Kingston upon Hull City Council

Supporting Independence Team

Inspection report

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Date of inspection visit:
15 February 2018
26 February 2018

Date of publication:
26 March 2018

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

This comprehensive inspection of Supporting Independence Team took place on 15 and 26 February 2018 and was announced. The service had changed late in 2016 under a Hull City Council re-organisation, changed its name and its location and received a new registration in February 2017. Therefore this is the service's first rated inspection. We found the overall rating for this service to be 'Good'. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

The Supporting Independence Team is a Hull City Council care at home service providing active recovery support to people in their own homes. It aims to be helpful, supportive, relevant and accessible to enable people to live as part of their community, by meeting their needs and supporting their rights and entitlements. It achieves this by working with people, with the view of setting and meeting of person-specific goals and to support individuals to re-gain their independence where possible. Where people are assessed as requiring long-term care, packages of support are sourced for them with private care at home providers. The service is provided to adults aged 18 and above, older people, people who have had a mild to moderate stroke, people who needed end of life care, people with mental health problems (in partnership with the NHS), people with physical disabilities, those with a mild learning disability and those who care for any of these groups of people. The service also provides emergency support and out of hours night time support.

Following on from the intervention by the active recovery assessment team, who work with the people to devise the initial support plan during the assessment process, The Supporting Independence Team deliver the active recovery support and monitor and review people's progress throughout this process. Thornton Court, where the care at home office is located, is a housing community facility where the people sign a temporary stay agreement during their Active Recovery rehabilitation before returning home, if they require adaptive premises to aid their recovery.

Not everyone using Supporting Independence Team receives regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The provider was required to have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post for the last year with the service and for another two and a half years prior the re-organisation.

People were protected from the risk of harm and staff were trained in and knowledgeable about safeguarding people from abuse. Risk was safely managed. Recruitment of staff followed safe practices to ensure staff were 'suitable' to care for and support vulnerable people. Staffing numbers were sufficient to

meet people's needs. The management of medicines was safe and systems in place demonstrated there was a safe audit trail for handling all medicines. Staff followed good hygiene for safe control of infection.

Systems in place acknowledged and recorded when things went wrong and lessons were learnt to ensure problems or mistakes were not repeated. Staff enabled people to make choices and decisions wherever possible in order to regain control over their lives. People were cared for and supported by qualified and competent staff who were themselves regularly supervised and received annual appraisals of their personal performance. Staff respected the diversity of people and met their individual needs. Nutrition and hydration needs were supported to ensure people's health and wellbeing.

People's mental capacity was appropriately assessed and their rights were protected. Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they empowered people to make decisions for themselves. The registered manager followed the 'best interests' route and multi-disciplinary consensus where people lacked capacity to make their own decisions. Consent for support to take place was respected so that staff always sought people's cooperation and agreement before engaging in rehabilitation.

People were cared for with compassion. Staff got to know people's needs and preferences and were kind in their approach to encouraging independence. People directed and were fully involved in and their care. Their right to express their views was respected. The management team followed good principles of care, equality, dignity and respect, all of which was embedded in the ethos of service delivery. Wellbeing, privacy, dignity and independence were respected and encouraged.

Person-centred support plans laid the foundations for good care. They reflected people's needs well and were regularly at two and five weeks. They gave follow-on private providers the basis for continued support where this was necessary. An effective complaint procedure in place ensured people's complaints were investigated without bias. The service sensitively managed people's needs with regard to end of life preferences, wishes and care, when this was necessary.

The provider met the regulation on quality assurance and systems used were effective. Audits, satisfaction surveys, meetings, and 'spot checks' on staff ensured there was effective monitoring of service delivery. Culture was person-centred, progressive, open, inclusive, empowering and ensured good outcomes for people. The registered manager understood their responsibilities and practiced a management style that was professional, open and approachable. The registered manager strove for continuous learning and good practice at every opportunity. The service fostered good partnerships with other agencies and organisations.

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.

People were protected from harm and staff were trained in safeguarding people from abuse. Risk was safely managed.

Recruitment of staff was safe and staffing numbers were sufficient to meet people's needs. The service safely managed medicines and infection control and prevention.

Is the service effective?

Good

The service was effective.

