

IDC Care Ltd

IDC Care Ltd - Heritage Healthcare Ealing

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

The inspection took place on 27 March 2018. We gave the provider 48 hours' notice of the inspection because the service provides care to people in their own homes. The registered manager and office staff spend time visiting people and we wanted to make sure that someone would be available in the office on the day of the inspection.

IDC Care Ltd - Heritage Healthcare Ealing is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The agency also provides support with cleaning and domestic calls. The Care Quality Commission only regulates and inspects support with personal care. At the time of the inspection 34 people were receiving support with personal care. The agency provided a service to older people, including people living with the experience of dementia and people being cared for at the end of their lives. They also provided support to younger adults with learning disabilities and people with physical disabilities. The majority of people funded or partly funded their own care. The London Borough of Ealing commissioned some of the care.

There was a registered manager. 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 agency was a franchise and was owned by the registered manager and their partner through a limited company. The Franchisor offered some support with setting up policies and procedures, although the registered provider was able to make additions and changes to these to reflect their local needs. This location was the only branch for the registered provider. They provided a service for people living in the London Boroughs of Ealing and Richmond upon Thames.

At the last inspection on 10 May 2016 we rated the service Good.

At this inspection on the 27 March 2018 we have rated the service Outstanding in the key questions of Caring, Well-led and overall. We have rated the key questions of Safe, Effective and Responsive as Good.

People using the service and their relatives told us they received a very good service. Alongside the positive feedback as part of the inspection, we saw that people had given extremely positive feedback on independent review websites and the provider had cards, emails and letters praising the service. Some of the comments from people included, "Absolutely wonderful", "Nothing is too much trouble for them" and "[The service has] transformed my life."

The staff working for the agency told us they enjoyed working there, commenting on how well they were supported and how they liked the values of the agency. One care worker told us, "The best thing about this agency is how client focussed they are." The staff also told us they felt valued and listened to. One member

of staff explained that the registered manager always asked them if they were happy to undertake a piece of work. They said, "They never just tell you, they ask you and I like that, it feels like they respect us."

The values of the agency underpinned the work they carried out and were clearly upheld in the care being provided. The agency's support was tailor made for each person and reflected their individual needs and wishes. Each person was supported by a small team of familiar care workers who were selected because their personalities and way of working matched the person's needs. When people were not happy with a particular worker the agency offered them alternative care workers. The senior staff were able to describe the importance of this and how they recognised that people liked different things about the staff who cared for them, so that someone who wanted a very 'chatty' care worker could have this, where others who wanted someone who was more reserved could be assigned a care worker with this personality.

The registered manager understood that people needed to feel they trusted the agency and staff who cared for them. There were different ways they supported people to feel safe and build up this trust, for example ensuring that people were involved in every aspect of planning and reviewing their care. People confirmed they did feel safe, telling us staff always arrived on time, gave them the support they needed with medicines, followed good hygiene practices and managed risks in a safe and supportive way.

People felt that the staff were skilled and competent. There were examples where the staff had undertaken specialist training specifically to meet a person's needs, for example when they were discharged from hospital or when they used sign language for communication. The provider had not been restricted in the way they provided care, making sure they made changes within their service to meet people's needs. For example, helping to enable a person who wanted to die at home to return there from hospital, supporting one person to take a business trip abroad, enabling people to travel to see families and providing emergency care and support outside their normal working hours when people needed care, food, shopping or following an emergency.

The care workers were exceptionally thoughtful and caring. Many of them displayed innovative practices that enabled people to have more control to live the lives they wanted. There were numerous examples of this, including the observations of one care worker that the person they were supporting could not open and close their blind independently because they could not reach the cord. The care worker lengthened the cord and positioned this close to the person to enable them to have control over their blind. Another example was where the care worker for a person was concerned that they were not eating breakfast and this was affecting their wellbeing. The care worker helped support the person to understand the importance of this meal and encouraged them to try to eat.

Not only did the agency put the people they supported at the centre of their work but also provided comfort and support to families. For example, one person using the service became ill when their next of kin was abroad. The agency provided support for the person, liaised with the hospital where the person was admitted and provided regular updates and information for the person's next of kin so they felt reassured.

