

All About Home Care Limited

All About Home Care (Kent)

Inspection report

1 Draper Street
Southborough
Kent
TN4 0PG

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

All About Home Care is a care agency that provides personal care, companionship and support to people living in their own homes. The service specialises in support for people living with dementia, people with neurological conditions and people at the end of their life. The service covers the West Kent areas of Tunbridge Wells, Tonbridge, Sevenoaks and the surrounding villages and offers a minimum call duration of one hour in line with the organisation's person centred values. There were 14 people using the service who were receiving personal care at the time of the inspection.

This inspection was carried out on 26 April 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were exceptionally complimentary about the caring nature of the staff and the compassionate values of the service. A health care professional involved with people using the service told us, "The care delivery and support for people and their families is excellent." Staff were passionate about delivering the caring values of the organisation and they knew the people they supported well. One staff member said, "They allow you the time to spend with people, it's the best agency I have ever worked for." Staff and the management team frequently went above and beyond the agreed care contract to provide additional support to people, which they did not charge for, to ensure their comfort, safety and wellbeing.

People received an exceptionally responsive, flexible and person centred service. Their care and support was planned in partnership with them. A person's relative told us, "The thoughts that went into his care plan went far beyond his physical needs." We saw many examples where staff had been flexible in the way they supported a person to meet their needs and requests. Staff had gone beyond the agreed care package on many occasions to provide personalised support and to ensure people had the opportunity to do the things they enjoyed. A person's relative told us, "Every team member is tolerant, open minded, willing and unprejudiced."

The service was exceptionally well led. The vision and values of the service were person centred and made sure people were always at the heart of the service. The directors of the organisation told us, "Our minimum standard is excellent and our mantra is 'Every Detail Matters'." We found that these values were effectively cascaded through the care team and this meant that people received a truly person centred service. There was excellent leadership of the service and effective systems for monitoring and improving the quality of the service. A person's relative commented, "I cannot commend their leadership highly enough."

The registered provider demonstrated a strong emphasis on continually striving to improve. The service had developed areas of specialism including the care of people living with dementia. The directors of the service played a key role in raising awareness of dementia in the local community. This included providing dementia awareness sessions to local businesses that people they support may use.

People were supported sensitively at the end of their life. Staff treated people with compassion and worked closely with the hospice to enable them to have a comfortable, dignified and pain free death. A person's relative told us, "For three months this wonderful team called in four times a day, providing truly exemplary care. They made it possible for our father to pass away at home, surrounded by his family right to the end."

People told us they felt safe and well cared for using the service. People were protected from abuse and harm and risks to their welfare were assessed and minimised. Staff promoted people's independence and encouraged people to do as much as possible for themselves. People had effective care plans that ensured their health needs were met. They were supported to manage their medicines in a safe way. People were supported to have enough to eat and drink.

There were sufficient numbers of skilled and competent staff to meet people's needs. People and their relatives could be assured that staff were of good character and fit to carry out their duties because robust recruitment procedures were followed. Staff felt valued and supported by the management team. People received effective care from skilled, knowledgeable staff. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development.

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. People's views about the quality and safety of the service they received were sought through a range of means. Feedback provided by people was consistently used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and their relatives were exceptionally complementary

about the caring nature of the staff and the compassionate values of the service. Staff had developed positive relationships with people and respected them as individuals. Staff frequently went above and beyond the agreed care plan to deliver personalised care and to ensure people's wellbeing.

Staff communicated effectively with people and treated them with kindness and compassion. People were involved in making decisions about their care. Staff knew what was important to people and ensured their wishes were met.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were supported with sensitivity and compassion at the end of their life.

Is the service responsive?

Outstanding 

The service was exceptionally responsive to people's needs and provided a personalised and flexible service.

People's views and wishes formed the basis of their care. They were asked what was important to them and had care plans that met their needs in the way they wanted. Staff understood how to deliver each person's care in a personalised way.

Staff frequently provided additional support to people, without charge, at times of increased or changing need. Staff and the management demonstrated a flexible approach to supporting people.

The registered provider played a key role in improving local community services for people living with dementia. This had a positive impact on the people the service supported.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

People consistently told us they were extremely happy with the service they received. The vision and values of the service were person centred and made sure people were always at the heart of the service. The care people received frequently went beyond

the agreed care plan to ensure people's needs were met.

