

Age Concern - Tower Hamlets

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Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
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

We inspected Age Concern Tower Hamlets on 8 March 2017. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. Age Concern Tower Hamlets provides care and support to people in their own homes. At the time of our inspection, the service was caring for six people, and over 100 people were receiving care that was not a regulated activity. This was the first inspection for the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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 safe and people who used the service were protected from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff, including the CEO and as part of the training there was a competency test.

Risk assessments were thorough and personalised to individual needs and risks. Staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care. Staff were given mobile phones with an application installed to record their attendance at people's home which contained personalised information they needed to support people. People who used the service and their relatives told us their care workers had enough time to carry out all tasks and care workers told us they had sufficient time between calls.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis.

The service was exceptionally well led. The registered manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties and care workers told us they felt supported.

The registered manager was passionate about dementia care and caring for older people. They were involved in working in partnership with other organisations and also in the development of extra services they could provide to people who used the service and in the community.

The service had quality assurance methods in place such as spot checks and an annual survey.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated when relevant. Care workers told us the quality of training was good.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and expressed their preferences accordingly.

People were supported to have access to healthcare services and receive on-going support. Care workers told us they accompanied people to healthcare appointments when necessary.

Positive relationships were formed between care workers and the people who used the service and care staff demonstrated how well they knew the people they cared for. People who used the service and their relatives told us that care workers were caring.

The service supported people to express their views and be actively involved in making decisions about their care.

The service promoted the independence of the people who used the service.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and life history. Care plans were reviewed annually, with any changes being recorded.

Concerns and complaints were encouraged and listened to and records confirmed this. People who used the service and their relatives told us they knew how to make a complaint.

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. People who used the service told us they felt safe with their care workers.

People were protected from harm and care workers knew what action to take if they had any concerns about a person's safety.

The service had enough staff to support people who used the service and care workers had enough time to carry out their tasks to meet people's needs.

Medicines were managed safely.

Outstanding 

Is the service effective?

The service was effective. People received care from care workers who had the skills and knowledge to meet their needs.

Newly recruited care workers took part in an induction programme and shadowed more experienced staff.

Ongoing training was provided to staff.

People were supported with eating and drinking and were given choice in accordance with their preferences.

People were supported in maintaining good health and having access to healthcare services.

Good 

Is the service caring?

The service was caring. Care workers formed caring relationships with people who used the service.

People told us they were happy with the care they were receiving.

People told us they were treated with dignity and respect and were also given independence and private time when they wanted.

Good 

Is the service responsive?

The service was responsive. Care plans were personalised and contained detail about people's likes and dislikes.

Daily records of care were detailed.

The service had a complaints procedure in place and people knew how to make a complaint.

Good 

Is the service well-led?

The service was exceptionally well led. The registered manager was innovative and creative in developing services for people to use.

The registered manager worked in partnership with various organisations in the community and had vast knowledge on supporting their staff to care for people with dementia.

The service had robust quality assurance practices in place.

Outstanding 

Age Concern - Tower Hamlets

Detailed findings

Background to this inspection

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

The inspection team consisted of one inspector. Before the inspection, 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. We reviewed the information we already held about the service, including statutory notifications we had received and we contacted the local safeguarding and commissioning teams for feedback on the service.

During the inspection we looked at three care plans, four staff files including supervision and training records, medicine records, policies, procedures and risk assessments. We spoke with the registered manager, home and care team leader, project coordinator and four care workers. After the inspection we spoke with two people who used the service and two relatives.

Is the service safe?

Our findings

A person who used the service told us they felt safe with their care worker, "Yes, I feel safe. [Care worker] is very good." Another person who used the service told us, "I'm more than happy, I feel very safe with [Care worker]."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding alerts that had been raised in a timely manner. One care worker told us, "If I had any [safeguarding] concerns I would contact the office and raise my concern. There are many different types of abuse for example financial, verbal, physical and mental." They also told us, "If I saw any malpractice I'd tell the office straight away." Another care worker told us, "I'd tell the office if I had any safeguarding concerns. If I suspected anything to do with management, I'd go higher. I've never had to whistleblow but I'd feel that I'd be protected to do so."

