

## Continued Care from Oakville Ltd

# Continued Care from Oakville Ltd

### Inspection report

High Street  
Settle  
North Yorkshire  
BD24 9EX

Tel: 01729810600  
Website: [www.continued-care.co.uk](http://www.continued-care.co.uk)

Date of inspection visit:  
29 October 2018  
02 November 2018  
07 November 2018

Date of publication:  
10 January 2019

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on 29 October, 2 and 7 November 2018 and was announced. At our last inspection in November 2015 we found the service was good. At this inspection we found the service remained good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. There were 38 people using the service at the time of the inspection.

Not everyone using Continued Care from Oakville Limited receives regulated activity; the Care Quality Commission 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.

There was a registered manager in post. A registered manager is a person who has registered with 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 service was led by a registered manager who was an excellent role model to staff and who had received accreditation and recognition for maintaining and demonstrating innovative practice and quality care delivery. The registered manager had been asked to contribute to a parliamentary review for adult social care, which is a document that showcases examples of sector-leading practice, and had won a national award recognising high standards of practice.

Staff were empowered to contribute positively to the development of the service. Their ideas were listened to and where they could benefit people and the quality of care they were implemented. These ranged from staff incentives to Zumba classes for people and their relatives to improve their mobility and social activities.

Care plans were written in partnership with people according to their aims and personal goals, and included high quality and detailed information on people's preferences and how they wanted their needs to be met. The service used technology creatively to ensure they received up to date information on changes to people's needs, and people could also communicate directly with the service's electronic systems to ensure any key messages were instantly taken on board.

People were positive about staff attitude and care, and we saw examples where staff had gone 'above and beyond' their roles to make meaningful improvements to people's lives. The service provided its own staff to ensure a day centre, ran by a charity for people living with dementia, could run safely and their engagement was vital in the maintenance of this service which allowed people to participate in their community and

provide respite for their relatives.

People's feedback was sought in creative and innovative ways and used to improve aspects of the service. For example, improvements to the interview process for staff took into account suggestions made by a person using the service. The service donated to charity for every survey response received.

There were enough staff to meet people's needs. The service monitored staff electronically to ensure punctuality. Rotas were flexible and could be changed to ensure everyone's needs were met. Staff were recruited safely.

Medicines were managed safely. Medicines administration records were audited regularly. Staff received training in medicines safety and had their competency assessed by senior staff before administering medicines on their own. Risks to people were assessed appropriately and contained detailed information. Staff received training in safeguarding adults and were able to describe how they would protect people from harm.

People told us staff were trained and competent to meet their needs. Staff received a comprehensive induction and training programme. Staff told us they felt well supported through observations, supervisions and appraisals.

People's health and wellbeing was monitored effectively. A health professional we spoke with gave positive feedback about the service. The service worked in partnership with others to ensure people's health and wellbeing. People were appropriately assessed before using the service. Where necessary their nutritional intake was monitored, and people's dietary preferences were followed and well documented.

There was a complaints process in place, people knew how to raise complaints and we found people's concerns were reported and acted upon appropriately.

The service's quality monitoring arrangements were used to drive improvement. The service conducted a regular programme of audit. The service had also been audited and accredited by external agencies to ensure that it was effectively managed.

## 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.

There were enough staff to meet people's needs and staff were recruited safely.

People's medicines were managed appropriately and informed by national guidance.

Risks to people were assessed appropriately and in a person-centred way. Staff knew how to protect vulnerable people from harm.

### Is the service effective?

Good 

The service was effective.

Staff received a detailed and intensive programme of induction and training covering a variety of topics relevant to people's care. Staff felt well supported through observation, supervision and appraisal.

The registered manager understood their role in applying the principles of the Mental Capacity Act (2005) and staff demonstrated good understanding of the act.

People's health and wellbeing was monitored effectively and involved a multi-disciplinary approach. Staff raised issues appropriately.

### Is the service caring?

Good 

The service was good.

There were numerous examples observed where staff had ensured people were cared for in a compassionate way. We saw a high volume of compliments about staff attitude and examples where they had gone above and beyond their expectations.

People's independence was promoted by staff and people we spoke with felt empowered to maintain control of their lives. People felt that they were treated in a way that protected their

dignity and staff demonstrated they knew how important it was to ensure people's privacy was maintained.

