Bristol Quality Care Limited

Right at Home (Bristol East)

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Right at Home (Bristol East) is a domiciliary care service providing personal care and support to people in their own homes.

The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

We last inspected the service in March 2015. At that time we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or the Health and Social Care Act 2008 (Registration) Regulations 2009.

Since our last inspection Right at Home (Bristol East) had grown in size and was now providing personal care to over 50 people. The registered manager was now supported by a care manager, with two care co-ordinators overseeing care staff who were called 'care givers'.

At the last inspection the service was rated Good overall.

At this inspection we found the service remained Good.

It was clear to us the provider, registered manager and staff had worked hard to further develop the quality and safety of the service provided to people.

Why the service is rated good:

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. The registered manager, provider and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

The service was exceptionally responsive to people's needs. People received person centred care and support. People were encouraged to make their views known and the service responded by making changes. The provider and registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The provider had implemented a programme of 'planned growth' that had been well managed. A comprehensive quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The service was exceptionally responsive to people's needs.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

The provider and registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

Is the service well-led?

Good

The service remains Good.

Right at Home (Bristol East)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 May 2017. The inspection was carried out by one adult social care inspector and was announced.

The last full inspection of the service was in March 2015. At that time we rated the service overall as 'Good'.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We spent time at the provider's offices on 12 May 2017 and contacted people and families by telephone on 15 May 2017. We spoke with a total of four people and relatives of three other people.

We spoke with a total of nine staff, including the registered manager, the provider, the care manager, an office based staff member responsible for the recruitment and training of staff, one care co-ordinator and three care givers.

We also contacted a range of health and social care professionals involved with the service and asked them for some feedback. Their comments have been incorporated into this report.

We looked at the care records of seven people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and

deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "The carers are brilliant. We get the same regular ones so feel very safe with them", "Oh yes, I feel safe with them" and, "I have regular carers and feel comfortable with them". Relatives said they felt people were safe. Health and social care professionals also told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team.

The provider had appropriately raised safeguarding alerts in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC).

The service also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with the moving and handling of people. Staff told us they had access to risk assessments in people's care records and ensured they used them. Talking with staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by senior staff, with the involvement of other professionals where required.

Some people had equipment in place to assist with care tasks, for example equipment to assist with moving and handling them. Where equipment was in place care was taken to ensure it had been regularly serviced and was safe.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. People confirmed there were enough staff. Care records detailed when they needed care and support. This had been agreed with people, their families and other health and social care professionals. We saw several recent examples of additional staffing being arranged at short notice, to enable people to remain in their own homes when their health had worsened. There were also examples of staff working with people and families to plan additional care calls to keep people safe, when relatives went on holidays.

The provider had introduced an electronic staff scheduling system. The care manager showed us how the

system ensured staff were allocated and how this was monitored. We saw the system showed there had been no missed care calls and gave details of a 'continuity ratio'. This was a calculation of how many different staff were allocated to a person. The care manager told us this was useful and allowed them to ensure people were cared for by regular staff. They said this often made people feel safer. The provider had put in place other measures to ensure continuity of care was maintained. They had for example, made 'pool cars' available for staff to use when theirs was unavailable or to allow time for them to purchase a vehicle following recruitment.

Recruitment methods had been developed which made good use of social media and helped ensure the provider was able to maintain safe staffing levels. People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance in order to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. We saw investigations had been completed thoroughly and where required changes made and people's care plans reviewed. For example, changes had been made to the layout of rooms to reduce hazards and provide more space.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Staff had received training in infection control.

Good

Is the service effective?

Our findings

People received an effective service that met their individual needs.

People said their needs were met. They told us they received care and support from familiar, skilled, consistent staff, which arrived on time. Comments included; "They're very good, they know what they're doing", "They know me now and it works well for me", "I'd recommend them to anybody. They know what they're doing". As part of an independent provided satisfaction survey organised by the provider, 89% of people surveyed had said their 'caregivers' had an excellent understanding of their needs, with 82% saying they would be likely to recommend Right at Home (Bristol East) to others.