The registered manager told us, "Staff undertake safeguarding training and take a test. We've brought in a test and there is an 80% pass rate and if you fail, you have to re-do the training and if you fail again we look at capability. We've even made our CEO take the test. We currently do safeguarding training every three years but we want to make it annual training." The registered manager had an active role in the local safeguarding adult's board. They told us, "I sit on two safeguarding adults boards, I sit as the older people's voice. We make decisions about safeguarding within the local boroughs and we look at things like how many deprivation of liberty applications there have been, serious case reviews, internal investigations. It gives me better clout within safeguarding and I can take forward concerns and take it to the board and ask the board what they are doing about certain things if I notice trends. It makes it possible to escalate things." This meant that the service ensured all grades of staff were competent with safeguarding and showed a culture of safeguarding and protecting vulnerable people was prevalent within the service.

Risk assessments were in place for people. These included information about risks people faced and how to mitigate those risks. For example, people had risk assessments in place about their physical environment. This considered if there were any trip hazards, if the person's bed was at the correct height and if there was adequate lighting and ventilation at the person's home to provide care in a safe manner. We saw that manual handling risk assessments included details of what staff and equipment was needed to support people to transfer safely. For example, for one person this stated, "Monitor carefully when client is moving from room to room. Always check wheelchair prior to usage and monitor client carefully whilst transferring and when using the wheelchair always use the seatbelt." One person had a risk assessment in place for when they experienced delusions. It stated, "Carers should put in place diversion tactics e.g. ask her if she would like a cup of tea or to pray as this settles her and she is a religious lady." This meant that people were protected from risks and care staff were aware of what action to take should any risk arise.

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the

qualifications, skills and experience to support people using the service. The registered manager told us, "The staff that we employ have to have care experience, they can be working as a carer or caring for a loved one." Records confirmed that all staff had experience in care.

The service used an application named 'Call Round' which was downloaded onto care worker's mobile phones in order to monitor their attendance at people's homes. All care workers were provided with a mobile phone which (unless they chose to use their own smart phones) was uploaded with the 'Call-Round' application and was password protected. The application listed the care worker's daily work timetable. The application enabled care workers to access maps in order to get directions and telephone numbers of people and their carers if they were running late. The application also used geo-tagging which enabled the service to monitor that the care worker had arrived safely at the property and their time of arrival. The application monitored when the care worker left and enabled the service to monitor the time that had been spent with the person. This meant that the service could monitor and respond to people's needs and the registered manager told us this was to ensure "Consistency in care and monitor the safety of support workers and service users." One care worker told us, "We've all had training on how to use the app and it has a positive impact on everybody. For example I have a client who forgets that we've been there, but for our peace of mind and for the office, we are able to record it effectively that we have been there." The registered manager told us, "For the support workers who do not want to use the app on their phone, this is fine and we will adapt to their needs accordingly." In addition, the registered manager told us about the handyman service that was offered to people. They told us that they were passionate about protecting vulnerable people in the community and that they always used the same three handymen so that people who used the service could recognise them and have no doubt as to who was visiting them. They said, "We always use the same three handymen so service users always know who they are. They wear an Age Concern UK ID badge and a polo shirt with the Age Concern UK badge on it. Their vans also have the Age Concern UK logo on it. This means there is safety for the service users. We tell service users what time the handyman will be there and always tell them if they are in doubt as to who is knocking at the door, not to let them in and they can always call us to confirm." They also advised, "The handy men use the app as well as the support workers so we know where they are and when they've arrived and left." This meant that the service had robust processes in place to monitor care workers and handyman attendance at people's homes to ensure their safety, and they were also able to monitor the tasks that were being carried out to support the people who used the service. This ensured that people were safe and that their individual needs were being met.

Care workers told us they had enough time between calls to get from one person to another. One care worker said, "I've got enough time to go from one service user to another." Another care worker told us, "Yes there's enough time between clients, they give us jobs that are close together." This meant that delays to people who used the service were minimised.