There was excellent leadership of the service and staff felt their contributions to the service were highly valued. The registered provider demonstrated a strong emphasis on continually striving to improve. They had developed areas of specialism including the care of people living with dementia. The registered provider worked proactively in partnership with other organisations to make sure they were following current guidance and providing a high quality service. There were effective systems for monitoring and improving the care people received.

All About Home Care (Kent)

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 carried out 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.

This inspection was carried out on 26 April 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone.

We did not ask the registered provider to complete a Provider Information Return (PIR) before this inspection on this occasion. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events.

We looked at three people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the services' policies and procedures.

We spoke with six people who used the service to gather their feedback and one person's relative. We also received written feedback from five people's relatives and advocates and six healthcare professionals involved in people's care. We spoke with the two directors of the service, the registered manager and three care staff as part of our inspection.

This was the first inspection of this service since it was registered on 24 April 2015.

Is the service safe?

Our findings

People told us they felt safe and well cared for using the service. One person told us, "I have 100% confidence in their attention and thoroughness." A person's relative said, "I have never been in doubt regarding the safety of my mother whilst in the care of AAHC (All About Home Care) staff. Indeed, on one occasion, when rogue traders visited and demanded an unreasonable sum of money for very little work done, the care worker intervened and prevented the fraud. She then provided me with a detailed account of the event and reported the matter to the police." Another person's relative told us, "Every team member is tolerant, open minded, willing and unprejudiced."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager had completed training with the local authority safeguarding team and had a clear understanding of how to implement policies that reduced the risk of abuse taking place. The staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse and how to do so. People's rights under the Human Rights Act and the Equality Act were promoted and protected, for example the registered manager had made adjustments to the way that written information was shared with people to take into account their visual impairments. There was a clear policy for protecting people's rights and this included responding to hate crime.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels and hand washes, shoe covers, gloves aprons and face masks. Staff had received training in infection control and they were able to describe how they implemented this in practice. Staff were also provided with additional equipment to ensure their own personal safety and that of others including a first aid kit, an alarm and a torch.

Individual risk assessments were completed for people who needed help to move around, who were at risk of falls, at risk of skin damage, and for the use of bed safety rails. Risk assessments contained clear and detailed instructions for staff to follow and reduce the risks of harm. For example, there was a clear risk assessment and action plan to safely manage a person's catheter which included information about how to identify any problems. People had risk assessments for their skin integrity that took into account their mobility, their diet and their fluid intake. This showed that staff had a good understanding of the wider factors that can affect a person's skin health. Staff we spoke with were aware of the risk assessments and the action they needed to take to keep people safe. The care records showed that they followed them in practice. Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring. The registered manager carried out monthly analysis of accidents and incidents to identify common trends or patterns and they documented what actions had been taken to keep people safe.

There were sufficient numbers of skilled and competent staff to meet people's needs. The service employed

a team of care staff and had recently recruited a senior carer to respond to the ongoing expansion of the business. The registered manager told us that staff were matched with people taking into account their age, background, skills and interests. Rotas showed that staff were provided consistently to support people in line with their agreed care package. People knew that they could access staff support outside of their call times by telephoning the agency. The registered manager told us that they were always "happy for people to call at any time of day or night if they were worried about anything" and gave examples where this had happened. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. The registered manager told us that it was standard practice that all members of the leadership team must agree before any new staff were appointed.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits and spot checks.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. One person told us, "They all seem to know what they're doing." Another person told us, "They do it very well indeed" and another said, "Everything they do is in good order." A person's relative told us, "They provide X with all the care she needs." Another person's relative said, "The staff excel themselves on a daily basis... they show a professional attitude and loving care."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. The registered manager told us "This takes as long as people need, some new staff feel comfortable in their role more quickly than others and that is fine." Newly recruited staff studied to gain the Care Certificate which is a nationally recognised care qualification for people new to the role. Existing staff had also completed the Care Certificate self-assessment to identify any areas for development.

Staff were up to date with essential training that focused on health and safety, person centred care, infection control, dementia care and mental health. Staff were due for a refresher in safe moving handling practice and this had been scheduled. A staff member told us, "The training is there. If there is something I need it is provided." Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development. The registered manager told us, "We invest in our staff and offer them a career in care rather than just a job." The registered manager had completed a level five qualification in leadership in care services and a level five end of life care qualification. All care staff had either completed or were working towards a level three qualification in health and social care. Some staff were undertaking an additional level three qualification in dementia care and end of life care. Staff, the registered manager and the directors all demonstrated excellent knowledge about the needs of the people they supported and how to provide best practice in care. In particular the directors and registered manager had excellent understanding of different types of dementia and how that can affect people and the support they may need.