People's diverse needs and characteristics were taken into account when care plans were written.

### **Is the service responsive?**

**Good** ●

The service was good.

Care plans contained highly detailed, objective led instructions for staff to ensure people's wellbeing was upheld in a holistic way.

People's care and support is planned proactively in partnership with them. Staff use innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.

People knew how to make complaints and felt their concerns were responded to appropriately. There were systems and processes in place to ensure complaint were recorded and acted upon in a timely way.

### **Is the service well-led?**

**Outstanding** ☆

The service was outstanding.

The service was led by a registered manager whose innovative work towards improving the service was nationally recognised and the service was accredited by external agencies as a high performing organisation.

The vision and values of the service were person-centred. This makes sure people are at the heart of the service. The service provided a member of staff to ensure a community day centre run by a local charity for people with dementia could continue to operate safely.

The service used innovative ways to involve staff in the development of the service and their ideas were implemented where a benefit to people or the running of the service was evident. Staff were universally positive about the leadership and culture of the service.

The service finds innovative and creative ways to enable people to be empowered and voice their opinions. The service also donated to charity for each survey response as an incentive for people to return surveys. People received newsletters which

contained up to date information about the service and the community.

---

# Continued Care from Oakville Ltd

## **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.

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

The inspection site visit started on 29 October 2018 and ended on 7 November 2018. We visited the office location on 29 October and 2 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

This inspection was conducted by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is obliged to send to us and 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 reviewed a range of documents related to people's care and the management of the service, including five people's care plans, care notes, quality audits, meeting minutes and six staff personnel files.

We spoke with six people who use the service by telephone and conducted a visit to one person's home. We spoke with seven staff, including the registered manager, deputy manager, senior care staff and care staff. We also spoke with one healthcare professional who worked closely with the service and a representative from a local charity which also worked with the service.

# Is the service safe?

## Our findings

At our last inspection in November 2015 we found the service was safe and awarded a rating of good. At this inspection, the service remained good.

Everyone we spoke with told us they felt safe. One person we spoke with said, "It doesn't matter who comes, I feel safe because they all have the same attitude and they make you feel safe." At the last satisfaction survey in September 2018, all 18 respondents said they felt the service was safe.

There were enough staff to meet people's needs. The service used an electronic monitoring system which gave detailed information on punctuality and any changes to people's needs were automatically updated into the system, for example if a person was in hospital. People were satisfied with the timeliness of staff. One person said, "They are fantastic at turning up, incredibly rare, they bend over backwards to accommodate." At the last satisfaction survey in September 2018, 17 out of 18 respondents agreed staff always arrived on time.

The rota was flexible, and responsive to people's changing needs. We saw one example where people who were geographically isolated in the rural area were reallocated to a different member of staff so that their visits could be made during times of extreme weather. One member of staff said, "Last winter was bad, I had a 4x4 vehicle and could get to certain places others couldn't so my rota changed as I could get there."

We reviewed staff personnel files and found that recruitment was safe. Appropriate right to work and identity checks were carried out. New staff were required to pass a Disclosure and Barring Service (DBS) check. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices when recruiting people who work with vulnerable adults.

Staff received training in safeguarding vulnerable adults, and staff could describe how they would identify and act upon abuse. One staff member said, "It could be if medication had been missed, if a visit had been missed, if an appointment had been missed, if I felt that the person's care hadn't been given properly or if I felt they were neglected." There were policies and procedures in place, and all staff we spoke with were confident concerns would be acted upon.

We reviewed the arrangements for monitoring medicines at the service and found this to be safe. Medicine administration records (MARs) contained detailed information, describing the medicine, any time critical aspects for administration, potential side effects and interactions with other substances. People's care plans and MARs included information on any allergies people had. Records were up to date and easy to follow. MARs were audited regularly. Staff received training in medicines administration, and had their competency assessed by senior staff which consisted of observed practice and a test of their knowledge.

Risks to people were assessed appropriately. These included environmental risk assessments, mobility risk assessments, and manual handling. Care plans included details of what specialised equipment people had, their serial number, and who was responsible for their upkeep and inspection. Medicine risk assessments

evidenced that they were updated according to current best practice guidelines. There were appropriate accident and incident reporting structures in place.

