# Home Care Finder Limited

# Rank Lodge

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

## Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looked at the overall quality of the service.

The inspection was announced in order to ensure that the people we needed to talk to were available, 48 hours notice was given before the inspection. Rank Lodge, also known as Home Care Finder is a community care agency which provides personal care, respite care and a domestic service to adults and older people between the ages of 18 – 65 years. The agency operates in north and north west Hampshire and east Wiltshire. At the time of the inspection, the service was providing care and support to 58 people who needed support with a range of tasks such as personal care, meal preparation and respite care.

Rank Lodge had not had a registered manager in place since May 2014. 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

# Summary of findings

the requirements of the law; as does the provider. The provider told us that a recruitment process was underway to appoint a new manager. In the interim, the provider had appointed a business and a care consultant to support the existing management team in the day to day running and on-going development of the service.

At our last inspection in October 2013 we found that the service was not complying with some aspects of the Health and Social Care Act 2008. This was because the Provider had not assessed the mental capacity of people to ensure they were able to give valid consent to their care and support. The provider sent us an action plan telling us that they would be compliant by May 2014. At this inspection we judged that the service had made the required improvements. Staff were considering whether people had mental capacity to agree to their care and support plans. We found therefore that the service had addressed the previous concerns that we had.

People told us they felt safe when being supported by care workers. Staff had a good understanding of how to identify and act on allegation of abuse to help keep people safe. Staff were aware of the importance of disclosing concerns about poor practice or abuse and understood about the organisation's whistleblowing policy.

Safe recruitment practices and appropriate pre-employment checks were completed before new staff started at the service.

There were sufficient numbers of suitably qualified staff so people received their care from a team of care workers who were familiar with their needs.

People told us care workers provided them with the support they needed. We observed care and support being delivered in line with people's care plans by care workers who were familiar with the needs and preferences. One person told us, "They are all used to my quirky habits, they understand what they need to do."

Staff were supported to develop their skills and knowledge by providing a programme of induction and training which helped them to carry out their roles and responsibilities effectively. However some staff had not received all of the training relevant to their role.

People were asked what assistance they needed with food and drinks when the service assessed their needs. Care workers were aware of how to identify whether a person might not be eating and drinking in sufficient quantities to maintain their wellbeing.

Staff were kind and respectful to people. Overall people we spoke with were positive about their care and the support they received from staff. One person told us the care workers were, "Wonderful, absolutely super." Another person described the care workers as "Extremely thoughtful and kind." A third person said, "I like my carers very much, they are nice in every way."

People's assessments and care plans were reviewed on a regular basis and updated as their needs changed. This helped to ensure that people received the care and support they needed. Staff told us how they read people's support plans and used the information in them provide personalised care.

People told us they knew how to make a complaint. Information about the complaints procedure was included in the service user guide which we found in the homes of each of the people we visited. People were confident that any complaints would be taken seriously and action would be taken by the service.

There was a management team in place which helped to ensure that the service was well led in the absence of a registered manager. There were some systems to monitor and improve the quality of the service. Further measures, such as weekly reports and a range of audits, were being developed to ensure the provider had greater oversight of events which might affect the quality and safety of the service.

# Summary of findings

## 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 told us they felt safe. Staff had a good understanding of how to identify and act on allegation of abuse to help keep people safe. Staff were aware of the importance of disclosing concerns about poor practice or abuse and understood about the organisation's whistleblowing policy.

There were policies and procedures in relation to the Mental Capacity Act (MCA) (2005) and staff had received relevant training.

There were sufficient numbers of suitably qualified staff so people received their care from a team of care workers who were familiar with their needs.

We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Staff received induction training and a range of essential training which enabled them to carry out their role effectively. However we found that some staff had not received all of the training relevant to their role.

People told us that overall they were happy with the care they received. Some people felt improvements were needed to the time ranges of their care visits and the lack of adequate travelling time between care calls.

People's nutritional needs were met. Staff were aware of the dangers of poor diet and lack of hydration and were able to describe in detail the signs and symptoms that might indicate that a person was not having sufficient food and fluids.

People's health care needs were supported effectively. We saw that staff were good at identifying any health needs and liaising with health care professionals to ensure that any health problems were quickly investigated

**Is the service caring?**

Good

The service was caring.

