

Doris Jones Limited

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Inspection report

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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?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service. Doris Jones is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported 71 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives told us the service provided excellent care and staff went above and beyond their expectation. One person said, "I love [staff member], they cheer me up when I am grumpy, make my house look lovely, nothing gets forgotten, they are brilliant, plump my cushions, get water and rearranges the plants." A family member told us, "Every aspect of [relative's] care has been outstanding; punctuality; reliability; professionalism; cheerfulness and kindness. We, as a family, have been immensely impressed and the reward has been my [relative's] remarkable recovery." Another said, "[Relative] has the same staff five times per week. They know exactly what they need. I can't fault them, [name of staff member] knows how to support them and it reassures me."

The management of the service was exceptional and went above and beyond its remit to provide a well led service. The management team, led by an experienced and passionate registered manager, provided an excellent quality service where people were at the forefront of their care. Staff were highly supported and valued for the energy and enthusiasm they brought to their work.

People and their relatives had trust and confidence in the staff and management which exceeded their expectations. Everyone, without exception, said they would recommend the service to others.

Staff responded to people in a person-centred way, providing individualised care and support. People had received respectful and sensitive end of life care.

People told us they felt very safe with the staff. People appreciated the continuity of care from the same care staff who were punctual and attentive. People were actively encouraged and supported by the staff to take informed risks which increased their independence, autonomy and sense of worth.

Safe staff recruitment practices were followed to ensure staff had sound values and the personality and aptitude for carrying out their role. Staff were provided with the skills and knowledge through an effective and individualised training programme to meet their different learning needs.

People received their medicines as prescribed. People confirmed that staff followed infection control procedures and wore gloves and aprons appropriately to prevent the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were fully involved as partners in their care. Consent was always obtained before care was provided. Staff were exceptionally caring, kind and compassionate and treated people with dignity and respect.

The service worked in collaboration with health and social care professionals and the community to promote joined up care. The service was increasingly proactive in recognising social exclusion and isolation and involved people in the life of the community.

People and their relatives were confident that if they had concerns or complaints, they would be dealt with appropriately. People had information in their preferred format based on their sensory and communication needs.

Systems were in place to monitor the delivery of care through audits, spot checks, staff observational supervision and quality assurance questionnaires. Lessons learned were documented, analysed and shared with the management team and staff to make the service a leading social care provider.

Rating at last inspection. The last rating for this service was Good (published 7 October 2016).

Why we inspected. This was a planned inspection based on the previous rating.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

Doris Jones Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service five days' notice as we needed to obtain the details of people who used the service to contact by telephone and to ensure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2019 and ended on 27 June 2019. We visited the office location on 25 June 2019 to speak with the registered manager, interview staff and review care records and policies and procedures.

Prior to the inspection we reviewed information we had about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 11 people and four relatives and had correspondence from another two relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, finance director, assistant manager, an office staff member and care staff.

We looked at six people's care records including their medicine records and daily notes. We viewed a range of records. This included six people's care records and multiple medicine records. We looked at two staff files in relation to recruitment, staff supervision and training.

Documents relating to the management of the service, complaints and compliments, meeting notes, satisfaction surveys and quality audits were also viewed.

After the inspection – We received correspondence by phone and email from another two relatives and two health professionals who regularly visited the service. We requested further documents and information from the registered manager which was received and looked at as part of the inspection.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt using the service. One person said, "I do feel safe, because they take a lot of care with detail, they notice things, they are very caring and proactive." A family member said, "Yes most definitely, [relative] is safe. Staff have always been very kind in looking after them, they don't leave them alone, they are very supportive."
- Recruitment processes were robust which ensured staff were safely recruited. Checks had been carried out including taking up of references which were verified by telephone. Disclosure and Barring Service checks were also completed to ensure new staff were suitable to work with vulnerable people.
- The provider took recruitment and retention of staff very seriously, adopting a value-based recruitment approach. Value based recruitment assessed and matched potential candidates' personal values and attributes with the service's organisational values. The staff interviewed displayed these values.