When things went wrong lessons were learnt. People made choices and decisions to regain control over their lives.

Qualified and competent staff were employed. They were regularly supervised and their personal performance annually appraised.

People's diversity was respected. Nutrition and hydration was supported to ensure people's health and wellbeing.

Mental capacity was assessed and rights protected. Staff empowered people to make decisions for themselves. 'Best interests' routes and multi-disciplinary consensus were used where people lacked capacity. Consent was sought before engaging in rehabilitation and support.

Is the service caring?

Good

The service was caring.

People were cared for with compassion. Staff were kind in their approach to encouraging independence.

People directed their own care. Their right to express views was respected. Good principles of care, equality, dignity and respect were followed.

Wellbeing, privacy, dignity and independence were respected

and encouraged.

Is the service responsive?

Good

The service was responsive.

Person-centred support plans reflected people's needs and gave follow-on private providers the basis for continued support where this was necessary.

A complaint procedure ensured people's complaints were investigated without bias. People's needs with regard to end of life preferences, wishes and care, were sensitively managed.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were effective.

Culture was person-centred, progressive, open, inclusive and empowering.

The registered manager understood their responsibilities and practiced a positive management style. They continuously learned about new care practices to provide a quality service.

The service worked well with other agencies and organisations.

Supporting Independence Team

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.

The inspection of Supporting Independence Team, which is run by Hull City Council, took place on 15 and 26 February 2018 and was announced with 42 hours' notice given, as we had to make sure there would be someone at the agency offices to see us.

Our inspection site visit activity started on 15 February 2018 and ended on 26 February 2018, taking two days to complete. It included a visit to the location premises, issuing a questionnaire and speaking to people that used the service and staff on the telephone. We visited the office location on 15 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

One adult social care inspector carried out the inspection. Information had been gathered before the inspection from notifications sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We also received feedback from the local authority's safeguarding team and reviewed information from people who had contacted CQC to make their views known about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service and four relatives. We spoke with the registered manager, four service support organisers and three support assistants that worked at Supporting Independence Team. We looked at care files for six people that used the service and viewed records and documentation relating to the running of the service, including the quality assurance and monitoring system, accidents,

incidents, staffing, complaints and compliments.

Good

Is the service safe?

Our findings

People that used the service at Supporting Independence Team told us they had felt safe receiving care from the staff. They said, "I have been given my confidence back" and "I haven't once felt uncomfortable or at risk with any of the girls that came to see me." Relatives we spoke with also confirmed that people were safe. They said, "[Name] now has a key safe which means any falls are soon known about and saves the problem of staff not getting in", "I find the staff perfectly trustworthy" and "I have every confidence in staff being honest and reliable and trust them with my relative's safety."

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff adequately demonstrated their knowledge of this and their responsibilities to refer suspected or actual incidents to the council's safeguarding team. Safeguarding records were held in respect of how incidents were managed and all safeguarding referrals that had been made. People with elements of risk during their rehabilitation had these reduced by staff adhering to risk assessments and following good practice around risk management.

The safeguarding systems that were in place, staff competence in and understanding of adult protection requirements, good risk management and records seen in the service all evidenced that people were protected from abuse and harm.

We were told by staff that as the service was to provide rehabilitation to people and aid them to recover their independence there was no question of providing care to people who did not consent to it. Therefore restraint of any kind was never contemplated. They told us categorically that the policies in the service stated zero tolerance of physical restraint of any sort.

Staff told us they assisted people to move or transfer using various types of equipment, but only when people were assessed for its use and risk assessments were in place. Usually people requiring rehabilitation did not need full hoisting.

Hull City Council had a thorough recruitment procedure it followed to ensure staff were suitable for their roles. Suitable staff were recruited using safe systems around completing job applications, providing personal information, seeking references and obtaining Disclosure and Barring Service (DBS) checks. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would prevent them from working with these people and helps employers make safer recruitment decisions. Staff confirmed the procedures the provider used to recruit them, by describing the process they had followed.

People and their relatives told us they received support when they expected it and that sufficient numbers of staff must have been employed to achieve this. Staffing rotas were viewed on the service's computerised system and showed how visits to people were organised and reviewed. Staff told us they received their rotas well in advance of visiting people, covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. They confirmed they maintained a reliable service

and always let people know if they were running late or changes to staff were necessary, by contacting the office and asking support organisers to ring people to explain the situation.