People were listened to and staff had a good understanding of how to ensure people were respected. This included asking people for their consent before carrying out tasks. People said that staff were kind and treated them with dignity and respect and we observed that people appeared relaxed and comfortable in their presence.

People told us that they had been involved in planning their care and that their care was discussed with them.

# Summary of findings

Care staff told us how they made sure that people received help with their personal care in a manner that was mindful of their privacy, for example, by ensuring that doors and curtains were drawn.

**Is the service responsive?**

Good

The service was responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they covered the care and support they needed.

Care plans contained some information about people's choices and preferences. this helped staff to provide personalised care.

People received their planned care within the allotted time and their care workers completed all the necessary tasks.

There was a complaints procedure and people knew who to talk to if they had any concerns. People were confident that any complaints would be taken seriously and action taken by the service.

**Is the service well-led?**

Requires Improvement

The service was well led.

People told us they found the management of the service approachable and efficient and they would recommend Rank Lodge to a friend or relative.

There was a management team in place which helped to ensure that the service was well led in the absence of a registered manager.

There was an open and transparent culture where the engagement and involvement of staff was encouraged. The management and staff were consistent in their responses to us about the key challenges faced by the service.

There were some quality assurance systems in place to monitor and review the quality of the service. Feedback from people was regularly sought and this was used to plan improvements to the service

# Rank Lodge

**Detailed findings**

## Background to this inspection

We undertook the inspection on the 17 July 2014. It was carried out by an  inspector who visited the service's office and spoke with the provider, the business manager, and two of the office managers. We also spoke with seven care workers about their work and how they were supported to do their job. We looked at records that related to people's care and support and the management of the service including the recruitment, training and supervision records of seven care workers as well as staff duty rosters.

We visited three people in their homes and telephoned a further 11 people who used the service. We received questionnaire responses from two social care professionals who had experience of working with the provider and who had commissioned care from the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is where the provider tells CQC about important issues and events which have happened at the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The last inspection of Rank Lodge was in October 2013 where concerns were identified in relation to the arrangements for obtaining, and acting in accordance with the consent of people using the service. During this inspection, we checked whether the required improvements had been made.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005(MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014.They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

# Is the service safe?

## Our findings

People told us that they felt safe and had confidence in their care workers. One person said, "I have never had a bad experience with any of the care workers." All of the commissioners we received feedback from said that they agreed or strongly agreed that the service kept people safe from abuse or harm.

Safeguarding procedures were in place and we found that the local authority 'Safeguarding Adults Multi-agency Policy, Procedures and Guidance were available including relevant information about how to raise safeguarding alerts including contact details. Staff had a good understanding of how to identify and act on allegation of abuse to help keep people safe. Steps had been taken to protect people from the risks of financial abuse. For example, when a care worker undertook shopping on behalf of a person, a log of the transaction was maintained in the person's care records and the receipts kept. These records were monitored by the office staff so that any concerns or discrepancies could be identified. Staff were aware of the importance of disclosing concerns about poor practice or abuse and understood about the organisation's whistleblowing policy.

At our last inspection in October 2013 we found that the service was not complying with some aspects of the Health and Social Care Act 2008. This was because mental capacity assessments had not been undertaken to ensure that people were able to give valid consent to their care and support. The provider sent us an action plan telling us that they would be compliant by May 2014. At this inspection we judged that the required improvements had been made. There was now a process to ensure that staff considered and assessed whether people had mental capacity to agree to their care and support plans. Therefore our previous concerns had been addressed.

People's records contained appropriate risk assessments. Risk assessments were in place in relation to individual care needs such as moving and handling, risk of falls and the use of medication. We saw that one person had been identified as being at risk of poor nutrition and hydration and plans were in place to encourage, monitor and document this person's dietary intake to help promote their wellbeing. We did note that one person's health and safety risk assessment had not been updated since 2010 and a second person's since 2007. Health and safety risk assessments consider the risks that the home environment might present to people and care workers. We did not find that this had resulted in people being at increased risk of harm and the provider told us that they would in future ensure that the health and safety risk assessment was updated each time a person's care was reviewed.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which set out the alternative arrangements that would be put in place if for example there was a loss of an office base, or the computer system. Arrangements were also in place to manage the impact of adverse weather or staff sickness on service delivery. Staff we spoke with were able to describe what they would do if they needed to take emergency action, for example, not being able to gain access to a person. Staff felt that they would be confident in dealing with other emergencies such as finding that a person had suffered a fall or was unwell.