Assessing risk, safety monitoring and management

- Staff were exceptionally vigilant and aware of how to safeguard people in their care. We were given numerous accounts of where staff had identified safeguarding concerns, reported their findings and action had been taken quickly and effectively which enabled them to be safe. For example, one person took a staff member into their confidence. The staff member told them that they would have to inform someone else due to the seriousness of what they had been told. Action was taken and the person's affairs were made safe with the appropriate legal processes in place to protect them.
- Individual risks to people had been assessed with guidance in place for staff to follow. Where risks to people's skin, for example, were identified, body maps were used to show staff where the risk areas were and where to apply creams to prevent skin breakdown.
- When staff visited people they had not previously met, a handover sheet was used to gather information about people's needs and any risks to keep people safe. If staff had any safety concerns, they would call the office. We saw these calls were logged electronically and information shared appropriately to manage risks.
- The service was proactive in monitoring people's safety, reporting concerns and managing their rights to their freedom. The Herbert Protocol Missing Person initiative was in place which provided information sharing for tracing people living with dementia in the event they went missing from their home.
- We saw evidence of situations when people had been found by staff in vulnerable situations and the proactive response provided by staff. Follow up reports to the local authority and/or the GP were made as appropriate to safeguard people's safety and reduce risks to their health and wellbeing.

Staffing levels

- Sufficient staff were employed to safely meet people's needs. Care calls were closely monitored in 'live' time to ensure people's needs were being met safely. Care staff were required to clock in and out using a

telephone system. If care staff were more than 15 minutes late, this would flag on the system and would be followed up by a member of the management team. Incidents of missed calls were very low and were analysed to prevent re-occurrence.

- Records showed that people received continuity of care as they were supported by a regular team of care staff. A weekly report was generated which analysed the length of time care staff spent with people to make sure people received the full duration of their care visit. Everyone told us that staff stayed the amount of time needed and if running late, they were informed. Where visits ran over or under, this was monitored and analysed to establish whether people needed more time to have their needs met.

Using medicines safely

- Only staff who had received training and had been assessed as competent managed people's medicines. People had medicine administration records (MAR) and staff signed these to indicate they had given people their medicines correctly. We looked at people's MAR and saw there were no gaps evidencing that people were receiving their medicines as prescribed.

- Monthly audits of the MAR sheets were completed to check the safety of medicine administration. If mistakes were observed, appropriate action was taken. This included providing supervision, monitoring and re-training of staff if required.

Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. One person said, "[Staff member] has a plastic pinny and wears rubber gloves when I shower." Another said, "The gloves are always on, they are extremely thorough."

- The registered manager was proactive in seeking good practice guidance where issues arose, for example, clear guidance was provided to staff around medical conditions such as scabies.

Learning lessons when things go wrong

- Systems were in place to monitor people's safety. The registered manager was very proactive in learning from incidents, accidents or issues of concern. These were discussed with staff and improvements made to the service as a result.

Is the service effective?

Our findings

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

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

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

- People were at the heart of the service. People's needs were assessed based on their views, choice and individual requirements. Care and support were planned and delivered in a respectful and inclusive way. One person said, "The staff work well, they seem to know what's needed." Another said, "Absolutely, effective. [Staff member's name] knows when I am not well and now I have another health problem, they are sorting a new care package."
- The registered manager made themselves aware of changes to national standards and legislation. They were proactive in using professional best practice guidance such as Skills for Care, National Institute of Clinical Excellence, Healthwatch and the CQC website to make the care and support they provided effective in meeting their needs.

Staff support: induction, training, skills and experience

- New staff had a thorough induction programme, which meant they had a clear understanding of the values and culture of the service called 'The Doris Way' and their role and responsibilities. The content of the induction was linked to the standards of the Care Certificate which represented best practice when inducting new staff into the care sector.
- Staff were provided with an ongoing programme of training delivered by the provider's own in-house trainers which supported their knowledge and competence. Specialist training such as stoma care, dementia care and people at risk of choking were delivered by professionals as part of ongoing joint working.
- Systems were in place to ensure staff received regular supervision, observations of practice and appraisals. This helped identify staff learning needs and supported their professional development. One staff member said, "The calibre of staff at this agency is really high and they are all really good from what I have seen. They are up there, way up there in their skills and knowledge."