Staff were supported in their role by the registered manager and the two directors of the company. A staff member told us, "All the management team are fantastic." All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. All staff had a development plan which had been reviewed at supervisions. Supervision meetings had increased in frequency following feedback in a staff survey. Monthly team meetings were held, which were led by the registered manager and the directors. The registered manager said, "We provide regular team meetings to support lone working." These meetings focused on the care needs of people using the service, service delivery issues and policies. Following these discussions training or a practice discussion took place. Recent topics included the Mental Capacity Act, the 'Step Inside' dementia programme by Alzheimer's society, nutrition and safeguarding. The registered manager told us, "I speak to most staff every day. Our communication is really good. I rarely speak to a staff member and find out something I didn't know."

People were asked for their consent before care was given and they were supported and enabled to make

their own decisions. 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. Staff were trained in the principles of the MCA and were able to clearly describe how they implemented these in practice. They had been provided with a pocket guide to the MCA and a staff member showed us that they carried it with them. People's care plans showed that they had been supported to make decisions about their lives and had consented to their care plan. People told us that staff asked for their consent and respected their decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care agencies such as All About Home Care the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection, should a person's liberty be restricted.

People were supported to have enough to eat and drink. They had their nutrition and hydration needs considered as part of the assessment process and plans were written to ensure they were given the support they needed. People's dietary needs and preferences were documented and known by staff. Where people had difficulty swallowing advice had been sought, with their consent, from healthcare professionals and added to their care plan. For example, one person required their food to be mashed to a softened consistency. There was clear guidance on the care plan for staff to be clear about the consistency that the food should be mashed to. When there were concerns about their health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support.

People had effective care plans that ensured their health needs were met. Care plans had been reviewed and updated where people's health needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. The service had worked closely with other health professionals to ensure continuity in care provision. For example, they had worked with the neuro- rehabilitation team to deliver a physiotherapy programme to a person. Health professionals that provided us with feedback about the service told us that the staff were helpful in advocating on behalf of people they supported.

Is the service caring?

Our findings

People and their relatives were exceptionally complimentary about the caring nature of the staff and the compassionate values of the service. One person said, "They move heaven and earth to please, and surprised us with birthday and Christmas gifts." A person's relative told us, "They take time to sit and chat with her about her interests and her family; nothing appears too much trouble." People told us that staff often went the extra mile in providing their care and would carry out tasks that were over and above the agreed contract to ensure their comfort. One person told us, "They take out my rubbish which they are not contracted to do." Another person said, "I'm very pleased with them." A person's relative told us, "The staff are polite, patient and much appreciated by my mother." People told us that they had regular staff and that they knew them well. One person said, "It is nearly always the same person that comes." Another person told us, the staff had "almost become family." A person's relative said of a staff member, "She knows and understands mum well." A health care professional involved with people using the service told us, "The care delivery and support for people and their families is excellent."

Staff and the management team frequently went above and beyond the agreed care contract to provide additional support to people, which they did not charge for, and it was apparent through our discussions with staff that they respected and cared for people. The registered manager sent each person a gift for their birthday and Christmas. They told us these were personalised to each individual, for example they told us, "one person loved gardening so was given plants and another enjoyed good wine so was given a really nice bottle of red." Staff had regularly visited people when they were in hospital. One person was discharged from hospital and the registered manager arranged for a staff member to be there to welcome them home. The staff purchased some essential food items, helped the person unpack and stayed for two hours to help them settle back in. The registered manager went around later in the day to help the person go through their mail and reinstated the milkman's deliveries on their behalf. This additional support continued, uncharged, until the other agency the person used could reinstate their domestic package. The person's representative told us, "They supported her hospital discharge in an exemplary way. It meant a lot to her." On another occasion one of the directors had assisted a person with their hospital discharge and had liaised with the discharge team, with their consent, on their behalf.

The service helped people to obtain support, advice or equipment when their needs changed. One person was unable to access their bathroom due to a step. Staff supported them to access funding and get this changed to a level access wet room. Another person was supported to obtain a pendant alarm. The installation was going to take too long so one of the directors, who is also an engineer, went around and installed it straight away. Another person required the use of a riser-recliner chair, following assessment by a physiotherapist. The service supported the person to purchase one, but the shop was unable to deliver for two weeks. The physiotherapist was clear that getting the person to use it as soon as possible was very important, so the staff collected the chair and delivered it to the person the next day. The directors had provided dementia awareness training to a person's family. The family told us, "One of the lovely things about the agency was the chance to come in as family and learn more about our mother's illness." The registered manager told us that the family had then been able to make changes to the way they interacted with their relative as they understood that their reality could be different. They found that their visits became

more positive.