The registered manager told us about their processes for covering any unexpected care worker absences, "On our database we collect staff availability and staff usually sort cover out between themselves, they communicate with each other so cover is usually arranged promptly." Records confirmed that cover was arranged when needed and the application that was used by care workers contained the specific care needs for each person who used the service making it easy for the covering care worker to have the information they needed to meet the needs and of the person.

Care workers knew what action to take if there was no answer from a person they were visiting and the service had a policy in place to guide them. One care worker told us, "If I go to someone and no one answers I will call the manager and if necessary the police." Care workers also told us that they were confident in dealing with an emergency. One care worker said, "I'd call 999 [in an emergency]." The registered manager told us and records confirmed that care workers received first aid training from a London ambulance service

employee. As a result of the training, the registered manager had created one page reference documents in relation to common medical conditions and the actions to take to remind care workers. For example we saw documents relating to chest pain, stroke, sepsis, asthma, diabetes, burns and scalds and fractures. This meant that care workers always had access to these documents to ensure the safe treatment of people who used the service.

The service had systems in place for the safe administration of medicines. Care plans contained information about the medicines that people were taking and the location of where medicines were kept inside people's homes. Staff completed medicine administration record (MAR) charts where they supported people to take medicines. Where someone had taken their medicines, this was marked as "Taken and swallowed," and any refusals were recorded and reported to family and if necessary the GP. The service carried out monthly audits to ensure that medicines were being administered safely and that records were accurate. For all of the six people who used the service, each one had their medicines organised by their families. This included arranging prescriptions and collecting dossett boxes from the pharmacy. The registered manager told us they liaised with family members about people's medicines and told us about speaking with one family about having medicines stored safely in a locked cabinet due to the person having dementia. This meant that the service was proactive in engaging with families regarding the safety of medicines and protecting people who used the service.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.

We also looked at policies such as infection control, medicines, training, dignity in care and health and safety.

Is the service effective?

Our findings

Newly recruited staff took part in an induction and shadowing programme. A care worker told us, "I had a thorough induction and I shadowed a number of different support workers for a number of different clients". Another care worker told us, "When I first started I had training and I shadowed someone. Even now, if someone new starts they will shadow for two weeks. I've had wheelchair training, mental capacity, food hygiene, dementia training. There's lots of training, it's good, every time you learn something new." Another care worker told us, "The office reminds us when training is due and I keep it in my diary as well. The training is brilliant; if there's any training coming I want to do it. I recently learnt on the manual handling training that there are now a few manoeuvres we don't use anymore. You always learn something new." A third care worker stated, "Until we have finished our induction, we can't work with clients." This ensured that care workers had the appropriate training and induction to enable them to work with people who used the service.

Records confirmed that regular training was taking place and the service was monitoring when training was due. One care worker told us, "The training is really interesting and they make it fun."

Records confirmed that the service was supporting care workers to complete the care certificate. The registered manager told us, "We do the care certificate. Anybody who is new to care, we encourage them to do it." The care certificate is a staff induction training programme specifically designed for staff that are new to the care sector. The service offered the care certificate to all staff who joined the service.

Records showed that care workers received supervision on a quarterly basis. One care worker told us, "During supervision we discuss any issues that may be affecting our work, check that I'm doing the hours I want to do. We discuss if client's give any feedback on the way we care for them, for example if a client calls and tells the office something good about me, management will call and tell me and a note is made in my supervision notes as well." Another care worker told us, "Supervision is regular and very very thorough and is something I really like about Age Concern UK. It's private and confidential and my manager gives me a chance to air any issues." In addition, annual appraisals for care workers were taking place. The registered manager told us they were in the process of reviewing the way in which they carry out their appraisals and that they were devising a new format.

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.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager told us, "We know that capacity can fluctuate, especially when working with people

who had dementia so we adjust our service to meet their needs, we can do a best interest decision if we need to." Care plans contained consent forms that had been signed by people who used the service to show that they had consented to their care.