Medication administration records we saw archived at the service were accurately completed. Staff were trained in medicines management and followed safe practices, which we confirmed when we spoke with them and checked their training records. People we spoke with managed medicines themselves and so made no comments about the support they received. Staff told us that the people they did provide support for with regards to medicines were usually guided. They said the only time they fully administered people's medicines was when people were assessed as having no capacity. This was then arranged using a multi-disciplinary approach and decision.

Systems in place ensured that prevention and control of infection was appropriately managed. People were satisfied that staff had good hygiene practices and completed tasks safely. A relative said, "The girls are pretty good at clearing away after a shower or providing food." Personal protective equipment and bacterial hand gels were used by all staff when undertaking personal care and other task as people requested, for example, with cleaning. 'Spot checks' on staff performance were undertaken by support organisers on a regular basis to ensure that all staff were adhering to policies and infection control principles.

The provider had accident and incident policies and records in place. Records were completed thoroughly with clear and sufficient detail to show what had happened, the action taken to treat injured persons and how re-occurrences of accidents or incidents should be prevented in future.

Good

Is the service effective?

Our findings

People said that they were most satisfied with the support they had received and that the staff were marvellous. They said, "The staff help me a lot and I wish they could keep on coming to see me" and "The girls knew what they were doing and made sure I recovered from my illness." One person that received the night support from the service said, "They were really good and have just finished. I think I will be getting private carers from now on." They also went on to say, "The response team were absolutely invaluable." Relatives told us how people were effectively supported regarding their mobility when first out of hospital and quickly got them back on their feet, and how the staff were instrumental in sorting out a health problem. Another felt that, "Maybe rapid response staff could be a bit better at cooking and doing housework, though their personal care skills are very good."

The registered manager told us people's rehabilitation needs were fully assessed before receiving the service and that the assessment continued throughout the six week package to determine whether or not they needed further support and referral to a private provider. People that used the service exercised the maximum amount of choice and control possible with regard to care planning, individual care and treatment and as citizens beyond the health and social care services that they used. This was because they continued to remain independent in their own homes, accessed services short term (in the main) and had capacity (in the main). For example, one person told us how they were recovering from illness and a period in hospital and soon hoped to be back to normal without the need for support.

Staff were trained to re-habilitate people, but recognised when people still needed assistance in the long-term. In these instances the two and six week review periods were used to determine if people needed continuous support, for which they were referred, or their package could come to an end.

Hull City Council provided staff training and ensured they had the skills required to carry out their roles. An electronic staff training record (matrix) was used to review when training was required or needed to be updated and certificates were held in staff files of the courses they had completed. Staff told us they had completed mandatory training (minimum training as required of them by the provider to ensure their competence) and had the opportunity to study for qualifications in health and social care. They said, "We update our training courses every year, two or three years depending on the course. I have just updated my safeguarding, first aid and moving and handling" and "Recent training for me has included dementia awareness, fire safety and medicines. Our training is very intensive and always completed when due."

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Staff said, "My induction was a whole week, which included intensive training and competence checking before I was taken out by a senior to shadow their shifts", "Supervision is regular and we have an annual appraisal", "I can always ask for a supervision whenever I want one" and "I completed induction and did some training before I was allowed to work with people. It was very thorough." Induction followed Hull City Council's guidelines, which took into consideration the format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training. Supervision was every six

weeks, but staff could request this at any time should they need to.

Good nutrition and hydration were promoted for everyone that used the service. Discussion with people and staff revealed that staff enabled people to prepare their own meals, where possible in accordance with any religious, cultural or dietary preferences they had. Rehabilitation was about helping people to do what they used to or learning new skills on the road to recovery. People were consulted at all stages about the foods they wished to eat. Nutritional risk assessments were in place where they had difficulty swallowing or where they needed support to eat and drink.

Staff told us they worked well with other social and healthcare professionals and gave examples of when they had done so. For example, staff liaised with doctors, nurses and consultants when people were newly out of hospital or required visits and medication supplies. Staff worked with other agency workers and managers regarding people's continued support needs when rearranging new packages and new providers. This involved sharing information and handing over the packages once they were established.