Relatives said people's needs were met. One family member said, "It's always staff we know and they're very skilled". People's care records documented how their needs were met. Individual plans were in place and specialist input from other professionals had been obtained when required.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff received training in core areas such as keeping people safe from harm, first aid, moving and handling people, infection control and equality and diversity. Staff said they had received the training required to carry out their roles effectively. The provider had worked with an external consultant to develop advanced training in caring for people living with dementia. Plans were in place to deliver this training to staff.

Staff were supported to complete health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

Formal and 'on the job' supervision of staff was being used to improve performance and assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor. 'On the job' supervision is when a staff member's supervisor joins them when they are providing care to assess how effective they are. 'On the job' supervision was achieved through observational visits carried out by care co-ordinators. These were formally recorded and assessed the performance of the care staff. Formal supervision meetings were carried out by the registered manager. We saw they made good use of the records of observations during formal supervisions. Staff told us they felt they benefitted from informal role modelling and coaching from their supervisors and, from their formal supervision sessions with the registered manager.

Annual appraisals were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback to staff on their performance, details of any additional

support the staff member required and a review of the individual's career goals and training and development needs. The provider had invested considerable time in developing 'career pathways' for staff. They said this ensured staff remained motivated and were more likely to remain with them over time.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. People's care plans clearly recorded this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. We saw staff worked closely with a variety of professionals to ensure people's needs were met. These had included; District Nurses, GP's, Occupational Therapists, Social Workers, Physiotherapists and Mental Health professionals. This often involved telephone contact, however where required staff also provided practical support and assistance for people to attend healthcare appointments.

Good

Is the service caring?

Our findings

People told us they felt staff were caring. Comments included; "The staff are good to me, they're kind" and, "I like all the staff, they're good". An advocate for one person said, "(Person's name) knows the staff well. He used to just sit staring at the four walls, but now he is chatty and happy, he has a laugh and joke with the staff and life seems to have a purpose again". Relatives also said staff were caring. They used words such as 'compassionate', 'caring' and, 'kind' to describe the staff. We saw documented feedback from one relative describing how a care coordinator had returned in their own time on a Sunday to check on the person's wellbeing. They said they felt this was an example of, "Going beyond what is expected".

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. Staff morale was positive and they were enthusiastic about the service they provided.

People were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning care delivery arrangements.

Talking with people, it was clear staff had listened to them and had worked hard to provide the level of support required by people. For example, one person informed us how they wanted their personal care to be provided in a specific manner. They said their instructions were clearly recorded in their care plan and staff followed these. The person also said staff would discuss their care with them during each call to determine if the person wanted something to be done differently on any particular day. The person told us this made them confident their care needs would be met according to their preferences on a daily basis.

People's independence was promoted. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. When speaking with staff, they were aware of this person's level of independence and were able to demonstrate how they would support this person to maintain their independence.

Staff recognised and promoted the involvement of family and friends. Some people told us about their family and friends and how they maintained contact with them. People's care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent

from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care. People were given the information and explanations they needed, at the time they needed them. Prior to commencing care with a person they and where appropriate their families, were given information on how the service was organised and who to contact if they had any questions. People and relatives said they received the information they required. Staff gave people advice on advocacy services to assist them with making their views known. The providers 'service users' guide' given to people stressed the importance of confidentiality. Staff had received training on maintaining confidentiality.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

The provider had taken steps to ensure people's needs regarding equality and diversity were met. For example, call times had been organised to support one person to attend their regular place of worship. Another person, whose first language was not English, received care from a staff member able to speak their preferred language. One person from a Caribbean background was supported to plan and maintain a diet of their preferred food. The provider had also arranged training for staff on lesbian, gay, bisexual, and transgender (LGBT) issues. They said, "This will better equip our staff to provide care for people and generally help them develop their values and understanding".

