

Forest Homecare Limited

Forest Homecare Limited

Inspection report

The Old Coalyard, 61 Alderford Street
Sible Hedingham
Halstead
Essex
CO9 3HX

Tel: 01787463222

Website: www.foresthomecare.co.uk

Date of inspection visit:

11 December 2019

08 January 2020

20 January 2020

05 February 2020

Date of publication:

27 March 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Forest Homecare Limited is a domiciliary care agency. The service provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 270 people who used the service that received personal care.

People's experience of using this service and what we found

The leadership of the service continued to be outstanding. People, staff, relatives and external professionals were extremely confident in the management of the service. The operational manager and registered manager, supported by their senior management team, had established a person-centred ethos amongst the workforce, that consistently delivered quality care. The service was extremely well-led. Robust systems to monitor and assess the service provided helped the registered manager to identify where improvements were needed, and these were addressed quickly. People were asked for their views about the service and these consistently demonstrated a high level of satisfaction relating to the service they received. All staff spoken with were extremely passionate about providing high quality care to people. Service governance systems and oversight of the service were robust. Issues were identified, and actions taken to address any shortfalls.

People were supported by staff in a way which was exceptionally caring and compassionate. The people we spoke with, their relatives and health care professionals without exception praised the staff and the organisation of the service. People considered they were truly involved in their care planning and were treated with respect and dignity.

At this inspection we found substantial evidence that demonstrated people received an outstandingly caring service which continued to be delivered by a service which was rated outstanding in the key question for well-led at the last inspection. This was due to excellent leadership from the operational manager, registered manager and well-trained staff.

Everyone we spoke with provided exceptional feedback about how caring and supportive the staff were and so often went the extra mile to ensure people were content. They told us about the positive impact the service had on their lives such as enabling them to stay in their own homes and maintain or increasing their independence. The service had worked with other professionals to develop a rehabilitation function as the need to support people out of hospital to prevent delayed discharges had been identified as under resourced in the area where the service operated. People were assessed in hospital by senior staff of the service and when possible were supported home with a six week care package of rehabilitation delivered by the service.

There was a thorough, co-ordinated and holistic approach to planning, managing and reviewing people's

care and support. Staff took time to get to know people and the comprehensive assessment of their needs identified the support required to meet their specified needs. Staff spoke empathically and respectfully about the people they supported and people told us the staff were motivated, understanding and kind to them. Relatives were extremely pleased with the level of care provided by Forest Homecare and discussed how the support had made positive differences to the quality of their relative's life.

The operation manager was a leader and a spokesperson for various networking groups and volunteering projects, and promoted a culture of shared learning, staff development and improvement of service provision. Staff were trained, inducted and supervised to ensure they were skilled and competent in their roles. Senior managers also developed staff along with the registered manager so that some staff had become champions in various aspects of care, such as dementia.

The service continued to organise staff into small working teams so that people get to know the staff well who are supporting them. Managers take time to identify staffing interests with the interests of the people they support to increase the likelihood of them enjoying each other's company while care is being delivered. People told us that the staff came on time and stayed for the full length of the allocated time for their care.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively. People informed us the staff virtually always came within the schedule time of their care appointment and had never let them down. Should the staff be running late people were informed of this information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Peoples preferences for eating, drinking and meal preparation were clearly recorded in care plans when staff were required to support the person with those needs.

People felt respected and valued as individuals and were fully involved in making decisions about their care and support. Their life histories and routines were discussed and recorded in care plans, and people told us they were involved and included in their reviews and care plans. Complaints were documented and responded to, and people told us they knew how to complain. There was no one receiving end of life care, however staff were trained and skilled in end of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 May 2017). The key question for well-led was rated Outstanding

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Forest Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and to seek permission, if we could visit people in their own homes to speak with them about the service.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited the registered office and spoke with the operational manager, one care co-ordinator and four care staff. We visited four people who used the service with their permission in their own home

We looked at six people's care records and a selection of medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records regarding the management of the service.

After the inspection

We spoke with 20 people and five relatives of people using the service on the telephone to gather their views of the service. We also spoke with 5 healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff clearly described the process to us they would follow if they felt someone was being harmed or abused.
- Training in safeguarding was provided for staff and discussed at team meetings and supervision sessions. Information for people was available in the service user guide.
- People told us they felt safe with the staff who came to support them. One person said, "I know all of the staff who come."