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

- People were supported to make healthy food choices. One person said, "They [staff] never leave without offering me a cup of tea, they will fry an egg or make a sandwich, they go through the fridge and freezer and tell me what there is." Another said, "The staff always make my cup of tea and lovely porridge, they make porridge better than me."
- Referrals were made to the dietician and the speech and language team (SaLT) if concerns had been identified about their food and fluid intake, output or weight issues. One care plan record showed that the person had been referred to the SaLT due to swallowing difficulties and the staff were monitoring their

weight.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health care professionals according to their needs. One person said, "If they [staff] have any concerns about me, they report it to their office, the office sent the staff member to my doctors and got the necessary information on what to do, it was very good." Another said, "I do get sores and they always wear their protective gloves and make sure by checking out with the doctor before putting the special creams on."
- Staff were aware of the procedure to follow should the person require assistance from a health professional. We were given examples of staff recognising when people needed healthcare support. One staff member told us, "I noticed that [name of person] was confused and tired and saying wrong words and these were warning signs to me, so I called 111. You have to keep people safe, if it niggles in the back of your head, use your intuition to know if it's not right, always do something about it."

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's capacity to make decisions about their care were interwoven with their wishes, choices and preferences and recorded as part of the tasks to be undertaken. Where people's abilities fluctuated or the decisions they made placed them at risk of harm, agreements had been made with them and their families as to the process to follow to keep them safe.
- Staff demonstrated a good level of awareness of the principles of the MCA legislation and were able to provide examples of how they applied this in practice to support people to make their own choices.
- Staff understood the importance of gaining consent before providing support. Consent forms were held on record which had been signed by people or their representatives, if appropriate.

Is the service caring?

Our findings

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

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

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

- We found many examples where staff were highly motivated and went the extra mile to support people to gain independence and a sense of worth. One staff member told us, "It's so the best job. One person I go to, says, "I was just thinking about you," and I love it, makes me feel special. I have got them slowly to accept care from me as I have done things at their pace, it's been a challenge but the change in the person has made them and me feel proud." Another said, "We supported one person who came out of hospital not being able to walk and thought their life was over. They were very emotional and did not want to do anything. With our patience and understanding, we got the GP and OT involved and equipment and they are now standing and moving around. Doing that extra for them has made all the difference to how they feel about themselves, and their life and future." One person told us, "I like Doris Jones because the people are nice and they make you feel good." A family member said, "I like the staff who come, if there is an emergency here they will stay, I can't speak more highly about them. Another said, "They are reliable, they always ask if there is anything I need after they finish with [relative] and they are not meant to be helping me, but they think of me too."
- Everyone told us staff were exceptionally caring, kind and supported them well. One person said, "My staff are so lovely, they always come in and say hello with a nice smile in their voice, they have a chat and listen, they are always concerned with how we are feeling." Another told us, "[Name of staff] is wonderful, marvellous, she is like a friend, we talk about everything." A third said, "My staff are definitely kind and patient, they are like it all of the time, they have scrubbed me up nicely today, I feel good." One family member said, "They [staff] are always chatting to my [relative], they never force them to move quickly and always make sure they are comfortable." Another told us, "[Relative] and [staff member] have a little joke between them, they really trust each other." A third said, "We couldn't wish for better care, the same team of great staff, they are part of the family now, very caring and professional. They go over and beyond to help us and do loads on top of the usual. Great, couldn't praise them higher."
- The open, caring and inclusive culture within the service was exceptional, supporting people to follow lifestyle practices that truly reflected their individuality and personal choice for example, singing Bavarian folk songs with one person and a staff member reading to another person in their native language. This truly recognised and enabled them to enjoy their cultural heritage. Staff showed genuine interest and concern in people's lives and their health and wellbeing.
- The management, office and care staff spoke very proudly and passionately about the service they provided. They went above and beyond their role to provide additional support to people who used the service. One staff member said, "One person had a fall. I go and visit them in hospital, in my own time, as we have such a good relationship and they will be lonely in there." Another told us, "It's all the little things that

I/we do that make Doris Jones unique! I am a Dementia Friend, and this has helped me relate and understand people with dementia when they ring the office. They really do need that reassurance and five-minute chit chat, whether you have the time or not, because in their eyes and mind, they have all the time in world."

- Professionals who worked in partnership with the service were exceedingly complimentary about staffs attitudes and qualities. A health care professional told us, "The staff and manager are very supportive of people and them getting the right support and very helpful to families in need. I recommend them to people all the time as they really are the best."