The service worked with some people receiving end of life care. People and relatives we spoke with confirmed staff worked cooperatively with other health and social care professionals to provide good end of life care. Staff we spoke with had a good understanding of the principles involved in providing care for people at the end of their lives.

Outstanding ☆

Is the service responsive?

Our findings

People received a service that was exceptionally responsive to their individual needs. During our inspection people, relatives and staff gave us many examples of the service responding to people's health and social care needs. People had commented that the service had, 'made a significant difference to our lives', they 'couldn't be praised enough', 'go over and above in personal time' and, 'I am lucky I chose Right at Home'.

Peoples care and support was planned proactively in partnership with them. People were involved throughout so they felt consulted, empowered, listened to and valued. We saw that one person had received additional support to plan their wedding, obtain a driving licence and commence driving lessons, acquire a companion dog and, plan and go on a holiday. These objectives were identified by the person as things they wished to receive help with in addition to the direct personal care they received. Each of these outcomes had a significant impact on their well-being and quality of life.

Other examples of exceptionally responsive care and support included; providing additional care hours at short notice regardless of whether the funding was in place to begin with, planning specific activities with people and, assisting people when moving to a new home. A number of people had benefitted from care being provided and funded 'upfront' to cover funding gaps. We saw the provider had supported two people and their family members to submit funding applications to ensure their health care needs would be met. This had involved a number of meetings and with one person additional assistance to appeal a decision. The provider had provided the care people required whilst these funding applications were being processed.

We saw staff had worked with people and their families to identify and support moves to more appropriate accommodation as a result of people's changing needs. This had included assisting some people in moving to nursing homes and, supported living services. One person had been assisted to temporarily move to a hotel following their home flooding, staff assisted with the move and continued to provide the required care and support.

Some people had benefitted from activities made available by the provider at no cost. They found creative ways to enable people to live as full a life as possible in addition to overcoming any obstacles in order to achieve this. This meant the provider paid for the transport, carer support and catering to ensure that all who wished to attend irrespective of their conditions were able to. Activities people had participated in included; a canal boat trip, tea dances at various venues and events hosted at the provider's office. We saw photographs of these events and staff told us people had enjoyed them. The registered manager said they felt these activities helped to ensure people did not experience social isolation.

The registered manager had commented in their PIR on the increased focus on providing activities based on people's hobbies and interests. The provider reiterated the importance of this at the beginning of our inspection. They said the 'strapline' of Right at Home (Bristol East) was to, 'make a difference every day'. Staff we spoke with gave us the impression they were fully committed to this. They spoke passionately about providing high quality personal care and, where it formed part of the person's care plan, providing

them opportunities to engage in memorable activities.

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. We saw these assessments were carried out at times to suit the person and, where relevant, their family members. This included; early mornings, late evenings and weekends. These were regularly reviewed and altered when required. Care plans included details of when care was to be provided. However, the provider also demonstrated a great capacity for flexibility regarding call times. The provider told us that on average at least three calls a day were rearranged as a result of requests from the person or their family. They said these were often arranged with less than 24 hours' notice. People and family members told us they were able to make changes to their care arrangements when they needed or wanted to.

Care records were held at the agency office with a copy available in people's homes. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said the registered manager and senior staff took care to ensure any updated information was placed in care records in people's homes and at the office.

People's care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People and, where relevant, their relatives had been involved in devising these plans. Other health and social care professionals had been consulted and their advice built into people's plans.

The provider had built links with community groups in order to gain their input, build support networks and promote best practice. For example, Dementia Friends had assisted with the development of bespoke training for care staff and, Right at Home had provided staff to work as volunteers with the Alzheimer's Society. They had also given presentations on home care at recruitment fairs and awareness raising events. They were also active supporters of Age UK, the Alzheimer's' Society; Dementia Friends and Contact the Elderly. This had allowed them to develop their knowledge and expertise and signpost people and families to other agencies for assistance. They were also members of the Membership of Bristol Ageing Better Partnership and, regularly attended the local authority run forums for home care organisations in Bristol and South Gloucestershire.