The registered manager told us, "If someone has capacity, then they can make an unwise decision if they wish." One care worker said, "I'd never force anybody to do anything, for example if they didn't want to take their medicine I couldn't force them. I'd never force anything on anyone." Another care worker told us, "Mental capacity is about asking questions in different ways and always giving options for example choosing what to wear." This meant that the service was adhering to the principles of the MCA.

Care plans contained information about healthcare professionals that were involved in people's care and any relevant letters of advice and support. For example one person had a letter from the community mental health team and there were also email exchanges between the registered manager and health professionals. People were supported to attend GP and other health appointments by care workers. One care worker told us, "We can do flexible hours with clients, for example if someone needs help going to the hospital, this can be arranged."

People who used the service were supported with food preparation and care workers told us how they ensured that options were given to people. One care worker told us, "If someone wants a sandwich I ask what they want in it. We don't want to eat the same thing every day! I visit one lady with dementia and she likes soup. I'll show her the tins of different soups and she chooses which one she wants." Another care worker told us, "If someone says they're not hungry I'll leave it five minutes and return with the food and they'll usually eat it. That's the thing with dementia, they may forget that they're hungry and it can be very effective to wait a while and return with food." A third care worker told us, "I ask people what they want for dinner, show them things from the fridge or take them to the fridge so that they can choose." Care plans contained people's preferences in relation to food and also if people had any allergies. For example in one person's care plan it stated, "Allergy to eggs and cheese." This was recorded in various places within their care plan and their daily records of care confirmed that they were not being offered these foods.

Is the service caring?

Our findings

A relative of a person who used the service told us, "The carers are very good, professional and helpful." Another relative of a person who used the service told us, "I can't really fault them, the [Care workers], they are perfect." A person who used the service told us, "I'm very happy and the [Care worker] does everything I need, she's a nice person and I am more than happy."

The registered manager told us about how the service implemented dignity and respect, "For example [Person who used the service] is a very private lady. When she gets out the bath, she can feel insecure so we have a towel to cover her to protect her dignity." One care worker told us, "I respect my clients, for example if I have to change someone I don't just strip them, I put a towel over them. If a client is on the toilet, I'll close the door in case someone comes in." Another care worker told us, "I close curtains and doors during personal care. This is commonplace." A third care worker told us, "Dignity and respect is about how to speak to people, you don't talk about them or over them, you keep them informed about what's going on and ensure they are consenting to everything you are doing during their care." A relative of a person who used the service told us care workers treated their relative with dignity and respect.

Care staff and the registered manager recognised the importance of supporting people as individuals. The registered manager told us, "We welcome anyone from the LGBT [Lesbian, Gay, Bisexual and Transsexual] community to use our service. We have put the LGBT rainbow flag on all of our assessments, care plans and on the front door." They also explained, "It's about adapting the service to meet people's needs, not one size fits all. It's about making people know they're welcome at our service." This demonstrated that the service was proactive in supporting all people in the community.

A care worker told us, "I visit all different types of people, I go to Muslim, Asian, Catholic, whoever is religious, you treat everybody the same." A relative of a person told us, "My [relative] is of [ethnic origin] and the carer can speak the same dialect, it helps, the odd phrase the carer uses will make [relative] alert." Another relative of a person told us, "The carers speak the same language as my [relative] and it helps, culturally it is helpful." Where there was a language barrier between a care worker and person who used the service, care workers told us they were still able to support the person and make adjustments accordingly. For example, one care worker told us, "You have to respect everyone's culture and background. For example I had one client who enjoyed watching television that was in their own language. I'd sit and watch with him and the family as part of the service I was providing and the family was very happy I didn't change the channel. Why would I? It's the person's preference and choice." They also told us, "I have one person who doesn't speak English but we use hand gestures and I always smile. One day we went out for a walk and before we knew it, we were laughing and joking together, I adapted to him and we get on great, despite the language barrier. You adapt to people's needs, it's all about what people want and I like to think when I get to that age, I want people to adapt to me. If I don't show respect I'll never get it back. Respect goes a long way." This meant that people's linguistic and cultural needs were being met and the impact on the people who used the service was positive and profound.