Assessing risk, safety monitoring and management

- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition and the person's home environment.
- Risk assessments were reviewed as and when people's needs changed and as part of their six-monthly care review and staff understood the actions they needed to take to minimise the risk of avoidable harm.
- People told us they felt safe. One person told us, "They always use the key in my key safe to let themselves in and out."

Staffing and recruitment

- Staffing rotas evidenced and staff said their workload was manageable and they frequently visited the same people. The registered manager informed us they tried to arrange staff to work in small teams so that the staff attending each person was consistent.
- People told us staff always came to visit them on time, and they knew who was coming because they had a copy of their rota. One person told us, "They have never let me down." Another person told us, "Much better with Forest, never knew when the last company would turn up, these are as regular as clockwork."
- The service continued to have a robust recruitment process in place which ensured that only those suitable to work in the care sector were employed.

Using medicines safely

- People were supported with their medicine needs as per their assessment. Staff told us independence regarding medicines was encouraged but they would discuss any concerns with the person, their relatives and managers of the service.
- Staff had been provided with medicines training and a series of competency assessments, including observation of their practice were carried out by senior staff.
- The operational manager ensured regular audits and spot checks of medicines were completed. Should

an error occur the service had a detailed procedure to follow designed to seek medical advice and assistance.

Preventing and controlling infection

- All staff had completed infection control training as part of their induction and on-going training.
- Staff were provided with gloves, hand gel and clothing. A member of staff informed us the service never ran out of equipment.

Learning lessons when things go wrong

- There was a practical approach to lessons learned as the senior staff considered potential scenarios of potential events that could affect how the service operates. For example, the service could access vehicles during inclement weather to support those people deemed to be in the greatest need. Staff informed us the operational manager was open to feedback and suggestions to improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and their choices of how they wished their care to be delivered were clearly recorded. This formed the basis of their care plan.
- Before care packages began, people were assessed by a senior member of staff to ensure their care and support needs could be met.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes and hoists.

Staff support: induction, training, skills and experience

- New staff completed a detailed induction programme and did not work unsupervised until they were confident they could do so and had been signed off as competent by a senior member of staff.
- Staff were supported to develop their knowledge and skills through training, supervision and appraisals with opportunities to achieve qualifications in care available. One staff member told us, "Forest is a good company to work for because they do provide very good training."

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

- Where support with meals and drinks was identified, this was recorded in the person's care plan. Preferences for favourite foods and drinks were recorded and any allergies.
- Staff had received training in how to support people with eating and drinking and to recognise signs of malnutrition and dehydration.
- Where staff were supporting people with meals provision people informed us the staff were polite and provided choice. One person told us, "They always offer me a choice of what I have in the freezer."

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

- Collaborative working with other agencies, such as GPs and district nurses, had provided effective care. We became aware during the inspection the service had responded immediately to requests by the local authority when care was required at very short notice.
- People told us staff would make health care appointments for them and support them to attend. One person said, "A member of staff came with me to my appointment and I was most grateful for that."

Supporting people to live healthier lives, access healthcare services and support

- People's records recorded that where other professionals were involved, their input was acted on by staff and incorporated into their care plans.

- People's relatives told us staff were skilled in identifying issues which may affect their family member's wellbeing. A relative informed us that the staff had become aware that their relative's ability to stand had deteriorated and as a result they had brought this to the attention of the GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People told us they were encouraged to make decisions for themselves and felt involved in making choices. One person told us, "The staff always ask and check with me if it is alright to do anything."
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were extremely passionate and enthusiastic when they spoke about the support they provided. People told us without fail how staff cared for them in ways which went above and beyond what they expected. Relationships had been built upon trust that people knew each other well and staff would not let the person down and would always attend the care visit.
- A person told us about the positive impact staff had on their feelings and wellbeing. They told us, "I look forward to the them coming and usually they are the only people, I see from one day to the next." They also explained staff treated them with respect and were in their opinion the best.
- Without exception the relatives we spoke with praised staff because of the caring treatment provided to their relatives. One relative told us, "It is reassuring these kind and compassionate staff look after [my relative] so well. We can go away on holiday with peace of mind." Another relative explained how they liked the fact that staff always asked before they left, if there was something else they could do and staff had visited their relative in hospital when they were unwell.
- Our discussions with staff showed they knew the people they supported well, including their likes, dislikes and preferences and had used this knowledge to establish positive relationships. Staff consistently spoke about people in a caring and respectful manner. This was also demonstrated in the following example. A person refused to attend hospital appointments for various reasons and a member of staff although not funded to do so knew how important those appointments were for the person's health. The person agreed to attend hospital with their main carer so long as they would take them and be present all of the time. The member of staff did this in their own time as they knew the importance of the health care assessment.
- Support was provided at the times people wished and care visits were increased and decreased in line with people's independence changing or when families were present to support them.
- Staff received equality and diversity training to help them support people through their increased knowledge of how to support people. The impact was that the staff were able to support a person with their meals which had to be prepared in a certain way because of their religious beliefs.