There were sufficient numbers of suitably qualified staff to ensure that people's need were met and that they received their care from a team of care workers who were familiar with their needs. Two office managers were employed who were responsible for overseeing the recruitment of new staff and the assessment of new clients alongside a finance manager and two care co-ordinators who were responsible for the scheduling of the care visits. When scheduling visits, the care visit co-ordinator took account of the skills within the staff team to reach judgements about which care worker would be most compatible with people using the service. We were told that this helped to ensure wherever possible, people received care which was in line with their preferences. Care was provided by 24 permanent care workers. The management team told us that this was enough to meet people's needs. We looked at a sample of care workers daily schedules for the four weeks prior to the inspection. We saw that these factored in an element of travelling time between each visit. Staff told us they had sufficient time to carry out the agreed tasks and were able to stay for the allocated time. Most staff told us that people generally received regular care workers, although some felt that additional staff would help to enhance the continuity of care received by people. The management team told us recruitment of new care workers was an on-going task in order to meet the needs of the people but also to support the aims of expanding the service.

Good

# Is the service safe?

Recruitment and induction practices were safe and relevant checks had been completed before staff worked unsupervised in people's homes. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks (DBS). We did note that in two of the records we viewed, a full employment history had not been obtained. This information is important so that the background of potential care workers can be checked to ensure they were suitable to work with vulnerable people. We spoke with a manager about this and they agreed to ensure that this information was obtained. The management team were aware of the process to follow to ensure that staff that were no longer fit to work in health and social care were referred to the appropriate bodies.

Requires Improvement

# Is the service effective?

## Our findings

People told us they felt their care workers were well trained and understood how to support them. One person told us, "I used to have [another care agency] then I changed to Home Care Finder and found them much better".

Care workers had undertaken a thorough induction which helped to ensure that new staff had the necessary skills and knowledge to effectively meet people's needs. New staff received a four day induction. Training was undertaken in a range of areas such as infection control, health and safety, safeguarding and moving and handling. This induction was in line with the Common Induction Standards which helped to ensure the training received by new staff took into account recognised standards within the care sector.

Following the induction, new care workers then spent time within the service familiarising themselves with key policies and procedures and shadowing more experienced staff during which time, they were able to meet as many of the people using the service as possible. Staff told us they found this period of shadowing useful and that they had been allowed or encouraged to extend this, if they felt they needed some more support before working unsupervised.

We saw the induction was followed by a knowledge, or competency, test and we were told that feedback on the performance of new workers was sought from the experienced staff they had shadowed. This meant that the provider was able to assure itself that staff could apply their learning but also assisted the management team reaching judgements about whether the person was confident and competent to work more independently.

Care workers told us there was a training programme in place which they felt was comprehensive and helped them to perform their role effectively. We saw that the provider had recently made arrangements for the service to have access to the wider training resources within the group in order to strengthen the delivery of its training programme. One care worker told us, "I am sure that if there was any additional training I needed then this would be provided." Local authority staff who had commissioned care at the service agreed or strongly agreed that the staff were competent to provide the care and support required by people. Our observations during the visit to people in their homes indicated that care workers had the skills and knowledge to effectively meet their needs.

Training records noted that training was provided in key topics such as fire safety, moving and handling, infection control and record keeping. Two senior staff had attended a training course in relation to Mental Capacity and the majority of other staff had undertaken an e-learning course. However, we identified that there were some gaps in the staff training. For example, there were no records to confirm whether 11 of the 23 care workers had completed training in safeguarding adults. A further two care workers had last completed this training in 2009. The management said that safeguarding training was covered in the induction of new staff but that at present there was no clear schedule in place to require staff to repeat or refresh their training in this and other subjects. Whilst we found that the staff demonstrated a good understanding of how to identify and act on an allegation of abuse, the absence of refresher training may result in staff not regularly updating their skills and knowledge with changes in legislation and best practice guidance in order to deliver effective care.