Staff received training in preventing the spread of infections, and told us there was always personal protective equipment (PPE) available. There was a large stock of PPE and information about correct hand washing techniques in the office location.

## Is the service effective?

### Our findings

At our last inspection in November 2015 we found the service was effective and awarded a rating of good. At this inspection, the service remained good.

People we spoke with told us they felt staff were competent and well trained to meet people's needs. New staff received a comprehensive induction and training programme. Training included a course called 'death, dying and bereavement'. This covered staff's obligation to protect people's right, factors affecting end of life care, and information on the rituals and cultures of each religion and how staff could make sure people's wishes were respected. New staff 'shadowed' experienced staff until senior staff were confident in the staff member's competency. One staff member said, "I gave my feedback on a new starter who was shadowing me, I went to the office and said [Staff name] was really good, a natural carer and now they are out on their own. The registered manager asked [Staff name] what they thought of me as well. It was nice for me to have that."

Staff told us they received good support and monitoring through supervisions, appraisals and observations. One member of staff said, "They do our supervisions every couple of months to make sure we are up to scratch." We saw one observed practice where the assessor noted: '[Staff name] communicates well, is professional, promoted [Name's] dignity by asking if they would like to be covered with a towel and closed doors.' Other areas observed included moving and handling technique, infection prevention and medicines competency.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We looked at whether the service was operating under the principles of the MCA.

Staff received training in the principles of the MCA. There was information in the office about the key principles of the act. Staff we spoke with were knowledgeable about capacity and consent. We found that where necessary relevant documentation was in place from social workers and the court of protection.

People were assessed appropriately before using the service. This included recording information about their social and healthcare network, as well as their health needs and how they wanted them to be met. As part of the assessment, the service used a community OT to perform their own mobility assessment and give advice and guidance for staff on how to meet their needs.

People were supported to eat and drink enough. People's food preferences were recorded in detail, and where necessary people's dietary intake was recorded. Staff noted exactly what people had to eat, and how much they had eaten. One person's care plan read, 'I can make my own meals but need certain foods preparing. I will ask for jars to be opened. I dislike mushrooms and cabbage, and like things in season'.

People agreed that staff monitored their health appropriately. One person we spoke with said, "They take care of me, they would notice if I'm not feeling too good when they come they ask me. Always ask for an appointment. That's a big boost, they can get through to the doctor straight away whereas we can't. It's very reassuring." Another person we spoke with said, "They are very good and if they don't think I look so well they advise me, one day they sent the ambulance for me which was quite good."

Care plans contained detailed notes from other relevant health and social care staff such as district nurses and GPs. We found that the service monitored people's health using charts to evidence a range of health outcomes, for example urine monitoring, food and fluid monitoring and repositioning charts. A health professional we spoke with said, "Generally they are very good, approachable and do what they are meant to do. They are a very good bunch, no complaints from anyone I've spoken to about them."

One staff member we spoke with said, "Mainly the office deal with communication from district nurses and GPs but if we need to know, we can talk to them as well. We are always informed of people's needs, for example more repositioning than normal because of sores, what creams to apply or what to report."

## Is the service caring?

### Our findings

At our last inspection in November 2015, we found the service was caring and awarded a rating of good. At this inspection, we found the service remained good.

Everyone we spoke with gave praise for staff's kindness and compassion. Comments included, "Everyone turns up no matter how hard they are working with a very positive attitude. I don't know where they get their attitude, they are all very reassuring they come in and they are so kind and lovely.", "Very much so, they are kind and polite" and "I would say [Staff name] goes above and beyond for me, they are always cheerful and fantastically adaptable. It's just like welcoming a member of your own family into the house, it's really important, it's quite an intrusion having a stranger come to your house but it's very easy to have them around, they have become friends." At the last satisfaction survey in September 2018, 18 out of 18 respondents said staff were warm and friendly and took the time to listen to their needs.

One member of staff was experienced with DIY and so they helped people with odd jobs on their own initiative, for example they noticed a person was very cold and discovered there was an issue with the central heating. With the person's permission they fixed it themselves. Another member of staff advised all staff visiting one person when motor racing would be on television so they could ensure their television would be tuned to the correct channel because they had a passion for motor racing. We saw another example where a published author had mentioned in their acknowledgements section of their latest book that without the caring support from staff they would have been unable to write the book. Two care staff had also recently received a letter of thanks from the police for using their skills to assist in a serious road traffic accident.