A care worker told us about the ways in which they supported a person who often liked to have time alone,

"I tend to ask, "What would you like to do with our time?" and I give them options. If they want peace and quiet, that's fine. I try and take clients out if they want to, if people can get some fresh air, that's a positive thing. For example I take one lady out, she doesn't talk but it makes such a difference, we might see a few squirrels and I can see the difference it makes for her and this makes my job very satisfying." They also told us about the ways in which they supported a person who used the service who had dementia, "I'll put films on for one person and sometimes they will remember lines from the films and this makes her happy. If she wants alone time she will gesture for me to leave the room and I'll check on her every so often."

On promoting the independence of people who used the service, one care worker explained, "I have one client who dresses herself and chooses everything she wants to wear. She will only ever ask me if she needs a thin coat or a thick coat if we are going out and I support her to choose." A person who used the service told us, "I've got independence and help when I need it."

Care workers told us they consistently cared for the same people who used the service. One care worker told us, "I've had the same service users since I started five years ago." One person who used the service told us, "I always have the same carer and they know me well." Another person who used the service told us, "It's always the same male carer, he knows me well." A relative of a person who used the service told us, "My [relative] has a very consistent carer, they are very involved every step of the way."

Care workers told us they were proud of working with the people they provided care for, "I am most proud when I leave and they're happy and that I can put a smile on their face. So many people are alone. Giving someone time makes me proud." This meant that the service actively demonstrated a caring and empathetic approach in supporting people who used the service.

Is the service responsive?

Our findings

The registered manager told us about the assessment process before they take on a new person. "We contact the person to arrange the assessment and we like a family member or next of kin to be there. If they have no one we have the skills to find out about the person. The entire needs assessment is carried out at the person's house and we have our handyman carry out an environmental risk assessment, if we think that the person needs anything doing in the home we are able to arrange that with our handyman." This meant that people were able to get support with their environment via the service directly, and there was no need for them to search for a handyman on their own.

The registered manager told us that there was a matching process after the initial assessment stating, "We want to match the person with the appropriate care worker so we look at language needs and preferences as we operate in a very multi-cultural borough. We also look at the support worker's needs and match up as closely as possible." We saw records to confirm that this was the case, for example for people who had specific language requirements, this was adhered to when possible. The registered manager told us, "When people are first placed with us they will get a welcome pack and we will phone the person or their family after six weeks of being placed with us and ask how things are going." Records confirmed that this was happening and we saw a copy of the welcome pack which included details about the service such as the statement of purpose, and details of who to contact at the office.

Care workers told us how they got to know people who used the service. One care worker said, "When I go to a client the first time, I introduce myself and I'll have an open conversation, ask them things like how they like their cup of tea. I also read their care plan before to look at the person's needs. The care plan has good information." They also told us, "Everyone's care will be different." Another care worker told us, "The care plans are good and if anything changes they are updated. Even though we have care plans, I still ask people questions and get to know them to make sure people's needs are met. There are no assumptions." A relative of a person who used the service told us, "They know my [Relative] well." This meant that the service was providing person centred care. The registered manager told us, "If the person has dementia, we will put a forget-me-not flower sticker on their care plan." This ensured that care workers were aware of people's needs and were able to get to know people using the service.

Care plans were personalised and contained information such as people's likes, dislikes, preferences and care needs, for example one person's care plan stated, "Support needed with getting ready for day centre, dressing and prompting medication." Another person's care plan stated, "Assist with washing [Person's] back and assist into the bath adhering to manual handling techniques." Care plans also contained information about people's life history, for example the jobs they had had and their current hobbies, for example, "Sewing, knitting, talking and dancing."

Daily records of care were kept for each person using the service and these were completed in detail by care workers. Daily records of care contained information about tasks that had been carried out by care workers and specific details about what people had eaten or whether they had gone out for the day with their care worker.