A person's needs had changed which required them to be cared for in bed. The staff helped the family to move their bedroom furniture around so that they could see out of the window. They also arranged for photographs of their family to be hung on the wall in their eye line. Staff took a person they supported out of lunch for their birthday, on their day off. Additional support was provided to people when they needed it, such as calling plumbers on behalf of people, supporting them to access health services, making day centre referrals and signposting people to befriending services. A person's relative commented, "They are helpful in signposting clients to other services."

Positive caring relationships were developed between people and staff. People were asked about their life history and what was important to them during the assessment process. This information had been documented in the care plans. When we spoke with staff they were able to describe this information and demonstrate that they knew people well. We saw that staff clearly knew people well and were aware of their needs and what was important to them. Staff were passionate about the caring values of the organisation and told us that they knew each person they supported. One staff member said, "They allow you the time to spend with people, it's the best agency I have ever worked for." Another staff member said, "I'd never leave anyone in distress, the manager is supportive if we need to stay extra time it is never a problem." The registered manager told us that people were supported only by staff that knew them. They said "It's about building trust." Staff worked in small teams so that people always had a member of their team to support them. If any of the team were not available the registered manager or one of the directors covered the call. We saw records that confirmed care was delivered by these small teams and that the registered manager and directors were fully involved in providing care when needed. A staff member told us, "The directors come and do visits. You'll often find one of them cooking for a client." Staff told us about a person who often called the office saying they needed bread and milk and that staff always picked this up for them before attending their call.

People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision when agreeing their care. People were involved in decision making about their care and treatment as they were involved in initial assessments of their needs, care planning and reviews when changes occurred. Large print versions of the welcome pack and all correspondence were provided to one person to enable them to make decisions. A staff member we spoke with was able to describe the different ways they presented information to people to help them understand.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, a person was having difficulty with buttons on clothing. The registered manager researched clothing with alternative fastenings and supported the person to purchase some. Another person was struggling to hear the doorbell. Staff supported them to contact an occupational therapist for some advice about equipment that would help.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. There was a secure email system in operation and all electronic information was password protected. The agencies office was secure and protected by a close circuit television system.

People were supported sensitively at the end of their life. Staff treated people with compassion and worked

closely with the local hospice to enable them to have a comfortable, dignified and pain free death. The service was a federated member of a local hospice and one of the director's was on the steering group. They accessed specialist training programmes provided by the hospice. People's relatives praised the care that had been provided for their loved one at the end of their life. One person said, "They clearly have good experience in caring for a palliative patient, they show empathy and understand." Another person told us, "For three months this wonderful team called in four times a day, providing truly exemplary care. They made it possible for our father to pass away at home, surrounded by his family right to the end."

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs and provided an exceptionally person centred service. A person's relative told us, "The thought that went into his care plan went far beyond his physical needs." Another person's relative said, "They always listen to our ideas and have fine-tuned a plan that works." People told us that the staff were very good at responding to requests and providing flexible care. One person told us, "They are flexible and give all the support we need rather than a standard package." A person's relative said, "[a member of staff] is very responsive and caring to mum's needs, noticing when she is feeling lost or vulnerable." One person told us, "All About Home Care staff were faultless both in their abilities and time keeping." Another person said, "They are all so reliable." A health care professional told us, "They are timely and responsive." Another health care professional said, "The care is client focused."

The service was flexible and responsive to people's changing needs and wishes. One person had a change in appetite and was struggling with their meals. The registered manager described how they explored a range of creative techniques to encourage the person to eat and had found that creating lots of cooking smells, laying the table formally and providing a waitress service had worked. The person's relative told us, "They have used all different techniques to encourage mum to eat and have finally managed it." Another person's needs had changed requiring them to remain in bed. The registered manager had helped the person's relative explore options for alternatives to dry shampoo for hair washing as the person did not like it. A suitable option had been found and the person was enabled to have their hair washed in bed.