Staff consulted people and their relatives about medical conditions and liaised with healthcare professionals to obtain the full medical picture. Information was reviewed with changes and improvements in people's conditions. Health care professionals were called upon for advice and support when required. We were told by staff that people saw their doctor on request and the services of the district nurse and other health services were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations, where this was known.

Where people living with dementia received a service, they were usually referred to a private provider for long-term care with the view to remaining in their own homes as long as possible. This was often arranged early within the process and at the two week review for continuity and consistency of support workers.

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 interest 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes requires that a Court of Protection Order be requested through the authorising body, which is Hull City Council, but these are requested as any other agency would request them.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. This was managed within the requirements of the MCA legislation.

Staff ensured people gave consent before any support was provided and related some examples of how they sought consent and why. People consented to their support plans by signing these at the start of the service and to receiving support on a daily basis by agreeing to have staff visit them. Staff said, "Any time a person says or indicates they don't want us to help then we have to respect that, as after all the idea is to help people become independent" and "We visit people in their own homes for just a few weeks and what they say is law. We can only advise and offer guidance, if that is all people want from us. It is not our place to persuade or cajole people into doing something they don't wish to do."

Good

Is the service caring?

Our findings

People told us they found staff to be extremely personable and caring. They said, "Staff are absolutely amazing. I would not have been able to manage without them", "They [staff] are very nice people and do a good job for me" and "The staff are very kind and inspired me to feel confident again." Relatives told us, "Staff are very polite and caring people" and "I cannot fault them. Staff are lovely."

Staff told us how they approached people when providing support and gave examples of the care and kindness they had shown people. These included when people were low in mood, managing addictions, receiving end of life support and positional changes to prevent pressure sores. Their anecdotes demonstrated their commitment and kindness to ensuring people were supported, comfortable, reassured and helped. Staff said, "I always think that if you show a person your smile it goes a long way to putting them at ease", "Sometimes just sitting and listening works wonders for people" and "When it is late at night and a person is anxious, a cup of tea, holding their hand and talking to them makes all the difference."

Staff told us they were involved in monitoring people's needs and preferences and responsible for informing support organisers when particular care was no longer appropriate. They told us they respected people's views and were mindful of being in their homes. They said they encouraged people to be involved in their care and support and to make choices and decisions, which empowered people to stay in control of their lives.

People's general well-being was always being considered and monitored by the staff, as it was important for people to recover well from accidents and illness so that they returned to being self-supporting, autonomous and independent. People were encouraged to resume any community activities they took part in, as soon as possible. Activity, occupation and achieving small successes with things such as cooking for themselves and dealing with daily personal care needs helped people to feel the disruption to their lives was abating and they would soon be in complete control again, which aided general wellbeing.

People told us they were listened to when they expressed their views and staff took on board the suggestions they made with meeting their support needs. While some people lived with partners or had sons and daughters to offer support, they still required Supporting Independence Team staff to provide the impetus for their rehabilitation. Where people had no one to support them or lacked capacity they were provided with contact from an Independent Mental Capacity Advisor (IMCA) or advocacy services were made available to them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

People that used the service were respected with regard to their diverse needs, particularly around religion and culture, age, gender and disability. Staff completed training on equality and diversity and were expected to follow the Equalities Act 2010 guidance. Staff received copies of the equality policy and were reminded of the services' principles and 'code of practice' in meetings and supervision. We were told that the service had recently focussed on and addressed the topic of gender reassignment with staff, so that people could be confident their needs would be met appropriately. We were also given an example of the

service respecting someone's religious and cultural values recently where staff were expected to remove their shoes on entering the person's home, but this was a risk to their safety when using lifting equipment. The problem was resolved by simply supplying staff with disposable shoe covers at the person's home.