Records showed that care plans were reviewed annually. The registered manager told us, "In addition to annual reviews, if there are any changes we will update care plans and if someone goes into hospital we reassess them before continuing with their care." This meant that the service was monitoring people's needs, recording any changes and adjusting care plans accordingly.

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service kept a record of all complaints and we saw that they were responded to within the timeframes promised within their complaints policy. A relative of a person who used the service told us, "I know how to make a complaint." A person who used the service told us, "If I wasn't happy with anything I'd tell [Care worker] or I'd call the office." A care worker told us, "The service users know how to make a complaint, if they needed me to I would provide them with the manager's number or call the office for them, I'd encourage them to make a complaint if they needed to." A person who used the service told us, "If I had a problem I'd tell [Care worker]. I'd phone the office to make a complaint." A relative of a person who used the service told us, "I would know how to make a complaint." This meant that people were able to make a complaint and were supported in doing so.

Is the service well-led?

Our findings

The service was exceptionally well led. It had an experienced and skilled registered manager in post who provided a stable and consistent management style where care workers felt supported and included in the running of the service. Care workers told us about their relationship with the registered manager. One care worker said, "She's brilliant, I recently had a safeguarding incident and we went through it together. The following week we had a meeting about it and I was asked along to experience what goes on after the referral has been made. It was a really good experience and the registered manager updated me and kept me involved all the way through. It made me feel empowered that the registered manager encouraged me to go along." Another care worker told us, "There is a real sense of an open door policy. The registered manager will devise plans and flow diagrams so everyone sticks to the policies correctly, for example to simplify things, we have flow diagrams on safeguarding and guidance on how to make notes in people's daily records of care." They also told us, "I do feel like the working culture here is about the client's wellbeing and also the wellbeing of the staff." A third care worker explained, "I feel very supported. The registered manager is approachable and always available." A fourth care worker explained, "I feel supported in my role, we work as a team". The registered manager sent out a newsletter to staff on a quarterly basis and explained, "I do a quarterly newsletter for support workers, we want them to experience everything and have involvement in all aspects of the organisation and this includes attending meetings, it empowers them." This meant that people who worked at the service felt informed and included in the running of the service. A relative of a person who used the service told us, "I have spoken to the registered manager and they are very helpful. If I ever leave a message, I always get a call back." A person who used the service told us, "I have spoken to the manager and she is a nice lady." This meant that the management style of the service was transparent to not only care workers, but also to people who used the service and their relatives.

The service had robust quality assurance practices in place and records confirmed this. We saw that the service were carrying out fortnightly audits of care plans, medicine records, checking that supervision was up to date, recruitment checks and care plan reviews. We saw records of quarterly audits in relation to making sure office workers had a clear desk and that files were locked away securely. In addition, we saw records that the service carried out quarterly spot checks to monitor the quality of care being delivered to people who used the service. A recent spot check from February 2017 looked at the punctuality of the care workers, attitude, communication, hygiene, records keeping, food safety and hazards. The registered manager told us about a recent spot check that picked up on a discrepancy with a care worker's time keeping. They told us that action was taken immediately to rectify the discrepancy and that a meeting was held with the care worker and records confirmed this. This meant that the service had an consistent overview of the quality of care provided and actions were taken accordingly to protect and support people using the service.

The service also sent out an annual customer satisfaction survey which asked questions such as, "Does your support worker turn up on time?" and "If they are going to be late, are you informed?" We looked at 10 returned surveys and saw that feedback was positive and that people who used the service were satisfied with the care they were receiving.

The service kept a record of compliments they had received as part of quality assurance practices. We saw a 'thank you' card that had been sent to the service in February 2017 from a health professional that stated, "Thank you so much for all your on going support with [People who used the service] it is very much appreciated and I hope you know how much we value your support of the frail and elderly in Newham." We also saw another 'thank you' card from September 2016 from a person who used the service, "Thank you so much for your visits, I only wish there could have been more, thank you so much."