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

- Staff understood that many people who received personal care were no longer able to live their lives as they were used to or wanted to. They understood the importance of improving people's day to day experiences and empowering them to retain control of as many aspects of their lives as possible. For example, supporting people to have a shower which they could get into and out of instead of a bath and supported the person to remain independent. If people needed independent support with making decisions, the registered manager had information available about advocacy services.

- A person required support having recently moved to the area and knew nobody other than their relatives who could only visit at the weekend. Having listened to their thoughts and feelings the staff arranged for the person to attend a day service and also found and arranged for them to visit a hairdresser.
- The operational manager and staff ensured people were communicated with in a way which was both meaningful and effective. Some people using the service communicate by lip reading and staff had been given training about how to make this effective. Other people communicated using laptops to type information where they found speaking difficult.
- People's backgrounds and interests were used by the senior staff to help match them to staff they would have common interests with. The benefit being a positive rapport was developed between the people using the service and staff speaking about their interests. This included television programmes particularly quiz shows and games including football. The benefit was it encouraged the people to continue to enjoy and share their knowledge of their interests.
- People with limited sight had required information to be read to them by staff. Additional time has been allocated so the staff could do this. Care plans also expressed the importance of not moving anything in the people's home hence avoiding it becoming a trip hazard. We saw in the care plans how staff communicate with people that had hearing difficulties by writing on wipe boards.
- To support people with allergies it was agreed that staff would only walk upon dust sheets and wear over shoes when supporting.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives shared examples of how the staff consistently respected people's dignity. This included during personal care by ensuring that people were covered up as much as possible and doors and curtains being closed.
- The care co-ordinator and staff arranged earlier or later visits to support people attend appointments and social functions.
- All of the people we spoke with informed us that the staff treated them with respect. Staff came on time and stayed for the full length of the care visit and spoke with people with understanding and used the name they preferred.
- Staff recognised how important people's independence was to them and support to help them retain their independence as long as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "I do as much for myself as I can, but it is reassuring the staff are here to help me with the rest."
- People's personal information was kept secure and staff understood the importance of maintaining people's confidentiality.
- People were empowered to stay as independent as possible. Staff supported people to contact organisations and clubs of their interest and choice to arrange visits. As a result of care reviews the reviewing staff member supported the person if required, to contact the local authority to discuss support for any additional needs identified. This included day care and social groups.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were consulted about what they needed and felt included in the assessment process and anything they did not understand was explained to them. One person said, "The staff were pleasant and helpful." A relative told us, "There was good communication between us and this has continued."
- Each person had a care plan that had been written from a thorough assessment of the individual's needs to form a highly detailed and personalised care plan. Reviews of care were regularly arranged with the person at set times or more frequently when required and the care plan was amended as necessary. Care plans were written in a person-centred and respectful way.
- The service had worked proactively to support people to remain in their own homes. For example, concerns were raised by staff regarding an older person living with dementia not eating and drinking sufficiently. The service raised their concerns with health and social care professionals and family members. As a result of a meeting, an additional care visit was agreed and the person's weight increased with a staff member preparing and supporting with their main meal.
- The service was responsive and flexible to changes in people's needs, for example extra calls and support had been provided to a person following discharge from hospital and for another person who had fallen.
- Where a person had chosen to carry out an activity which put themselves and members of the public at risk, staff had worked with the person to explain why they could not carry out the activity. They had also provided support providing relevant alternative activities to the person. The impact was that the person refrained from these activities, hence keeping themselves and members of the public safe.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's methods of communicating, including verbal, non-verbal and use of technology to assist communication was documented in their care records. Information was available in other accessible formats for people who required this, such as larger print and easy read. Preferences were discussed as part of the initial assessment process, and it was clearly recorded if people preferred telephone, face to face, e-mails or other forms of written communication.
- Thought and consideration was given to people's communication preferences. For example, people who struggled to read the usual print font were sent enlarged copies of the rota so that people knew who was coming for the care visit. The service had supported one person with hearing difficulties to learn how to send a text message and they used this form of communication with their carers and co-ordinator.