All the staff, including the registered manager and the directors, had an excellent understanding of the things that were important to people. One of the directors told us, "We all know that he [a service user] only likes a half cup of tea and it is important to them to have a silver service meal; it's a ritual, we all know it and provide it." They also told us that one person liked to see straight lines on the carpet when staff vacuum. Staff we spoke with were aware of this wish and told us they ensured it happened. The director said, "We are proud of our attention to detail." People had a care plan written based on information gathered through an assessment of their needs. The care plan was written from the view point of the person, starting each section with 'I would like support with...' People's care plans ensured they received personalised care that reflected their likes, dislikes and preferences. They detailed their preferred routines and things that were important to them. For example, one person was particular about the way things were done so the staff had introduced a checklist for the end of the call to ensure everything was left as the person wished. Another person's care plan noted that they were to be supported to have fish and chips on a Friday. The person's relative told us, "Mum loves fish and chips so on Friday night they take in two fish suppers and sit and eat with her." Staff generally wore a uniform, but two people had said, when asked, that they preferred the staff that supported them not to. Their wish was respected and staff told us that they changed out of their uniform before attending those particular calls.

People's care and support was planned in partnership with them. The registered manager visited each person to carry out an assessment of their needs and any individual risks before a care package was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The

assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. A person's relative told us the staff "have an excellent understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support."

The service was responsive to people's needs and requests in relation to the staff that supported them. The registered manager told us that staff had travel time between their calls allowed to ensure that they could reach people on time and spend the agreed time with each person. They told us that they were aware of their needs of their staff. They said, "We look after our staff needs because if they become stressed this impacts on our clients." There was a policy in operation that staff called the office if they were likely to be more than ten minutes late for a call. The office staff contacted the person and offered an alternative staff member if this was wanted. The registered manager told us about a person who did not have a call package for the weekend, but would on occasion forget this and call the agency asking where their care staff was. They, and the directors, had visited the person in response to the call and cooked them lunch without any charge to provide reassurance and support when they were confused.

The service had matched staff with the people they supported in terms of their personality, interests, skills and experiences. For example one person had requested not to be cared for by younger staff and was provided with an older staff member for their visits. Equally a younger person was provided with a staff member of a similar age to support them with their social activities. Changes to people's call times and call duration could be easily accommodated. The registered manager told us, "We are flexible as we have recruited enough staff so that their calls are not back to back and pressured. This means we can easily makes changes to calls to accommodate people's requests." One person was concerned that they did not want too many different care staff so it was agreed they had two staff only. The relative told us "It is particularly impressive that the company kept to its undertaking to send the same two care staff which was important to mum."

The directors of the service played a key role in raising awareness of dementia in the local community. This included providing dementia awareness sessions to local businesses that people they support may use. One of the directors was part of a group created to develop the local town to become a 'dementia friendly community'. One director was the chair of a diabetes UK group. They had raised funds to invest in local support groups. This had resulted in the provision of a free foot care clinic for people with diabetes in the community, which had benefitted some of the people using the service. There were plans in place to work with the local Clinical Commissioning group (CCG) and another care provider to set up a step down unit to help prevent unnecessary delays in hospital discharge.

People's views about the quality and safety of the service they received were sought through a range of means. This included an annual satisfaction survey, home visits by the registered manager or directors and involvement in reviews of their care plans. A survey of the views of people's relatives had highlighted that they would be interested to learn more about dementia. Dementia awareness sessions had been provided for family members. The most recent survey in November 2016 had identified that some people were not clear about the complaints procedure. The registered manager contacted each person using the service and their families to ensure they understood the process and the written procedure was reissued. People we spoke with knew about the service's complaint policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints. A person's relative told us, "They address issues with courtesy and acknowledge and correct when necessary."

Is the service well-led?

Our findings

The service was exceptionally well led. People consistently told us they were extremely happy with the service they received. One person said, "I recommend their service to anyone and without reservation." One person's relative said, "Their attitude as a team is outstanding." A health care professional told us, "They demonstrate a genuine commitment to improving the standards of care locally...in the interests of doing things right." Two people confirmed that they had recommended the Company's services to other friends. Another person said, "If I feel something isn't quite right they are always available to discuss trying something new." A person's relative told us, "At a difficult time I felt we were in good hands."

There was excellent leadership of the service, both in terms of providing effective oversight of the service provision and in the guidance and support given to staff. There was a registered manager in post. 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 registered manager and the directors were extremely organised and had a clear understanding of the current challenges and opportunities for the service. They knew people that used the service and all the staff team well. People told us they felt able to approach any of the management team with any concerns or requests and they felt they would be listened to. A person's relative commented, "I cannot commend their leadership highly enough." A health care professional told us, "The whole organisation is most professional to work with, with effective leaders."