The registered manager ensured that staff followed the services' 'dignity in care' principles to achieve consistency of dignified care for people that received the service. People told us their privacy, dignity and independence were very well respected by the staff that visited them. They said, "I find the staff very respectful" and "Staff are always mindful of my privacy and dignity." Relatives were also complimentary of how staff respected privacy and dignity. They said, "Staff are very good at ensuring my [family member's] dignity is maintained", "Staff provide support needed and then move away so as to be discreet when helping in the bathroom for instance", "Staff help [Name] to shower themselves and so aid independence" and "I have no concerns about how my [family member] is treated when receiving help with personal care." Where it was assessed as necessary adaptive cutlery and crockery aids were accessed for people so that they could achieve independence again.

Staff told us how they handled potentially embarrassing situations for people and put them at ease by ensuring they were covered up during personal care and enabled to be as independent as possible. Staff gave examples of how they provided care and support that was discreet and respected people's dignity. These included when assisting people to use the bathroom, providing end of life care and listening to their concerns or fears. Staff said, "I make sure people are covered up and curtains are closed", "We always talk to people when helping with personal care and especially when people are nearing the end of life, as it is just as important" and "I respect people's privacy and dignity. Not just with physical matters but also their emotional states and psychological needs." Staff told us they were mindful of the information they received from and about people and upheld confidentiality regarding what they saw or heard and any documentation they completed.

Good

Is the service responsive?

Our findings

People told us they felt their needs were being appropriately met. They said, "The girls do such a good job and have helped me to adapt to my new life, such as it is" and "I was hopeless when I first came out of hospital, but staff soon sorted me out." A relative told us, "The staff were really supportive when the service started and quickly accessed the help of the MacMillan nurses." Another said, "Staff are quick to respond to concerns as I saw when my relative had not been seen by the neighbours for a while and had fallen."

People were assessed by a health or social care professional regarding their support needs and before the service was provided a home visit was made to risk assess the environment, fire safety, moving and handling needs and to check if any telecare could be used. Telecare is a system that uses a range of sensors to help you to live at home, if you are vulnerable and need support.

Information gathered was then used by the support organisers to produce a person-centred plan of support, which was monitored throughout the six week period and people were able to make comments and contributions to it. (The review documentation comments and compliments also fed into the service's quality assurance system.) People exercised choice and control over their support and the setting of goals that they wanted to achieve through the active recovery process, which defined the way in which they wished to live their lives. It ensured they were able to take positive risks to remain within their own home.

Staff told us, "We work to person-centred goals wherever possible. I am happy that I see positive outcomes for the people that I work with" and "As well as working in community I have also worked within Thornton Court and been involved in the active recovery of people who have needed extra rehabilitation after hospital admission. It is rewarding work and great to see people independent again." Support plans contained monitoring charts to keep a check on, for example, people's skin integrity, nutrition and the prevalence of falls, so that early intervention could take place.

Staff enabled people to make as much choice as possible, so that they continued to make decisions for themselves and stayed in control of their lives.

The registered manager's 'provider information return' demonstrated how the Accessible Information Standard (AIS) was followed to ensure people received the information they required in a suitable format. It stated that people's communication needs were assessed at the assessment stage, whether that be, for example, for loss of hearing or sight, use of other languages, dyslexia or learning disability. One person we spoke with had impaired hearing and told us how staff took the time to communicate well with them and were patient. They also said that staff wrote information down for them and conversed that way, if necessary.

The provider had a complaint policy and procedure in place, which were contained in the service user information pack given to people when their support package commenced and their right to complaint was discussed with them on their pre-service risk assessment visit. Complaint records showed that complaints and concerns were handled within timescales. People told us they were listened to and that complaints

were appropriately addressed and resolved, although no one we spoke with had made any complaints. One relative told us, "We all know how to make a complaint if we need to as the information is in the folder we were given." Compliments were recorded in the form of letters, cards and review documentation and praised staff on their response, caring approach and success in enabling people to be independent again.

Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the support they provided. We saw that the service had handled one complaint in the last year and the complainant had been given written details of explanations and solutions following the investigation.

We asked staff about how people were cared for at the end of their life and found that staff sought appropriate healthcare support to enable people to have a comfortable, pain-free and dignified death. Staff told us that people were treated respectfully, given care that maintained their skin integrity and fluid intake, followed health professionals' advice and considered the needs of relatives as well. They said that end of life care and arrangements were recorded within people's support plans. Staff spoke reverently about supporting people at this time and demonstrated that they felt privileged to be able to do so.