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

- The staff and registered manager were exceedingly proactive in encouraging people to have a voice and acting on their wishes. People told us their views were listened to and they were involved in their plan of care. Comments included, "We work well together, I tell them what I need and they are very willing" , "I have made all of the decisions, they know what needs doing, if I have a good day I help" and, "If [relative] needs extra care I will sort that out, if the staff notices I am getting tired, the office will call and offer extra help."
- Care plans identified the expressed views of the person with specific information for staff to follow on the person's care needs. One person said, "They were a godsend, very respectful and made a lot of suggestions which we had not thought about. It was all done smoothly and has worked well ever since."
- People's rights to privacy and dignity was embedded in staff practice and the culture and values of the service. Staff understood it was a human right to be treated with respect and for people to be able to express their views openly and feel listened to. Staff gave examples of how this respect translated in practice, for example, by being open minded and non-judgemental, supporting people to live at home for as long as possible and to be equal partners in their care.
- People had a choice of male or female staff to assist them. The registered manager told us that staff were allocated to meet the needs of the individual person, which was managed by the staff roster system. Matching staff to people was a very important process in the delivery of care. One staff said, "One person I go to, likes the older staff so we older ones go to them. Also, they do not like more than one person at a time, so we respect their wishes."
- The staff acted as advocates and allies to ensure people had access to a wide range of services they were entitled to and which met their needs. One person, who felt their life was over, was encouraged to try a day centre once a week for company. They were very reluctant to accept this kind of help, but the staff worked together to give them the status of a helper/volunteer and not someone 'being helped' so they could share their skills and abilities with others. One staff member said, "They very willingly go now on their own, are socialising and being independent. We gave them their life back." Another person was unhappy with the care staff allocated to them. The registered manager liaised with their human resources department and recruited a specific staff member to meet their requirements. All is working well. Another person wanted to administer their own medicines, but the pharmacy was refusing to give them blister packs. The assistant manager advocated for the person who is now in control of their own medicines.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff were, "Brilliant", "They cover me up when needed without me saying anything," and, "The staff are very aware of dignity and privacy and they treat [relative] as a person."
- Staff respected people's privacy, dignity and their right to freedom and independence. The staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity. A staff member told us, "I don't pretend I understand [person's name] when I don't as that would be patronising. I say slowly I don't get what they mean so they repeat until we have understood each other. They appreciate the time and the way we are with them. We respect their life, career and history." Another said, "I make sure I talk to them about lots of things, leave my troubles at

the door. I take some of my cooking in sometimes and enable their relative to go out and to have a break. It's all part and parcel of my role." One person told us, "I like Doris Jones, because the people are nice, and they make you feel good." A family member said, "I like the staff who come, if there is an emergency here they will stay, I can't speak more highly about them. Another said, "They are reliable, they always ask if there is anything I need after they finish with [relative] and they are not meant to be helping me, but they think of me too."

- Staff cared for people who were dying and their families with empathy and understanding. The daily notes evidenced compassion, respectful communication and sensitivity.
- The service worked with the wider professional community which supported people in different ways. Specific staff training to manage people's care needs, for example stoma and catheter care was actively sought and provided.

Is the service responsive?

Our findings

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

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

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

- When people first approached the service, they received a holistic assessment tailored to their care needs and choices.
- The care plans were all about the person and reflected their needs. They provided staff with clear guidelines on how care should be delivered. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs, risks to their safety and wellbeing and risks to social isolation and loneliness.
- Staff told us about people's person-centred care planning and delivery which was reflected in their care plans. For example, one person with dementia liked to hold cutlery as this helped them to feel calm. Another person did not like to put the duvet inside the cover but place it between two sheets. Another person required their hair to be dressed in a certain way and another liked staff to talk to their toy 'cat'.
- People's personal preference and habits were respected, and the daily notes showed that care was delivered as arranged. In one care file, we saw a reminder to staff, "Small details count". One staff member told us, "All [name of person] needs is to go along the sea front. We do that in the car, so they can enjoy the views. I take them home and leave them smiling."
- People received continuity of care. The service had a system in place where a number of staff were 'on duty'. This meant there was a staff member to cover should someone be sick or unavailable or another staff member was needed.
- Staff were chosen and matched with specific people as they had certain personalities and skills. The registered manager told us how making sure staff were compatible and complemented the people they supported, made a great difference to the delivery of care and the outcomes for people. For example, one staff member had provided really good care to two people, where no other staff member had been successful in meeting their personal care needs. They had been included as part of the team and had improved people's health, nutrition, hygiene and wellbeing.
- The service had a culture which valued equality and promoted people's human rights. The staff recognised and respected people's differences and diverse needs and met them in a responsive way. For example, one person liked to be read to in another language so a staff member, who spoke that language, was allocated to them and they could talk about their background, culture and way of life. People received care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010 including age, disability, gender, marital status, race, religion and sexual orientation.
- Ongoing communication was very good between people who used the service, their families, staff and professionals. Staff were immensely proactive in recognising, monitoring and recording people's views and changes to their care needs. A system of reflective practice enabled staff to consider the way they worked and the outcomes for people.