The service received 27 compliments and letters of thanks in 2018. There was individual praise for staff. Comments included, 'Staff are wonderful and caring', 'Staff are patient and motivated, having a laugh with them is better than medicine' and '[Staff name] is a brilliant listener'. One letter we read said, 'We appreciated everything you have done to support [Name], you've gone over and above to help them.'

People were empowered to lead independent lives. People we spoke with told us without the support of staff they wouldn't be able to live in a way they wanted to. In people's care plans people had individual aims or objectives they wanted to achieve, and where they had said their independence was important to them this theme was carried throughout the care plan in all aspects of their care. One person said, "I did stay in a nursing home and I did not like that. I thought that they were wonderful, but I'd rather have the staff from Continued Care from Oakville Limited than going there. They help me to live independently."

People's we spoke with said staff protected their privacy and dignity. People's privacy and dignity was upheld by knowledgeable staff. Staff understood how t the last satisfaction survey in September 2018, 17 out of 18 respondents said they always felt dignified when receiving personal care.

The service took into account people's diverse cultural and religious needs. They were recorded sensitively in people's care plans with information about how they wanted staff to help them. We did not see any

examples where people required specific assistance, however staff received training in equality and diversity.

## Is the service responsive?

### Our findings

At our last inspection in November 2015, we found the service was responsive and awarded them a rating of outstanding. At this inspection, we found the service was good.

We found there were examples where staff went 'above and beyond' to make sure people were well cared for. On one occasion, staff had taken someone to Blackpool beach because they wanted to do so, and the service had used its own funds to make up the cost which was not covered by the local authority. Photographs showed the person clearly enjoyed the trip, and that another was planned to take them to see the illuminations at Blackpool. We saw an example where staff had assisted when a person's pet fell ill, the person sent wooden hearts and a letter of thanks to staff for their efforts to help and take the pet to the vet. We saw an example where a member of staff had taken a person to their favourite pub for a pizza. They reported to the registered manager how much of a difference this made to the person's wellbeing, and in doing so the service was able to secure extra funding from the local authority to enable social visits to be added to the person's care package.

Care plans contained highly detailed, person centred information and guidance for staff which was linked to personal objectives or 'aspirations' as well as physical care needs. For example, one person's aspiration was to remain independent for as long as possible, and this theme was evident in all aspects of their care plan. Instructions for staff on a range of areas from bathing and washing to dressing contained evidence a person centred approach.

People's holistic wellbeing was at the centre of the service's aims and that staff knew how to meet people's needs in a way that made them comfortable. This also showed that people had been instrumental in planning how their own needs would be met. In another person's care plan, staff were instructed to 'Place a folded pillow case in-between my legs and feet so they don't rub. Cover me with a blanket, and place a 'V' shaped pillow behind my neck.' Care plans contained detailed information on people's life histories, likes, dislikes and preferences. Daily routines were written in the first person and gave very detailed instructions for staff on how to meet their needs. One care plan read, 'Ask if I would like my hair washed, if I don't, put my shower cap on. Please feed my cat. Get my medication and put into the egg cup and leave on the table. Open my blinds and ask if I require the window opened.'

The service was focused on improving outcomes for people's lives as well as meeting their immediate needs. Care plans were reviewed regularly and in partnership with people and their representatives. Care plans included minutes from multi-disciplinary meetings held between staff and other healthcare agencies. One meeting we reviewed included suggestions to care staff from the community occupational therapist for helping mobility in the person's limb, use of new equipment, changes to the person's medicines and what activities they had enjoyed and wanted to do in future. This had been implemented in an updated care plan.

The service has innovative ways of communicating with staff who work in the community to make sure they are informed of changes, know about best practice and can share views and information. The service's

electronic monitoring systems also meant that staff were able to receive immediate notifications about changes to people's needs so that they could be informed and prepared before delivering care. One member of staff said, "With the smart phones we get emails, messages or the rota. You get emails about people's needs. This makes communication brilliant among staff, for example with [Name] the previous shift carer used the system to mention that [Name] had felt a little sick, could the next carer monitor this. I was the next person to go to [Name] so that really helped me meet their needs and monitor them."

