and valued the thoughts and views of people using the service. One person had been invited to come to the office and speak to staff about what it is like to receive care and support. The purpose of this was to develop a deeper understanding for staff on what it is like to receive care, enabling them to further empathise with people. The event was a great success, one staff member told us, "It's really lovely to see it from the client's point of view" and the registered manager told us, 'It was humbling to listen to'. The person offered to speak to staff again in the future.

- People were always introduced to members of staff before the staff member supported them. This gave both the person and the staff member the opportunity to check they were happy with arrangements before care provision began. One person confirmed to us, "They never send somebody to us that they haven't introduced to us".

- Relatives were encouraged to be actively involved in the care of their relative. Their feedback was actively sought and acted upon as needed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff always treated them with dignity and respect. One person told us, "They talk through everything with you. They all talk to us and ask if we're okay. They are all very good". Staff spoke to us about the importance of taking the time to build rapport and trust with people. One staff member told us how they supported people with their personal care. They encouraged the person to have as much independence and control as possible, always sought their consent and gave support if needed in a gradual and respectful way. This led to positive outcomes for people who were comfortable with the support being offered.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

We received consistently excellent feedback that the provider was meeting people's needs. One person told us, "They are all very good and helpful if you need anything else". Another person told us, "They come and do what they need to do. I consider myself very lucky with the staff I've got".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received excellent person centred care which was an integral part of the ethos for the whole service. Where appropriate, relatives were fully involved in the planning and ongoing changes to the care provided. People and relatives felt listened to respected throughout.
- Staff went the extra mile to enable people to live as full and independent a life as possible. People were supported to continue activities that were important to them or to try new activities, for example one person had a history connected with the fishing industry and wanted to try sailing. The provider organised for this to happen with a local organisation and this was a positive experience for the person. Other activities included: painting, shopping, visiting local gardens, going to the local harbour and attending a local lawns club. During the inspection we observed a staff member supporting a person to continue with their hobby of knitting. The staff member was bringing wool to the person as they were not able to get it themselves. We asked people if the service enabled them to remain as independent as possible. One person told us, "Very much so. I like to do as much for myself as I can. It's very important to me to be independent."
- The service went above and beyond to encourage people to engage in the community and access local resources. The service had developed a 'What's on Where Guide' which stated, 'Care at home is all about helping older people to stay connected to their community'. The guide listed numerous local events, clubs and support groups that people could connect with from Tai Chi to flower arranging and coffee mornings. The registered manager informed us that the guide had been successful and people had been accessing these events. The guide also included useful contact numbers for local charities and organisations such as Alzheimer's Society and Macmillan Cancer Support.
- Care records included detailed personal histories that reflected that staff knew people very well. For example, "[Person] spends [their] time knitting - specifically hats and mittens for premature babies which is testament to [their] desire to improve lives around [them]".
- The service was flexible to meet people's needs by visiting at a time that worked best for them and their families. The service recognised the impact of visiting times on relatives and did their best to carry out calls at different times or different frequencies that supported their relatives too. We received positive feedback about the consistency of care for example one relative told us, "The carers always come, if there's any problem, they ring. They're well trained. I've got confidence in them. It's nearly always the same one, they're absolutely super".
- The service was working within the principles of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. The service was able to provide information in different formats for people for example, braille.

- Care records reinforced the importance of meeting any communication needs. For example, 'The morning and evening [staff] are to communicate with [person] by writing things down once [their] hearing aids have been taken out at night and before they are put in in the morning'.

Improving care quality in response to complaints or concerns

- The provider noted compliments, complaints and neutral feedback. Any concerns received were investigated in a timely manner. People were informed of how they could make a complaint at initial assessment but people we spoke to had not had to make a complaint. One relative told us, "We've never had any complaints".

End of life care and support

- The service was not providing any end of life care or support at the time of the inspection. However, the service had provided end of life support in the past. We spoke to a relative of a person that had previously received end of life care from the service. They told us that "[Staff] were marvellous" and "Most of [the staff] came to the funeral". One staff member told us about excellent support that had been given to another person receiving end of life care, the staff member told us, "I went out to see [them] and wanted to do everything for her and respect her dignity, I gave her a hug".
- The service worked hard to accommodate the wishes of people and their relatives, for example only using a small number of carers to support the person to ensure continuity of care. People were asked which member of staff they would like to be with them at the end of their life.
- One senior member of staff was due to attend a 'train the trainer' course in end of life care.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

We received excellent feedback from staff about what it was like to work for the organisation. Comments included, "I think that working for this company is a life changer", "I think they do a fantastic job" and "very professional and they clearly want to do things right".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was an important part of the local community. The registered manager had developed exceptional links to local charities, organisations and services that valued working with the service for example Alzheimer's Society. These links benefitted people using the service and local people as the service worked with others to promote inclusion and reduce isolation within the community. The registered manager told us, "We have to do our bit to be part of the local community".
- The service had organised or collaborated with local organisations to create events for people. These included film screenings at a local cinema for older people and people living with dementia. The screening was developed with the needs of older people in mind for example, including an interval and not turning the lights off completely so that people could move around the cinema safely. Other events included singing groups, a tea dance and a memory café to support people living with memory loss or dementia. The registered manager was focused on reducing loneliness for people in the community and this resulted in positive outcomes for people.
- The registered manager wanted to increase dementia awareness in the local area. They had carried out training with local organisations to encourage them to be dementia friendly for example, a local dentist, pub and brewery. The registered manager was also working with local colleagues to establish a dementia action group and dementia friendly town.
- There was excellent communication throughout the team, with staff and the public. The care manager told us, "Communication is key, it underpins everything we do". Staff felt valued and listened to, one staff member told us, "I do feel consulted and valued". Feedback was sought from staff about their satisfaction with the role annually.
- The service contacted people to check they were happy with their care and support after 24 hours, four weeks and then at least annually. We observed quality assurance forms where feedback was sought from people and relatives. We observed numerous compliments about the care people had received. Staff told us that they always communicated with families, one staff member told us, "We are constantly in touch with families". One person told us, "[The service] does everything well. I can't think of anything they could do better".

Continuous learning and improving care

- The registered manager had a robust attitude to the governance of the service, they told us, "I keep my finger on the pulse". The registered manager and senior staff carried out regular extensive audits of various parts of the service and call logs to ensure people received high quality care. When they had identified shortfalls in the service in the past, they acted swiftly and monitored the service appropriately.
- The service had recently put in place an enhanced event logging system which was used to review trends and themes in incidents and accidents. This had identified an increasing theme of falls within the service and therefore the registered manager organised some falls training for the next team meeting.
- The national office for Home Instead also carried out quality assurance visits every six months and provided feedback on areas that could be improved if necessary. We observed that all recommendations had been actioned.
- We received consistently positive feedback about the care manager who had started working at the service recently and their influence on an improved culture within the service. One staff member told us, "The whole culture has become very open and warm and welcoming".

Working in partnership with others

- Staff spoke to groups in local organisations, for example local churches, to increase awareness and understanding of high quality domiciliary care and promote the work being carried out at Home Instead Senior Care Havant.
- The service wrote to all GPs that were supporting people using the service to introduce the service and encourage positive partnership working. They also met with staff at the local hospital to talk about the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that staff always told them if things had gone wrong. One person told us, "I haven't had any problems at all" and one relative told us "we haven't had any problems."

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

- Staff were clear about their roles and we observed excellent communication between staff about risk and people's needs.
- All staff we spoke to told us that they were comfortable to raise any concerns within the service and they were confident that their concerns and feedback would be taken seriously.