The agency had very effective systems for monitoring the quality of the service and making improvements. They used an electronic monitoring system which allowed them to view live information about the care being provided, such as when medicines were administered. They could update this system with immediate effect so that any changes to care plans could be viewed by care workers, the person using the service and their representatives as soon as the changes were made. People had access to their electronic records, as did their representatives (with the person's consent) so they could view when and how care was being provided. The provider was very responsive to changes in people's care and needs and had taken action to adjust the service when needed. The agency had systems for receiving feedback and comments from

stakeholders and we saw that they had acted on this so that they could improve the service.

The registered manager had worked with other community groups to better understand and meet the needs of people using the service and others. For example, they had provided information about what to expect from care services and where to go for help for a group of people living in a local extra care scheme. The provider had plans for continuous improvements such as further developing the way in which medicines were managed electronically by linking their records with pharmacy records. They also had plans for further work with the community providing support and information to other community groups. There was a continuous improvement approach where the provider recorded feedback, information about things that went wrong and things that went well. They used this to help plan for the future so that the service evolved in the way which best reflected people's needs and wishes.

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 remains Good.

People felt safe.

There were procedures designed to safeguard people from the risk of abuse.

The risks to people's safety had been assessed and planned for.

There were enough suitable staff to keep people safe and meet their needs.

People received their medicines in a safe way.

People were protected by the prevention and control of infection.

The provider learnt from incidents and made improvements to the service as a result of these.

Is the service effective?

Good 

The service remains Good.

People's needs and choices were assessed and care, treatment and support were delivered in line with current good practice and legislation.

People were cared for by staff who had the skills, knowledge and support to deliver effective care.

The provider was acting within the principles of the Mental Capacity Act 2005 and people consented to their care and treatment.

The agency worked with other healthcare professionals to monitor and meet people's healthcare needs.

People received support to meet their nutrition and hydration needs.

Is the service caring?

Outstanding 

The service was exceptionally caring.

There was a strong and visible person centred culture where people's individual needs and preferences were being met by exceptionally kind and caring staff.

The staff used their own initiative to anticipate and meet people's needs in compassionate and thoughtful ways.

People were able to express their views and these were respected and valued.

Privacy and dignity were at the heart of the provider's values and the staff embraced these supporting people to live the lives they wanted.

Is the service responsive?

Good 

The service was responsive.

The staff used innovative ways to meet people's needs and to empower them.

The staff were knowledgeable about people's individual needs and how they wanted to be cared for and supported.

The agency was able to learn from concerns and complaints so that they improved the service for everyone not just the person raising a concern.

The agency was skilled at supporting people at the end of their lives and staff understood that this was often a challenging time for the person's family and went beyond the expected support to do what they could to help them.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The ethos of the leadership and the agency as a whole was a culture of person-centred care.

The feedback of people using the service and other stakeholders was central to driving changes and improvements.

There were plans for continuous improvement and these

mirrored the agency's values and aims.

The registered manager and staff reflected on their practice and strove to provide the best service they could.

The staff were highly motivated and wanted to do their best. They were happy for the service to care for their loved ones.

The quality monitoring systems were embedded and were central to the way in which the service operated on a daily basis.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection visit took place on 27 March 2018. We gave the provider 48 hours' notice because the service is a domiciliary care agency providing care and support to people in their own homes and we wanted to make sure someone would be available to assist with the inspection. The inspection visit was conducted by one inspector. Before the visit we contacted people who used the service and their representatives by telephone to ask for their feedback. Some of these telephone calls were conducted by 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.

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We sent surveys to 33 people who used the service, 22 members of staff, 33 friends and relatives and 11 community professionals who worked with the provider. We received 23 completed surveys. We looked at information about the service on the internet, including the provider's own website and homecare review websites.

The provider completed a Provider Information Return (PIR) on 30 January 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and the relatives of 11 other people by telephone to ask for

their feedback about the service.

During the inspection visit we spoke with the registered manager, who is also one of the franchise owners. We also spoke with the other owner, the branch manager, care coordinator and three care workers. We looked at the records used for managing the regulated activity including the computer system used for care planning, recording medicines administrations, logs of calls and call monitoring, the paper care records for three people, three staff recruitment, training and support files, records of complaints, compliments, meeting minutes and the provider's quality assurance records.