Good

Is the service well-led?

Our findings

People told us they felt the support they received was very well organised and managed. Everyone without exception stated they would have loved for the service to continue beyond the six weeks. Staff we spoke with said the culture of the service was, "Enabling, empowering, responsive and friendly."

The provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last year with the service and for another two and a half years prior to its re-organisation.

The registered manager was fully aware of the need to maintain their 'duty of candour': responsibility to be honest and to apologise for any mistake made. A relative related how an incident concerning security for their family member was addressed and they received an apology. Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure we were informed of any required notifications.

The management styles of the registered manager and deputy manager, as described by staff, were professional, open, inclusive, approachable, responsive enabling and empowering. Staff told us, "Support organisers and the management team demonstrate good leadership and commitment to ensure the staff understand their role and the tasks they perform", "Managers are there when you need them, reliable and supportive" and "I have always found the managers to be extremely committed to both the staff and the people that use the service. You couldn't want for better leadership."

The service operated in a large demographic area with differing property and housing options available to for people which meant it worked with different housing associations, for example, for gaining access to support people in their own homes. Contact with these associations enabled the service to provide people with information for early help and intervention, which also looked at social inclusion for people so they avoided isolation within their own home. The service helped people to find community links and services or groups they could attend, if they wished to, although they only provided the information and guidance. It was people's choice whether or not they attended these social events, although strategies could be looked at by Supporting Independence Team support organisers to help people get safely to venues and back home again.

The registered manager and support organisers kept electronic and paper records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and the Data Protection Act 1998. Records were appropriately maintained, up-to-date and securely held. The registered manager was also aware of their responsibilities under the Information Commissioner's Office regarding security of information and of the imminent General Data Protection Regulation (GDPR) requirements being implemented in May this year, which replaces the 1998 Act.

A quality assurance process was undertaken twice a year when people's views were obtained about the service and quality audits were carried out. Results were reviewed by the management team who looked at

how further improvements to the service could be made and this was fed this back to staff via 'Team Updates' either in team meetings, staff supervision or the sending of emails to staff. Two week and five week review comments and compliments from people were also used as part of the quality monitoring system. Quality audits were completed, for example, regarding staff training needs, infection control systems, accidents and incidents and were effective at identifying shortfalls and trends.

A satisfaction survey was issued as part of the twice yearly quality process to people using the service and their relatives at the time of its issue. Some returned surveys showed that responses to questions were positive and where a negative response was made this had been discussed and addressed. No one we spoke with could recall being issued with a survey, but as the service only lasted six weeks and there were around 175 people at any one time receiving it, then it was always possible that our sample telephone calls would not be to anyone that had been surveyed. People were able to confirm, however, that they were fully consulted about their views of their support plan, how staff treated them and whether any improvements were required, at their two and five week reviews. People also confirmed that 'spot checks' on staff performance were carried out.

Staff meetings were held regularly to obtain staff views of service delivery and to discuss any plans for improvement as identified throughout the year and a staff questionnaire was also issued on a yearly basis. Staff told us, "I am very enthusiastic about the service we offer", "I love coming to work, as I can see so much is achieved for people", "Staff are treated very well as employees and so much better than other places I have worked" and "This is by far the best job I have ever had."

The registered manager ensured staff continuously learnt about new trends in best practice by providing up-to-date training, information specific to people's needs and developing service delivery. They were accredited with national recognition from the Local Government Authority for Hull City Council's 'Transfer to Assess Pathway', which is a model used for improving the process of people's transfers from hospital to community. The Council continuously looks for new innovative ways of providing the service to an increasingly growing elderly and disabled population and produces an annual business plan to secure funding.

Supporting Independence Team worked closely with people that used the service and staff from other domiciliary care agencies and organisations such as doctors, district nurses, the end of life team, physiotherapists, occupational therapists, community psychiatric nurses, social workers and speech and language therapists. They were part of the dementia academy and staff were fully trained in supporting people with early onset dementia to enable them to live as independently as possible for as long as possible. They collaborated with the telecare team to look at what equipment could be provided that was of benefit to reduce people having lots of workers coming into their home. They also worked closely with the falls team and fire and rescue services making contact referrals for people were there were risks and concerns.