Staff received supervision and support to enable them to carry out their role effectively. Supervision records showed staff were receiving regular supervision in line with the organisations supervision policy and also received an annual appraisal. Staff told us that discussions in supervision covered their general welfare, performance, achievements and any concerns or issues they might have about people using the service or their colleagues. One care worker told, "You can speak about anything that is troubling you."

People told us that overall they were happy with the care they received. However, there were two areas where some people felt improvements could be made to the effectiveness of the service they received, although they were clear that this had not had any significant impact on their wellbeing it was an inconvenience. For example, two people told us their preferences about the timing of their care calls had not always been achieved. One person told us they preferred an 8am care visit. However, they explained that one morning this week it had been scheduled at 7.00am and then at 10.00am on two mornings later in the week. They told us that it made it awkward to

Requires Improvement

# Is the service effective?

plan their day and settle into a routine. The person said they had spoken with the service about this and a commitment had been made to try and provide care at a time more in keeping with the person's wishes as soon as this was possible.

Five people told us that their care workers could often arrive 10 or 15 minutes late as they had been allocated insufficient travelling time between their calls. Concerns about lack of adequate travelling time was also expressed by all of the care workers we spoke with. We spoke with the provider about this, they told us they had already identified this as an area which they wished to make improvements and would be reviewing how travelling time was calculated to ensure that care workers were supported to arrive at people's homes in good time. Three people told us that they were not always contacted by the service when their care worker was running late. We saw evidence that the provider had also identified this was an area where improvements could be made to and was introducing measures to try and ensure this was achieved.

People were protected from the risks associated with poor nutrition and hydration. Staff were aware of the dangers of poor diet and lack of hydration and were able to describe in detail the signs and symptoms that might indicate that a person was not having sufficient food and fluids. Staff told us they were mindful of the need to support people to have a healthy and balanced diet. We observed during our visits to people in their homes, that care workers were aware of the need to present food in an attractive manner and in a style in keeping with the person's preferences. We saw one person being encouraged to drink plenty of fluids as the weather was hot. Another person was encouraged to have some ice-cream as the care worker knew that they enjoyed this.

The daily records showed people received help with meals and drinks in accordance with their care plan. Care plans provided information about people's preferences in relation to food and also recorded whether a person was diabetic or had any allergies to foods. Staff told us how they would check the contents of the fridge and cupboards to ensure that any out of date food was discarded.

People were supported to manage their health care needs as care workers kept a record of the support undertaken on each visit and made other relevant observations about the person's health and wellbeing. Any concerns about a person's wellbeing were shared with the management team who when necessary had taken action to contact family members or health care professionals so that the person's health could be reviewed. We saw evidence that advice from the community nursing service was acted upon in relation to one person's care needs following their discharge from hospital. One care worker told us if they had any concerns about a person's health, they reported this to office and usually found that the person was seen by their GP later that day. The local authority commissioners agreed that the service co-operated with them and shared relevant information when for example, people's needs changed.

Good

# Is the service caring?

## Our findings

Overall the people we spoke with were positive about their care and the support they received from staff. One person told us the care workers were, "Wonderful, absolutely super." Another person described the care workers as "Extremely thoughtful and kind." A third person said, "I like my carers very much, they are nice in every way." We saw the service had received a number of written compliments, one of these said; "Sincere thanks for the special care". Another said, "Thank you for the loving care you gave."

We observed that staff knew people well and spoke with them about the things that were meaningful to them. A care worker told us how they tried to ensure they gave people time to talk and share how they were feeling. They said, "It's important to listen to them". We observed friendly and light hearted discussions which seemed to be enjoyed by the people. People appeared relaxed and comfortable in the presence of their care workers. People told us they enjoyed the visits from their care workers. One person told us that their care workers were "Particularly caring" and they were "Very fond of them." Another person told us "We have a good chat about life in general, I look forward to seeing them".

People told us that they had been involved in planning their care and that their care was discussed with them from time to time. One person told us, "Before they started, they came and spoke to me, they asked me what I wanted them to do for me and they did it very efficiently. People told us their views were listened to by staff. One person told us, "They ask me if I can do something, if I can't then they will help me".

Staff told us people were asked for their consent before carrying out tasks and they would respect their decisions to refuse care but would inform the office about this. We observed staff providing choices and clearly explaining options to people during home visits such as what they wanted for lunch or what they would like to drink. Information on how people could access advocacy services was included in the service user guide provided to each person by the provider. This helped to ensure that people could access an advocate if required to assist them in expressing their views and wishes.