At the end of the inspection we gave feedback to the registered manager and the other owner of the company.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with the service. Some of their comments included, "[The person] definitely feels safe with them. I can tell because [they] always smile when the carers come in and [they] enjoy having them around", "I feel 100% safe with the girl who comes", "I feel very safe with my carer; my regular carer particularly is a very intelligent girl and she remembers all the little details about how I like things", "We have no concerns at all about leaving them in the house with [person] - we trust them all" and "I definitely feel [person] is safe with them. They are knowledgeable and professional. They all know how to use the hoist and we have worked out a good system."

The provider had procedures designed to protect people from abuse and detailing how allegations of abuse should be dealt with. The staff received training in these and safeguarding was a topic discussed in team and individual staff meetings. The staff were able to explain about the procedures and how they would respond if they were concerned about someone's safety. The provider had taken appropriate action following allegations of abuse. They had worked with other agencies to help keep people safe and protect them from further harm, as well as investigating what had happened. There was evidence they had also raised concerns about care when they considered people were at risk or being neglected. For example, when one person was receiving treatment in hospital and the registered manager was concerned that this was not appropriate, they had contacted the local safeguarding authority.

There were procedures to help protect people from financial abuse when the staff supported them with shopping or handled money. The provider had written to people using the service and staff to make sure they were familiar with the procedures and had discussed this in team meetings.

The relative of one person told us, "[The staff] are very good on safeguarding issues such as when [the person] recently lost their keys- they are out there to help [the person]." They went on to say that the agency were a point of contact for their relative's neighbours and in instances when the neighbours were concerned about the person's wellbeing the agency had visited to make sure they were safe.

The staff were provided with identification badges and people using the service confirmed that they wore these.

People using the service told us that the risks to their safety were well managed by the agency. One person said, "I use crutches and sometimes I get a bit frustrated and throw them to the ground and [my care worker] is always quick to pick them up so that I don't fall." Relatives comments included, "They have a really good understanding about how to use the equipment and maintain good health and safety", "They are all very competent using and supporting [person] to use the equipment" and "They look out for [the person] and know that there are times [they] might hurt themselves and step in to help, they take [person's] arm when they are out because [their] eyesight is poor. They make sure the floor is dry after [the person's] shower so that [they] do not slip. They are very attentive."

The provider had undertaken assessments relating to individual risk, such as the use of equipment, their

environment, risks associated with their physical and mental health, nutrition and skin integrity. The assessments were clearly recorded and included actions for staff to help keep people safe whilst allowing them to maintain their independence and freedom. People had signed their agreement with these risk assessments. The assessments were reviewed regularly.

The provider had a business continuity plan which included how they would deal with different emergency situations. People who were most vulnerable were identified on the plan, for example, people who needed time specific medicines or those who had no friends or family living nearby. The registered manager explained that during a recent period of snowy weather they were able to follow the plan and provide support to the most vulnerable people as priority. During this period they kept in contact with everyone using the service and their relatives to make sure they knew what was happening. The registered manager and other owner provided lifts to support staff to travel and also undertook care visits themselves to reduce the need for staff making unnecessary journeys which might put them at risk.

There were enough staff employed to keep people safe and meet their needs. The registered manager explained that they did not accept any new people to the service if they did not have staff available to support them. Each person had a team of up to six allocated care workers who were specifically trained to support them and meet their needs. People had regular care workers and if they were unavailable they were allocated a familiar care worker from their team. The registered manager explained they never sent an unfamiliar care worker to care for someone and in emergency situations one of the management team provided the care.

The relative of one person told us, "They are very careful to keep a group of carers [person] knows and even if somebody is off sick they send somebody [they] know and they are generally good at letting [person] know if they will be late. All of this means that [the person] feels safe and secure."

People told us that care workers were generally on time and always stayed for the agreed length of time. They explained that the agency let them know if a care worker was going to be late. People told us they received schedules showing who would be caring for them in advance and they were told if there were any changes to this. The registered manager told us that a small number of people had commented that they were not always informed about changes of care workers in the quality satisfaction survey of April 2017. As a result they had improved their work in this area and made sure people were always informed. They told us that this had not been a problem since.

Some of the comments from people using the service and their families included, "I get a rota each week", "I always get the same member of staff, she is very good and we have got to know each other", "My carer is always exactly on time and always stays for the full two hours, sometimes there are 15 minutes left at the end of her time and she has nothing more to do and so we sit and chat for a bit", "They are only occasionally late and they always let me know", "They always turn up on time and always stay for the time they are supposed to", "I always have the same girl, but if she can't come they tell me who is coming", "[The person] has a carer who has been coming for several years, they know each other well" and "[The person] has a regular girl which is perfect as she is excellent and [the person] really likes her."