- Professionals praised the service highly for their involvement and forward thinking. One health care professional said, "Doris Jones are the only care agency we are aware of locally who overtly incorporate rehabilitation in their care planning. The care plans are very comprehensive." Another said, "The staff are very proactive when it comes to new clients to get them the best care possible from the start. They go out of their way to pull in other professionals and go and meet in the person's home together."

Meeting people's communication needs

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

- People's communication and sensory needs were taken into account and information about the service was provided in a format of their choice.

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

- People's interests, activities and risks of social isolation were recorded. Staff responded to what was important to the individual person and assisted them to participate and engage. The registered manager and staff gave us many examples. One staff told us, "I asked another staff member to teach me how to knit as one person I go to likes it and it would be company for them for us to knit together." Another staff said, "I always play George Formby on my phone and we sing together. I have researched and downloaded other songs like Gracie Fields, it makes them really happy." People's birthdays and special occasions were remembered by sending them cards. One person said, "It was lovely to get their card. It reminded me it was my birthday!"

Improving care quality in response to complaints or concerns

- People told us they knew how and who to complain to if they had an issue or concern. They said they would call the office without hesitation and that their complaint would be dealt with appropriately. One person said, "I had a problem, like a staff member wasn't focusing upon me as I was expecting, I drew attention to it, and they sorted it. Another said, "The people in the office are willing to listen." A third told us, "My complaint was listened to and is being actioned, in relation to the staff being late from A to B."

- Complaints were recorded and classed as minor, moderate or major, investigated and appropriate action taken. The registered manager used complaints and incidents to improve the service, for example, some later than expected calls resulted in a change to the rota or an alteration to people's care arrangements as their needs changed.

- Compliments were recorded and shared with staff. One family member wrote, "They [staff] have made a difficult time more manageable for me and shown considerable kindness to my [relatives], all bringing different skills and qualities." Another said, "I want to mention how much help [staff member's name] is when they visit; they go above and beyond to keep both [relatives] safe and well."

End of life care and support

- No one at the service was currently receiving palliative care.

- Staff had the skills and experience to recognise and care for people at the end of their life.

- People's needs were quickly identified to ensure they received appropriate care. The service worked with the local hospices to gain support to care for people at the end of their life. One staff member told us, "I go to this person six days a week. I noticed changes to her teeth and eating and talked to the family and asked the GP to drop in and they said the person was coming to the end of their life. I am glad I picked up and noticed the changes so that they got the right care as soon as possible."

- Policies, procedures and guidance were in place for caring for people in need of palliative care which was inclusive and referred to people's culture and lifestyle choices. People's preferences and choices were recorded and acted upon with dignity and respect. For example, the registered manager told us, "One person was having regular care twice a day. A staff member who spoke the same language, read to them over several months, which they loved. As they became frailer, they would fall asleep to [staff member's name] reading to them in their own language and the family were very grateful."
- Staff told us they were very supported by the registered manager and senior staff when caring for people who were dying. One staff member said, "It is never easy when you lose a person you have really got to know, it hurts but you know you have done something special for them, that's all you can do."