Records showed that management and office staff meetings took place every month and included discussions around CQC, safeguarding and the duties and responsibilities of the service. Records showed that care worker meetings took place on a quarterly basis in a meeting hall and included discussions around daily records, safeguarding, use of appropriate language and the service's fundamental standards. The registered manager told us that senior management meetings took place once a week where any concerns about people who used the service, or the service in general were raised.

The registered manager told us about their interests and passions in relation to dementia care and care for older people in the community. They said, "I've got a HND qualification in dementia and I am also an Independent Mental Capacity Advocate (IMCA). I act as a representative in the City of London and this gives me excellent knowledge when working with people who have dementia." As a result of their interest in dementia care, they told us about a 'dementia tour bus' training programme they would be offering to care workers which they would be making available in May 2017. They explained, "You get on the dementia tour bus and it strips you of all your senses and gives you a better understanding of dementia and puts you in the position of a person who has dementia. It's a sensory experience and will help to understand types of dementia such as Lewy Body which can result in hallucinations. I want staff to walk in the shoes of the people who use the service. It's about giving staff the creativity and tools to help people." A care worker told us, "I am very excited for the dementia bus training." The registered manager also told us about their relationship with a local hospice who offered something called a 'Namaste service' which consisted of therapeutic hand massages to people with advanced dementia. They explained how they had arranged this service for service users stating, "They got involved and provided hand massages for someone with advanced dementia by using personal scents within hand oil's to trigger memories." This meant that the registered manager kept abreast of new and innovative ways of providing training to staff that was relevant to their role and also services that could support people with dementia.

Records showed that the service was actively involved with recruiting trainee social workers and the registered manager told us about this stating, "We train student social workers and take them on via their universities." The home and care team leader told us, "The trainee social workers will shadow and do some of our assessments and reviews. They are up to date with social work practice so they can feed into our practice, they are learning from us and we are learning from them, it makes us much more up to date." The registered manager told us about the positive impact this had on people who used the service stating, "It takes away the fear of social services from care workers and people who use the service, for example [Person who used the service] is afraid of being hospitalised by authorities so the student social worker came with me to visit him and he could be in the same room as the student social worker and it not feel like a threat. Now this person isn't afraid when he has to be assessed or even go to hospital." This meant that working alongside trainee social workers and incorporating them into assessment processes made people who used the service feel empowered and in control of their care.

The registered manager told us about how they worked with volunteers from the community, "We have volunteers that come here, for example we have someone who is visually impaired, someone with learning difficulties, physical difficulties, they help us with data entry, filing and working on reception. We helped someone get back into paid work following their volunteering with us. We value our volunteers

tremendously and the impact on people who use the service is that if you see someone [volunteering] who represents you it's inspiring, especially as we have our volunteers work front of house." They also told us about their award scheme for their volunteers with a 'Volunteer of the Year' award stating, "I am putting forward on the next round for our [volunteer] who has been volunteering with us for over 20 years and is nearly 89 years old." They also told us about their plans to become accredited for their work with volunteers with the 'Queens Award for Voluntary Service'. This meant it was possible for people who used the service to identify and engage with volunteers they could relate to, as a point of contact when they communicated with the service.

The registered manager spoke to us about their involvement with the local police stating, "We work closely with the police on something called the Herbert protocol." The Herbert Protocol is a national scheme adopted by police services and other agencies across the country and is a risk reduction tool used in the event of a person with dementia or other vulnerability going missing. It consists of a form that contains vital information about a person at risk that can be passed to the police if the person is reported missing. A recent photograph of the person can also be kept with the form. The registered manager told us, "With service user's permission we have a photograph of them uploaded onto the police database and highlight places they like to go. This is important for people with dementia as wandering is very common." This meant that the service was initiating practices to protect vulnerable people if they went missing and meant that people who used the service were protected from harm if they were prone to wandering.