People said they felt able to raise any concerns they had with staff and that these were listened to. Relatives said they knew how to contact the provider if they wished to and were confident they would be listened to and changes made if required. There was a clear procedure for staff to follow should a concern be raised. A record of complaints was kept at the agency office. One complaint had been received in the 12 months leading up to our inspection. We looked at the records of this and saw it had been appropriately investigated, with the outcome recorded and feedback provided to the complainant.

The provider actively encouraged people, family members and staff to raise issues. These were acted on promptly and solutions sought to make improvements. For example, when the punctuality of care staff had been raised as an issue, the care call allocation had been reviewed and altered. This had resulted in increased punctuality. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. Comments included; "We can raise any concerns we have" and, "They listen and take any concerns seriously". Care staff were confident any concerns they expressed would be dealt with appropriately by the provider and registered manager.

Within the same 12 month period, 19 compliments had been received. These covered a wide range of areas, including positive comments regarding individual staff and, the responsiveness of senior staff. These compliments were prominently displayed at the provider's office. Staff told us compliments were feedback to them when appropriate. They said they welcomed this and that it made them feel 'valued'. The provider also ensured each person using the service and every staff member received a birthday card and Christmas card.

Good

Is the service well-led?

Our findings

People received a service that was well-led.

Throughout our inspection we found the provider, registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and, the service promoted in the best possible light. This was also demonstrated in the PIR completed by the registered manager. This gave many examples that evidenced the positive outcomes achieved by the service and, areas they had planned to make further improvements.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided.

There was a culture of continuous improvement, which had resulted in innovations to improve the quality of the service provided. Examples included; the introduction of new roles, pay structures and other terms and conditions. The provider saw these as ways of; "Offering a career and not just a job, providing better back-up for staff and in turn improving safety and continuity for people and, lower sickness and absence levels".

Sophisticated quality assurance systems were in place to monitor the service being delivered. These included annual satisfaction surveys for people using the service and staff. This was carried out by an independent research company. We saw the results of the most recent survey were overwhelmingly positive. The provider had developed an action plan for 2017 following these surveys. We saw progress towards achieving the targets set in this plan were closely monitored by the provider and registered manager. A programme of quality audits was in place. These included audits of, care plans, accidents and incidents, compliments and complaints and communication records were also completed. These audits showed the provider carried our regular analysis of key areas to identify themes, trends and areas for improvement.

The management structure was clear and effective. Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were approachable and could be contacted for advice at any time.

Staff said they were able to contact a manager when needed. The registered manager told us the service operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support.

Regular staff meetings were held. The staff teams based at each address met to keep them up to date with changes and developments. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements and other staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The provider and registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The provider had obtained and, the registered manager said they were close to submitting for assessment, the level five diploma in the leadership and management of health and social care qualification.

Health and safety management was seen as a priority by the provider and registered manager. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each person and a lone working risk assessment had been completed to cover staff working alone in people's homes.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Copies of the most recent report from CQC was on display at provider's office and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.
Right at Home (Bristol East) is part of a franchise system. Each franchise is owned and operated independently. The provider and registered manager regularly attended the head office for different forums. They also took part in webinars on best practice including, making better use of technology, marketing and staff retention. The provider had been awarded an 'Operational Excellence' award within the Right at Home UK network.

The provider and registered manager had a clear vision for the future of the service. We were told they wanted to grow and provide care to more people. However, they were clear they would not provide a service if they felt they could not meet people's needs. They also stated in their PIR that their 'preferred minimum call visit time was one hour. They said they were planning to further develop their skills in providing high quality, person centred care to people in their own homes. They had also spent time considering how the service could respond to the changing demographics and associated needs of people in future years.

At the end of our inspection feedback was given to the provider and registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families.