People told us that staff treated them with dignity and respected their privacy. We were able to see that 'Respect within the Clients Home' was covered as part of the induction programme for new staff. Care staff had a good understanding of how to ensure that people were respected and their dignity maintained. They told us how they made sure that people received help with their personal care in a manner that was mindful of their dignity and privacy, for example, by ensuring that doors and curtains were drawn. The local authority commissioners both said that they agreed or strongly agreed that people were treated with respect and dignity by the staff of Home Care Finder. A care worker told us how it was important to "always respect people's wishes". Another care worker told us, "I give care as I would expect care to be given to me."

Policies and procedures were in place which covered dignity and respect. Each person had a service user guide which contained details about they should expect to be treated by staff employed by the service. For example, it stated that people had the right to be treated with courtesy and respect, not to be discriminated against and to have their personal information treated confidentially. People were informed about how their personal and confidential information was stored and sought their consent before sharing this information with other professionals when this was required in order to meet their needs effectively.

Staff told us where possible, they encouraged people to retain their independence and care for themselves, even if this was by completing a small task such as drying their hands. We saw care records described how care workers should "Encourage [the person] to participate as much as they can." In another person's care plan it stated, "Our role is not to make [the person] dependent but to encourage and motivate them".

Good

# Is the service responsive?

## Our findings

The service assisted people with a range of needs including those with physical health issues and those living with dementia. Some people only required support with meal preparation or other domestic tasks. Others required support with all aspects of their personal care including support with moving and positioning throughout the day. Assessment of people's needs has been undertaken when they started to use the service and this information gathered was used to produce care plans which allowed staff to deliver effective care. The care plan specified what support the care workers would provide. For example, we saw that care plans contained details about how people should be assisted with their personal care, prompted with their medication and what food and drink might be required. The information whilst mainly task orientated provided relevant details about the specific things that a person needed help with.

Care plans contained some information about people's choices and preferences, for example, we saw the names people preferred to be called by were documented. Preferences about how they liked to take their tea or what they liked for breakfast were also recorded in some instances, along with information about whether they liked to take a bath or a shower. Staff explained how they still always checked with the person how they wished to be supported. One care worker said, "Their care plan might say they like cornflakes for breakfast, but I still always check and offer choice in case they fancy something different."

During our visits to people's homes, we observed care workers giving people choice and asking people, "What would you like for your lunch" and "Would you like me to change your water." Staff told us how they read people's support plans and found that they contained relevant information which helped them to provide personalised care.

People told us that they received their support from regular care workers and that their preferences about which care staff delivered their care was taken into account. People received their planned care within the allotted time and their care workers completed all the necessary tasks. Many of the people we spoke with said that care workers would, if able, assist with additional tasks. For example, one person told us, "My paper was not delivered this morning, so my care worker went and fetched one for me". Another person said, "If I asked for anything extra, they would do it."

Action was taken in response to changes in people's needs. A care worker told us if they noticed a change in a person's health or had any concerns, they were able to ring in to the office who would take appropriate action to address the concerns. For example, one care worker told us how they had noticed that a person was experiencing pain when getting out of bed. They informed the office who contacted a relative who arranged for a medical review which found that the person had sustained fractured ribs. Another care worker told us how they had come into the office with updated information about a person's care. They explained that the care plan was updated immediately.

Information about changes to a person's needs or concerns about their wellbeing were communicated with updates recorded on the care workers schedules. For example, we saw information about changes to access arrangements to people's homes or the location of medicines were provided in this format. Last minute updates about people's care needs could also be communicated electronically via a computer database. The Local Authority commissioning team require this system to be used in order that they can check that people are receiving the correct amount of care.

Systems were in place to review people's care and support needs to confirm that the care provided remained appropriate. We were told by the organisation that people's care was reviewed every six months or if a change in their needs required this. We saw evidence in people's records that care reviews were taking place to help ensure that staff had up to date information about people's needs. People and their relatives were in involved in the reviews and were able to express their views about their care. One person told us, "I asked not to have a particular carer again and they did respect this". A care worker explained how if a person's abilities declined and they needed extra time, the office was prompt at contacting the local authority or commissioners of the person's care to request a review of their care needs. This indicated to us that the service responded to changes in people's needs and their views and opinions about their care and support.