- People's sensory needs were recorded and known by the regular staff that supported them. Hence staff knew when supporting people to check their glasses were clean and their hearing aids were in working order.
- Staff referred people to and also sought the opinions of professionals to support people using the service with communication needs. Staff explained to us how they used non-verbal communication such as hand gestures to help explain themselves to the people they supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Feedback from the people who used the service and their relatives demonstrated the positive impact that the quality of care provided had upon helping to prevent isolation. One person told us, "The staff encourage me to pursue my interests and get out to see people." A relative told us, "It is reassuring to know that when we cannot get over to see [my relative], they are not alone all day."
- The service also supplied a newsletter to the people who used the service and welcomed their input to be included in the next edition.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them.

Improving care quality in response to complaints or concerns

- The service received many compliments from the people using the service and their relatives for thanking the staff for the support they provided. We saw a range of thank you cards and letters expressing appreciation and thanks for everything the staff had done.
- People and their relatives told us they knew who to speak to if they had any concerns and were confident they would be addressed. One person told us, "I have never needed to complain but I have the information here of who and how to contact." A relative told us, "Never complained but I have spoken with the staff at the office at times and they are polite and friendly, nothing seems too much bother."
- The operational manager explained that staff were supported to ask how the person was at each call visit and to check with them did they have any concerns. As the service worked in small teams people were supported by the same regular staff. Staff got to know the person well which enabled them to be aware of any changes of behaviour which may cause concern.
- Senior staff carried out reviews of care at the people's homes and also spot checks upon how well staff were performing. This was also an opportunity to meet with the people using the service to determine if they had any complaints.
- All complaints were well documented and responded to in line with the organisations policy and procedure. People told us they knew how to complain and would call the office and speak to the manager.

End of life care and support

- Staff had received training in end of life care. There were processes in place to confirm this sensitive situation would be discussed with people and their families as necessary. When carrying out a review this situation was raised in case the person wished to discuss or had changed their minds.
- Staff were supported by the service to attend funerals.
- A relative informed us that their relative had recently passed away and they had nothing but praise for the staff who had worked with other professionals so that the person could pass away peacefully in their own home.
- Staff worked with other health professionals if needed to ensure people had a pain free and dignified death. The service had ensured that staff who provided end-of-life care had appropriate training, skills and experience.
- One health professional wrote to the registered manager after a person had passed away while receiving

end of life care from the service. They stated, 'They had a cracking life and was independent to almost the very end. I'm sure the family have appreciated all your support, you've been amazing in the care you've provided and coordinating everything. It's been much appreciated by myself.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Every person using the service and their relatives we spoke with said they would not hesitate to recommend the service to others. This was also confirmed by each member of staff we spoke with. Staff told us they felt proud working for Forest Homecare and that they were well informed of any organisational changes.
- People and their relatives spoke favourably on all aspects of the service, notably the quality of care and how it was run. It was clearly evident that the leadership team led had continued to develop a culture within the service where there was a focus on the provision of outstanding care to people.
- People using the service consistently praised the management of the service. One person told us, "I cannot fault them and I would not be in my own home without their help."
- The operational manager informed us, the wellbeing of staff was an important part of the organisations vision and values. They frequently checked that staff were content with the hours they were working through team meetings and supervisions. Staff were encouraged by the culture to check with senior staff while going above and beyond to provide quality care.
- A member of staff reflected on their decision to work at Forest Homecare and said, "There is a very good team atmosphere of helping each other and very good training."
- A professional informed us that the service had been supportive and not critical of delayed hospital discharges and done all they could to resolve the situation and support other services.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The operational manager clearly led by example and had invested time and effort into ensuring all of the other managers in the service had the same passion and drive. We saw various examples where the operational manager had arranged specific management training for senior staff including studying what is the duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The service had a detailed business continuity plan designed in response to the duty of candour that the service would be able to continue to function and safeguarding the interests of the service users.
- The operational manager had worked with the local authority and other providers to understand and address an issue called problematic care packages and how more satisfactory outcomes can be achieved.