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their families were very positive about the service. They told us, "I would recommend them, they are terrific", "They are excellent, very reliable", "Absolutely nothing is too much trouble, they are wonderful."
- The provider's ethos, vision and values were very person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- The service had a track record for high quality care. The registered manager was highly visible in the service and was an excellent role model for staff, promoting a truly person-centred culture. They led by example to ensure staff shared the vision and values of the service which were taught during staff induction. Before staff started work, they were asked to sign up to a charter to demonstrate their commitment to putting those values into practice.
- Staff had an excellent understanding of the service provided to people and demonstrated a commitment to provide high quality care and support the way people wanted. They worked within the values and culture of the service called 'The Doris Way' and understood their role and responsibilities. One staff member said, "I have a deep interest in the people I work with and have some really nice relationships." Another said, "Staff problems should be left at the door as the emphasis is on making their day better, that's our role and that's what we are proud of doing."
- There was a strong collaborative working relationship between the provider, management team and staff. Staff were proud to work in the service and were extremely positive about the level of support they received from management and the provider. One staff member said, "[Registered manager] has a high standard of care and picks staff very carefully. They also boost you up and praise you when you do things well, they notice! No wonder staff stay and work for Doris Jones."
- The management team were aware of their responsibilities under the 'duty of candour' and were open and transparent. For example, through sharing results of their medicine audits with people and their relatives, it ensured the integrity of the company was maintained and promoted continued trust.
- A culture of continuous learning and improvement was visible within the service. For example, over the past year, the service have been drawing on best practice to further improve their dementia care training. Staff had attended Professor Trevor Mumby's workshop in order to adopt the author's approach, "Conducting Well-Being with Dementia in the Family". Staff combined what they had learnt with their Alzheimer's Society "Dementia Champion" training. Their Dementia Champions had run several information sessions in the community. The registered manager told us, "One of our newer Champions proudly stated

that they had just made their fiftieth Dementia Friend so the best practice is being shared outside our team as well as within.

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

- There was a clear management hierarchy in place which was well structured, highly organised, efficient and flexible. Staff at all levels respected each other. There were clear lines of accountability. Staff at all levels were encouraged to consistently ask the question, "How can we do things better?" One staff member told us, "This is such a supportive company and they are always looking for ways for people to achieve more."
- A daily meeting was organised, where all members of the management team came together, to share information and ensure the smooth running of the service.
- The service held the philosophy that 'good decision making is safe decision making' so had developed its own decision-making tool. This was used to support staff to make safe decisions and recognise when to seek additional support and guidance. For example, improvements in the identification and handling of safeguarding concerns, clearer policies for when staff are unable to access a person's home, safer and more responsive decision-making outside of office hours and more effective, faster recruitment to mitigate potential shortfalls in staffing levels.
- Policies and procedures were in place which provided clear and detailed instructions to staff on each of the operating processes used by the organisation. This information had been broken down and coded into 'bite size' pieces of information with precise steps to follow to ensure quality and consistency. A staff member said, "It's not the ice cream or the cone, but the sprinkles on the top that make the difference. It's the little things."

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

- The registered manager and staff team were exceptionally forward thinking and passionate in the way they responded to people's views and circumstances. One person said, "I can't fight my own corner anymore and when I talked to [Registered manager], they just responded in such a lovely way, saying 'Don't worry all will be sorted'. Within a few days, equipment had come, care staff were organised; shopping dealt with and I felt very cared for. A family member said, "We don't have family and we find we can talk to them if we are a bit down, they do anything they are allowed to do, they have taken me to the hospital to see the consultant and brought me back, they will do extra hours."
- The provider and management team promoted a culture of listening which was open and invited feedback from people, staff and the public.
- Staff had access to a suggestion box and we saw this was used constructively to promote staff welfare. For example, a staff member had commented in the suggestion box that they thought it would be a good idea to have a counselling service to support staff with the often, emotive aspects of their job. In response, the provider had organised a free counselling service which could be accessed by staff if needed.
- A staff survey was sent out each year to invite feedback and we saw the results were used to improve staffs experience of working at the service. Where staff had asked the service to look at how it communicated with them, the service had responded by creating a newsletter sent out 10 times a year. This was used to share information on best practice, recognise staff achievements, and advertise training and social events.
- Regular staff meetings were organised to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality were discussed. For those staff that could not attend, the information was shared via the newsletter. This ensured all staff were kept well informed.
- Staff achievements were recognised and celebrated. A system was in place to reward good practice by staff and where individuals had gone above and beyond to provide excellent care.
- Satisfaction surveys were sent to people each year to invite feedback. We saw the results of the last survey

which were very positive. 98% of people said they would recommend the service and felt well cared for and 100% were satisfied with their experience of using Doris Jones. One outcome from listening to people was the example given about a people who did not want their neighbours to see they were receiving care from an agency because staff would be wearing a uniform. The registered manager liaised with the staff and it was agreed staff would wear a white top and black trousers which has now become their standard non uniform. Therefore, people felt comfortable going out with a staff member, one who said, "It's like you are going out with your friend."