The registered manager also told us about working with the fire brigade stating, "We also work closely with the fire brigade, we have attended meetings with them to meet with people who are classified as hoarders. We were shown videos about the risk that hoarding can have in relation to fire, how to create risk assessments and the importance of having key-safes in case of a fire. As a result, we now have a 'category A' referral rating where if we send a referral to them in relation to fire risk concerning someone who hoards it will be dealt with as a priority. This enables us to safeguard the fire brigade, the service users and our care workers, it's a very beneficial relationship." This meant that the service was working with organisations to maximise the safety of people who used the service.

Records showed that the service worked with a charity called Positive East. The registered manager stated, "They're a charity for people with HIV. It's a charity we use if we get any referrals for people with HIV, we can contact them for support and also, if we have any employees that have HIV, it supports them to feel safe, secure and welcomed at our service." They also told us about recently signing up to the Dementia Action Alliance. The Dementia Action Alliance are a grouping of over 150 national organisations across England who connect, share best practice and take action on dementia. The registered manager told us, "We have to promise how we'll change and use our organisation to help people with dementia. This means we'll be able to support people and carers in their own homes to support people with dementia, for example looking at colours on the floor and lighting and looking at technology to make sure people with dementia are safe in their own homes." This meant that the service was proactive in working with organisations to come up with new and innovative ways to support people in their own homes, by helping them to create an environment that was suitable to their needs.

The registered manager advised us about their plans to visit Amsterdam in 2017 to look at housing conditions for people with dementia. They said, "There is a care home in Amsterdam where university students live with people who have dementia and the students provide support for a certain amount of hours a month. Everyone eats together and it's about integrating younger and older people. There's also a dementia village I am going to visit. The impact of me visiting Amsterdam for this purpose is to get inspiration on how we provide care and services to older people and how the younger generations can become involved." This meant that the registered manager was actively involved in learning about new ways

in which they could support people who used the service and in developing positive relationships with organisations within and outside of the local community.

Records showed that the registered manager had developed various services for people to utilise. For example, they told us about a 'care and relief' service stating, "The care relief service encourages people to be more independent, for example looking through photos and prompting memories, singing songs." They also told us about their 'home and settle' service stating, "I thought of the idea for the home and settle project when I was sitting in hospital and saw a lady who had no one to take her home or meet her once she had been taken home. That's when the idea came to me. The home and settle service is when one of our team members will visit someone in hospital and get background information from the client and ascertain timescales of when they are likely to be discharged so we can make the relevant arrangements such as purchasing food." They told us about one person who was supported to go into temporary accommodation due to their home being in disrepair, "[Person] had been in hospital for nine months, we supported him to purchase a new bed and furniture. We met him at hospital and took him to his temporary accommodation and we had our handyman put up his bed and install curtains. We visited daily to help him settle in. We are contracted to support people for up to six weeks post-discharge and we see such a positive impact on people who use this service." A care worker told us they were part of the 'home and settle' service and said, "We can meet the client at home if they don't want to come home from hospital to an empty house, we'll make them something to eat and they are so grateful. The home and settle service has such a positive impact on people." Another care worker told us, "I know of all the projects that the registered manager is involved in, for example the hospital project, 'home and settle'. This enables me to tell me clients if they're worried about going to hospital there are projects in place that can do things like ensure that the heating is on before they return from hospital or feeding their cat." This meant that the service was embedded in the local community and actively seeking best practice and new innovations. One care worker told us, "The impact of the registered manager having knowledge of lots of things and developing systems such as the 'home and settle' and 'care relief service', is that I can go to her for lots of things, she knows everything that is going on and I can tell people I care for that these services are available."

The registered manager told us about their plans for the future of the service stating, "I want to do a service growth, we have a rolling recruitment programme and don't use agency staff. I want support workers to be involved in all processes including interviewing other potential support workers, I like to grow my own, a lot of staff here started as support workers and worked their way up. You've got to give people the skills to move around." They also said, "It's not about job titles here, it's about working together to provide a really good service and champion older people. This team here is the best I've worked with." Care workers told us they were happy working at the service. One care worker said, "I've been here for 12 years." Another care worker said, "I've been here for eight years and I wish I'd come here earlier."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The registered manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.