The impact was that the service were able to provide support to people which was reviewed as necessary with representatives of the local authority.

- Senior staff had dedicated areas to 'champion' such as medicines, catheter care, safeguarding, and training. This meant these staff had acquired increased knowledge in their chosen champion area which was shared amongst the staff team and they were a contact point for additional support.
- Staff felt they could discuss issues with the senior staff in a meaningful and professional way for the benefit of the people using the service.

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

- There continued to be a clear management structure in place with each person's roles and responsibilities clearly defined. The registered manager was also the owner and they were supported by a senior management team consisting of an operations manager and care manager to provide effective oversight and governance of the service.
- The senior management team understood that the recruitment and retention of competent, valued and supported staff was essential to delivering high-quality care and to building a skilled and competent workforce. They had established a career pathway to support staff to progress into more senior or leadership roles within the company by gaining additional qualifications and taking on additional duties.
- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- The senior management team understood that the recruitment and retention of competent, valued and supported staff was essential to delivering high-quality care and to maintaining and building a skilled workforce.
- There were high levels of satisfaction amongst the staff team and all staff told us they felt valued and supported. They told us, "You never feel you are struggling on your own, you can always talk with someone at the office and they will help."

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

- The collection of the views of the people using the service and their relatives remained central to driving forward improvement and service development. Regular surveys were used to seek feedback about the quality of service provided. The results of the last survey were positive with people extremely satisfied with the quality of care provided. The analysis of the information was positive in particular that the service had not missed any call visits in the past year and only two late visits were recorded which were fully investigated.
- There continued to be high levels of engagement with staff to ensure that their views were heard and acted upon. Staff meetings were well attended, and surveys provided staff with an opportunity to share feedback. The feedback continued to be positive with no concerns or suggestions of improvements required by the staff.
- The service had a systematic approach to working with other agencies to enhance people's care. This was evident in the case of one person, where due to their complex needs, the operational manager had been involved in multidisciplinary meetings with a range of healthcare professionals to review the person's care needs.
- The service sought the views of other professionals to determine how the service could work with them. One healthcare professional informed us that, Forest Healthcare were always willing to support us with any pilots we are running and always give feedback on events and training we run. I have supported them with creating the Parkinson's Awareness Training Programme and they regularly invite me back to see the end of

life training in operation which was developed from the training I provided.

Continuous learning and improving care

- The operational manager and senior staff demonstrated a strong emphasis on continuously driving improvements. People's views and those of their relatives were at the heart of the quality monitoring and assurance processes. The operational manager oversaw monthly audits and spot checks upon staff and any lessons learnt were shared sensitively throughout the service.
- Effective quality assurance systems had sustained continual development and improvement in the service leading to positive outcomes for people. Feedback on the service was actively encouraged and used to enhance the service.
- Staff continued to receive a wide and detailed range of training in relation to people's individual care and support needs. Staff were encouraged to undertake qualifications in health and social care and to develop further skills in supporting people. The staff we spoke with told us they were given opportunities to develop their skills and progress within the service.
- The service continued to work with other services to identify any gaps in the care provision and had arranged for staff wishing to be involved in rehabilitation training to improve the care provided to people using the service. This meant the service was able to support people out of hospital and hence reduce delayed discharges. Some people did not need the service after the rehabilitation while those requiring a service were offered the chance to stay with Forest Homecare or seek an alternative service.

Working in partnership with others

- The service continued to work in partnership with other organisations to make sure they followed current practice and provided a quality service to the people they supported. The health and social care professionals we spoke with spoke highly of the service in particular stepping into providing a rehabilitation service to help people home out of hospital.
- One healthcare professional informed us, we have found service users and their representatives very complimentary indeed about the service. We know they have robust processes in place and there are no concerns over missed or late visits which is an achievement for such a large service covering a large geographical area. Care plans are person-centred and based upon an initial assessment of the person's needs.
- The team leaders and senior staff had all attended training to become 'Dementia Friends' as a commitment to tackling the stigma and lack of understanding around the condition.