The service operated an electronic 'service user portal.' This could be accessed remotely from people's or their relatives own home. This allowed people to access and view their care schedules and see which staff were attending the visit, amend visits and send any important messages directly to senior staff and coordinators. This meant that people could ensure care was responsive to their needs.

The service supported staff with skills and knowledge to use them for the benefit of people who used the service. The registered manager said, "One of our latest carers is a Zumba instructor and we've offered it to clients and staff. It helps with stability and mobility and it's a social thing. They can bring their friends!" We saw in the latest newsletter that Zumba classes were being advertised. Another example we saw was where a member of staff with hairdressing experience helped other members of staff improve their hair-care skills.

Staff we spoke with were confident that care plans contained up to date and relevant information to meet people's needs. One staff member said, "Care plans are good, straight to the point and step by step, what happens and they are all kept up to date so if anything changes it's changed straight away. We all know the clients, but for new staff it does say 'needs prompting' or you need to give help or assist."

The registered manager understood the service's role and responsibilities in working with other healthcare organisations to deliver end of life care. People's religious and cultural wishes were recorded sensitively in people's care plans. Staff received detailed training in the differing cultural aspects of death and dying between religious and spiritual groups so that they would be prepared to meet people's needs.

There was a complaints process in place. Information on how to complain was available in people's information packs which accompanied their care plans, and people were actively encouraged to give feedback. People we spoke with said they had no reason to complain, or that if they had complained it had been resolved to their satisfaction. Everyone we spoke with said the office staff were open, transparent, and responsive to their concerns. Complaints we reviewed had been responded to in a timely and appropriate manner, and investigations were conducted thoroughly. Complaints were analysed for trends and themes, for example if the complaints related to care, finance or another aspect so that any areas of improvement could be identified. People we spoke with told us they were confident they would be listened to and knew how to complain. One person said, "I feel if there was something I want to talk about I've always found them very helpful and I do ring. Just things I need to know. They are very nice."

## Is the service well-led?

### Our findings

At our last inspection in November 2015 we found the service was well-led and we awarded a rating of good. At this inspection we found the service had improved to outstanding.

The registered manager demonstrated a commitment to high standards of practice and had been recognised by external bodies for their delivery of quality care and innovative practices. The registered manager had been invited to contribute to the 2018/19 parliamentary review for adult social care. The parliamentary review allows business and public sector bodies to share and promote best practice within policy sectors, with the goal of raising standards. The registered manager was also a director for the North Yorkshire independent care group which cascades good practice to other services. They had also won an 'outstanding contribution to adult social care' award from the 'Great British Care Awards' since our last inspection. The Great British Care Awards are a series of national events which celebrate excellence in the adult social care sector. Subsequently they had been invited to sit on the panel at the 2018 award ceremony as a judge.

The service sustained outstanding practice over time and worked towards, and achieved, recognised accreditation schemes. At the last inspection in November 2015, the service was an ISO 9001-2008 accredited organisation. ISO 9001-2008 is an international standard that specifies requirements for an effective quality management system. This was completed by external auditors who verified and benchmarked the employed governance and quality systems against the internationally recognised standard. The service had been recertified since our last inspection. The service was also accredited by Investors in People, a standard for people management. It held 'gold' status, which is only achieved by 2% of businesses, demonstrating good organisation and leadership. Since the last inspection in November 2015, the service had been re-evaluated and had retained these accreditations.

The service had a clear vision and purpose. We saw that the service was committed to achieving these aims. Each person received a welcome pack which had a copy of the service's vision and values: 'We aim to provide excellent care and endeavour to respect rights by maintaining privacy, dignity, independence, choice, civil rights, security and fulfilment which can be threatened by disability or ill health. We aim to work in partnership with yourself and your representatives to support you in meeting your aims and goals.' Feedback from people, staff and documents we reviewed demonstrated that the service operated under these principles.