Each person had a 'Service User Guide' which described how complaints would be dealt with by the organisation and how to raise concerns with the Care Quality

Good

# Is the service responsive?

Commission or Adult Services. People were confident that any complaints would be taken seriously and action taken by the service. No written complaints had been received by the service in the past 12 months, but there had been some informal concerns raised with the management team. They told us how they had arranged to visit the person to talk through their concerns so that these could be resolved quickly. Two local authority commissioners agreed that the care agency's managers and staff were approachable and dealt effectively with matters they raised.

Requires Improvement

# Is the service well-led?

## Our findings

People told us that they found the management approachable and efficient. All of the people we spoke with told us that they would recommend Rank Lodge to a friend or relative.

A registered manager had not been in post since May 2014. A recruitment process was underway to appoint to this post. In the interim, the provider had appointed a business and a care consultant to support the day to day running and on-going development of the service. The business managers were undertaking a full appraisal of the state or health of the business to inform an improvement plan.

Staff spoke positively about the management of the service. They all confirmed that they felt the management was approachable and effective. Comments included, "It's a very good company to work for" and "They want to improve, they listen and take things on board". Another care worker told us that despite not having a registered manager for a short time, "Everyone had pulled together and worked really hard to ensure that there was no impact on clients." A third care worker said, "If there is ever anything I am not happy with, it has been rectified, dealt with immediately."

The service had a full set of policies and procedures that covered topics such as medication, safeguarding and whistleblowing. These helped to define what the organisation did and the role and responsibilities of management and care workers. Staff were issued with a handbook which contained key information such as a code of behaviour and lone working guidance. Each member of staff had a bag issued by the company which contained gloves, aprons and hand gel. There was a 24 hour on call service available to people and staff. People said they always received a response from the on call service and staff felt that the on call arrangements worked well and helped them to deliver effective support. This meant that people could be confident that help was available to address any problems that might occur outside of office hours.

Staff meetings were held on a regular basis. We saw the minutes of the meetings held in January and June and could see that a variety of topics were discussed that helped to improve the quality of the service such as training, staffing issues and how to maintain effective communication. Staff confirmed that these meetings were useful for sharing information about their role and responsibilities.

Incidents and accidents were documented and there was evidence that action was taken to help prevent a re-occurrence. For example we saw that one care worker had sustained an injury whilst supporting a person with moving and handling. In response the service undertook a welfare supervision to discuss the incident and the learning from this.

We found that there was an open and transparent culture within the service and that the engagement and involvement of people and staff was encouraged. The management and staff were consistent in their responses to us about the key challenges faced by the service. For example, both told us that areas for improvement were increasing the timeliness of calls and keeping people informed in the event of their care worker running late. The provider had identified these improvements though the satisfaction surveys. We saw that an action plan had been developed in response to the feedback which described how the service aimed to achieve the improvements.

There were some systems in place to monitor and review the quality of the service. The service undertook spot checks or observations of care workers to ensure they were delivering appropriate care. We looked at the documentation and saw that staff were assessed in a range of areas including their punctuality, uniform, and infection control procedures. We saw records of these spot checks on staff files and saw that they were used as a developmental and learning tool.

A computerised call monitoring system was used to assess whether calls were being completed on time and to ensure that care workers were staying the correct length of time. The provider monitored this information which was then used to inform discussions at reviews about the effectiveness of the care delivered. There had been no missed calls to people using the service in the 28 days prior to the inspection.

During the inspection we spent time talking with the provider and the management team. The provider was proactively looking for ways to develop and improve the service. For example, we saw that plans were in place to introduce a more rigorous method for monitoring the

Requires Improvement

# Is the service well-led?

quality of care, including an increased number of audits and a weekly report which would assist the provider in tracking the progress of the service in relation to a number of key performance areas such as the quality of care plans and records. To support the development of stronger links with these communities the provider had made arrangements to hold a seminar on understanding dementia care for people using the service and their friends and families.

The provider explained that their aims for the future were maintaining on-going improvement and expansion of the service whilst the same time retaining its core values of treating people as individuals and of being a family run business providing a good quality care. They explained that the challenges for the future were ensuring that they continued to provide a personalised service to the local and rural communities around Winchester and Andover.