- The registered manager was very community minded and involved people who used the service and their families in local events and activities. For example, they had organised a 'Poppy day' last year where they invited everyone to a church hall for cakes and tea. People attended with their medals on and all sang war time songs. There was also a spring hat parade which people enjoyed. Also, in response to the needs found among the people they supported, the registered manager was working in partnership with a charity to create a local 'hub' which would provide a place for older people to go, to get out of the house, and meet new people.

Continuous learning and improving care

- There was strong focus on continuous improvement, innovation and creativity which meant the service continually evolved and adapted to drive up standards which ensured people received a consistently safe and high-quality service. For example, one aspect of the service monitored was people's continuity of care, which is to say how often people were supported by their regular care staff team. The service aimed to reach a target of 75% consistency. If the figure fell below target, this would flag up to the service that a person's care team might be too small, and the service would look to recruit more regular staff.

- An outstanding feature of the service was the commitment shown to learning from mistakes and continuously improving the quality of the service. For example, significant changes had been made to how medicines were managed to improve safety. It had been identified that most medicine errors related to recording the administration of creams as staff were not signing the MAR to show they had applied the cream. In response to this, the service had introduced different colour MAR sheets for different times of day and for different medicines, i.e. Lime coloured for pain patches and lilac for creams. The result of this new system was a 75% drop in recording errors. The registered manager had also written a new training programme for staff if they made repeated errors. The registered manager told us, "This focus on medicines has resulted in a cultural shift in the service, all staff realise now that they need to check each other's work and report any concerns to the office immediately if they notice a gap on the MAR."

- The service has innovative ways of communicating with staff who work in the community to make sure they are informed of changes, know about best practice and can share views and information. The service was creative and innovative in its approach to service delivery and had developed software that monitored people's needs and staff availability and was then able to predict people's future needs up to two months in advance. This had a positive impact on the care that people received as it allowed the service to identify potential problems before they occurred and put plans in place to prevent people experiencing unmet needs.

- Professionals praised the service highly for their involvement and forward thinking. One health care professional said, "Doris Jones are the only care agency we are aware of locally who overtly incorporate rehabilitation in their care planning. The care plans are very comprehensive." Another said, "The staff are very proactive when it comes to new clients to get them the best care possible from the start. They go out of their way to pull in other professionals and go and meet in the person's home together."

- The service had a continuous improvement plan in place (CIP). This was a live document which was constantly changing in response to identified needs. The registered manager told us about the 'snow plan' which was a contingency plan kept active and updated, regardless of the weather so that any unforeseen events could be catered for.

- The provider took recruitment and retention very seriously adopting a value based recruitment approach. Value based recruitment assesses potential candidates on their personal values and how that might work for people that use the service and match organisational values. The provider also offered staff an incentive payment if they were successful in introducing a new staff member to the team.

Working in partnership with others

- The registered manager was incredibly proactive in working directly with other agencies to promote people's health such as the district nurse, GP, occupational therapists and social workers. One health care professional told us, "The experience of our team is they seem to allocate enough time to do all that needs to be done and stay for the whole time allocated. One of us reported that, when they visited, the staff member found other useful things to do whilst they were seeing the client." Another professional said, "From our point of view, we are particularly glad of the fact that Doris Jones includes working towards rehabilitation goals in their care plan, and we have worked with them supporting our clients' rehabilitation."
- The service strived for excellence through consultation, research and reflective practice. It sustained outstanding practice and improvements and monitored them over time. The work, in partnership with various external agencies such as Healthwatch and the local authority, helped keep the service up to date and active. The registered manager hosted the first of a series of networking events for those involved in the care of older people called, "Dinner with..." The event was held in a local restaurant and attended by over 20 people. Attendees represented a wide range of experience and circumstances, from family, NHS representatives to a local solicitor and all were able to give a valuable perspective on issues surrounding the care of older relatives. The event was a huge success, with attendees feeling part of a wider "care network," and to care and share their roles in partnership.
- Staff were exceptionally proud to work for Doris Jones. One staff member said, "The management are amazing. There were a couple of times last year that I really needed someone to support me. They came to my rescue, they were quick, respectful and I feel very cared for by the company."
- One health care professional said, "The staff have excellent skills and abilities from my point of view. Any issues of concern, they are quick to contact me with any queries." Another told us, "The attitude of the staff when we visit clients has always been friendly, professional and inclusive."