The service demonstrated that they wanted to take a positive role in the community and provide support to external organisations as well as people who used the service. The service worked in partnership with a charity called Pioneer Projects which ran a weekly event for people living with a dementia related condition so they could participate in activities safely and give their families respite. The service provided an experienced member of staff for the event so that people's personal care and moving and handling needs could be met safely and the event could continue. Activities included art classes, storytelling, dancing and singing. There were also refreshments and hot food. Thanks to a suggestion by the member of staff, people's art was displayed in the windows of the service's office location so the community could see what people

had made. A representative of the organisation described staff as, 'Consistent in their absolute dedication to the participants, they have never let us down in any situation over all the years, remaining calm, respectful and upbeat' and described the organisation in positive terms, saying, 'Co-operative working has developed over the years into a fully trusting relationship with referrals, advice and communication to families/carers going both to Continued Care and to Pioneer Projects, following a weekly regime of recording systems. I regularly need to ring through and always find the staff cheerful and helpful, we have put up exhibitions of artwork in the shop window, illustrating the power of creativity present in those living with a dementia.'

The service had developed and sustained a positive culture in the service and they empowered staff to contribute to the development of the service. The service actively sought the views of others. The service demonstrated that they always acted upon their ideas and concerns. All staff we spoke with told us the service was a positive place to work, and that they felt well supported and involved in the development of the service. One member of staff said, "The service enables me to do extra things for people. It's a brilliant company. If you have any problem there is an open-door policy, any concerns - they sit listen and act. If I had any ideas they do listen. Sickness levels were quite bad, so I said that they need an incentive and they went and implemented it." Another member of staff said, "The deputy manager is very good, very approachable. If they can't sort it, they'll get back to you. Everyone seems to like [Name], they came in with the right attitude, staff know they will go out and do care visits themselves, and sort issues out for carers."

The service demonstrated that it took a positive approach to staff engagement. There were regular staff meetings among different staff groups, from senior staff to coordinators and carers. Six senior meetings took place in 2018, at the latest meeting in October staff discussed new appointments, key worker roles (which had been suggested by a member of staff with a residential care background), supervisions, recruitment and the on-call staff rota. At the latest coordinator meeting, staff discussed rotas, diaries, a person who was supported to go on a short holiday, a letter of thanks from someone whose pet staff helped, and a thank you to staff from the registered manager for those who had assisted during school holidays. Vouchers had been sent to staff as a result. The registered manager and senior staff had also undertaken mental health training for employers. As a result, they had modified their 'back to work' forms to reflect on any mental health issues that may have previously been unknown. There was also a staff newsletter which included important updates and any relevant guidance from organisations from NICE, for example an article on looking for the signs of sepsis.

There was positive and meaningful engagement with people who used the service, and the service found creative ways to enable people to voice their opinions. For example, one person who was experienced in the field of recruitment sent in their assessments of new staff from the perspective of a person using the service and their questions were included in the interview stage as a result. This demonstrated that the service engaged innovatively with people and their feedback was used to improve the service. The service also used surveys, questionnaires and newsletters.

At the latest survey in September 2018, people gave universally positive feedback on a range of aspects of care. As an action from the survey, thank you cards were sent to individual carers mentioned by people in their comments. Comments about care were universally positive and gave high praise for staff. We saw where one person had said they had not seen the registered manager, an action was created for the registered manager to visit them and they had done so. Another person had suggested that an up to date list of care staff would be helpful, this was then sent out in the next newsletter. The service donated money to a local hospice for each response as an incentive for people to give their feedback, and had donated £50 because of the number of responses received.

The service demonstrated that they worked proactively with partner agencies to reflect, learn and improve

practice. We reviewed the service's quality monitoring arrangements. The service undertook regular quality checks and audits of documents. For example, two care plans a month were audited thoroughly. The care plan audit investigated the accuracy of information, whether the person's cultural needs were met, whether risk assessments were appropriate, whether it flowed, and whether the person was involved in decision making about their needs. The service also sent a questionnaire to partner agencies and healthcare professionals to gather their feedback on how they thought the service performed and met people's needs, and used this as a quality assurance process. Responses were also universally positive about the professionalism and quality of staff. One professional commented on an instance where they thought staff confidentiality was not as good as it could have been. As an action point, emails with lessons learned were sent to staff, a staff meeting took place and staff were reissued with the service's confidentiality policy. The registered manager also submitted notifications to CQC in a timely way.