Staff told us that they were valued by the management team. One staff member said, "They are always thanking you and appreciating what you do." Another staff member told us "They listen to our views, we suggested a pay increase to attract more staff and it happened." Recently the registered provider had introduced a link between pay and qualifications to award staff skills and commitment. Staff told us that they received gifts from the management team for their birthdays. The service paid for staff's time to attend meetings and training. The registered manager told us, "We value our staff and we want to ensure we support them as best we can." A staff member told us, "They don't shy from constructive criticism." The registered manager sent out an annual survey to seek feedback from staff about the service and the support they receive in their roles, the next survey was scheduled for May 2017.

The registered provider demonstrated a strong emphasis on continually striving to improve. The service had developed areas of specialism including the care of people living with dementia. The two directors and the registered manager had completed the 'Step inside' programme with Alzheimer's society and had an excellent understanding of best practice in this area. The flexibility and person centred approach of the service meant that people living with dementia were not hurried and their daily changes in need could be understood and accommodated. For example, staff told us that one person would sometimes refuse their care. They understood that the person's dementia affected this and they told us that sometimes they needed to stay longer with the person to talk with them before they would accept care. A person's relative told us, of one of the directors, "His deep knowledge of dementia patients' requirements does him credit and his advice on such care is invaluable."

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. The service worked closely with the organisation Carers First that supports people who provide care for a relative. The registered provider had provided short term care packages to people, as requested by Carers First, to allow their relative some respite. We saw many records that showed the service worked effectively with a range of health care professionals to ensure that people's needs were met with continuity and consistency.

The vision and values of the service were person centred and made sure people were always at the heart of the service. The two directors of the service described how they had wanted to set up an agency that made a real difference to people's lives. They said, "Our minimum standard is excellent and our mantra is 'Every Detail Matters'." The service had an excellent track record in reliability. One director told us, "We have only ever missed three calls in the time we have been operating. On the scale of the calls we provide this may not look significant, but for that person and for us it matters." It was evident through our discussion with staff that they understood and were committed to delivering a service that reflected these values. One staff member told us, "In 26 years this is the only company the values of which are up to my expectations." The registered manager told us that they used the principle of the 'Mum's test' when recruiting new staff. This means that they considered whether they would be happy to use the service for their own parent or any other of their loved ones. We saw that interview notes supported that this principle formed the basis of all new appointments.

The service provided a minimum call time of one hour. The registered manager told us that they felt, as an organisation, that it was not possible to meet the needs of the people they cared for in an unhurried and personalised way with shorter calls and that they strongly promoted this value. They told us that they only agreed to a new care package after a thorough assessment to ensure they could meet the person's needs. They said, "We are not afraid to say no to new referrals if we cannot meet people's needs. We are focused on our values and don't want to let people down by saying we can do something which we cannot." The registered provider was honest in their approach to complaints and met the requirement of the duty of candour regulation. The registered manager told us, "When we had a missed call I went round to check on the person as soon as we were told and took flowers to apologise." The registered manager showed us that a robust investigation into the missed call had occurred and described what action they had taken to prevent it occurring again.

The service ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly audits was carried out by the registered manager and the registered provider. This included audits of call arrival times, staff performance, medicines practice, care plans and accidents and incidents. There was a monthly leadership meeting between the two directors and the registered manager. This was to review the wellbeing of people the service supports, the care team, policies and compliance, community engagement and progress in delivering the business plan. Records showed that required actions were followed up in a timely way. In addition there was a quarterly directors meeting. There was a clear business continuity plan in place to respond to possible risks to service delivery. The service had an ongoing improvement plan that included implementing an electronic care planning system which would allow staff to make real time entries about people's care needs.

Staff understood their responsibilities and were clear about the standards of care they were expected to provide. They were provided with a handbook of the policies and procedures for the service. Staff were also issued with a handbook from the UKHCA (UK Home Care Association) which provides guidance on the care role and good practice. Staff understood their rights in relation to 'blowing the whistle' on poor practice. They told us they felt confident to do so and felt they would be supported. The registered provider and

registered manager had an excellent understanding of the relevant legislation and the relevant requirements as registered persons.

The registered manager ensured that accurate and meaningful records were kept about the care people received and for the purpose of running the business. Staff completed records with an excellent level of detail that showed the care had been provided, in line with their care plan, but also that time had been spent with people ensuring their emotional wellbeing. This meant that the registered manager could monitor changes in people's needs to ensure that they continued to receive the right support. People received clear information about the costs of the service and when payment was due. One person had commented on, "the exemplary book work of the Company."