The staff explained that they had enough travel time between care visits. They received their rotas in advance and were happy with the arrangements around the scheduling of care visits.

The registered manager explained that the agency had thorough recruitment and induction processes where they assessed staff personalities and attitudes as well as their skills at meeting personal care needs. They told us, "If they are not right for us we do not take them, they need to share our values." We saw that

the recruitment interview included opportunities for the staff to discuss their experience, knowledge and to talk about their strengths and interests. The provider undertook a range of checks on their suitability which included, asking for a full employment history, references from previous employers, eligibility to work in the United Kingdom and checks on any criminal record from the Disclosure and Barring Service.

People received their medicines as prescribed and in a safe way. There were procedures regarding medicines management and all of the staff received training in these. The provider undertook assessments of staff competency in administering medicines during their induction and at regular intervals. The provider used an electronic system for medicines administration records. The staff completed this and the office staff could see immediately if people had not received their medicines. The senior staff constantly monitored the system and were alerted if medicines were administered late or there was a problem. The registered manager discussed how this had been useful following a recent incident where a person had refused care because they felt unwell. The care worker had called for emergency services and stayed with the person to make sure they were safe, however they had not administered an essential medicine because the person had said they did not want this. The electronic system alerted the office staff who were able to advise the care worker to discuss this again with the person who agreed to accept their medicines.

People who received support with medicines had signed an agreement for staff to administer these. There was detailed information about each person's medicines needs and any potential adverse effects from the medicines they were prescribed. The registered manager explained that the electronic system meant that they could update medicines records and administration charts as soon as there was a change in medicines. For example, if a care worker found that a person had been prescribed an additional medicine during a care visit, they would notify the office staff who would update the administration record electronically so the care worker could sign for this during that visit.

People who received support to take their medicines and their relatives told us they were satisfied with this support. One person explained, "if there are any changes of medication they are on it. They do all the sheets and update them- there has not been a problem."

People were protected by the prevention and control of infection. The staff were provided with uniforms and personal protective equipment. People using the service and their relatives confirmed they wore these with comments such as, "They always have aprons and gloves and always wear them", "They always wear the gloves and aprons and she puts on the blue overshoes as soon as she comes in", "At lunch time they will make a sandwich and then they will empty her commode as the last thing they do. They always change their gloves between jobs" and "They have gloves aprons and overshoes which they all use. I think the basic hygiene and the basic medical care is very good."

The provider had systems for recording accidents and incidents. There had been one recorded accident. We saw evidence that the provider had learnt from this to make improvements for the whole service and not just the person involved. There had been no other accidents, but we saw there were appropriate procedures in place for responding to these if any did occur.

Is the service effective?

Our findings

The provider assessed people's needs and preferences before they started using the service and when their needs changed, for example, when they were discharged from a stay in hospital. The registered manager told us that the views and needs of the person were central to the assessment, but that they also consulted family members and healthcare professionals to make sure they had the information they needed to care for the person. We saw evidence of this in assessments we viewed. Assessments were recorded using the agency's electronic systems and the staff could access information via their mobile phones so that any changes in people's needs or new assessments could be seen immediately.

We saw that assessments included information designed to match care workers to the person. The registered manager confirmed this, telling us that they used the initial assessment to help identify care workers whose personalities matched people's requirements. They told us, "You need to get that bit right - it is so important."

The provider made sure the staff had the skills, knowledge and experience to deliver effective care. People using the service and their relatives confirmed that care workers were skilled and knowledgeable. New staff undertook training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The agency had their own training room and both the registered manager and branch manager had qualified to train others. They provided regular training updates for the staff. The staff we spoke with confirmed that they had opportunities to undertake a range of training. They said that if they wanted further training in any area they could request this. The staff were supported to undertake vocational qualifications in care. We saw that records of supervision and appraisal meetings included a discussion about training needs with the staff. Each staff member had a training and development plan where skills and specific training requirements were recorded. This was regularly reviewed and updated.

The provider received updates regarding good practice and changes in legislation from a range of national organisations. They shared these with the staff. There were regular team meetings where the staff were given the opportunity to discuss how they felt and to share learning about practice and procedures. Minutes of recent meetings showed that there had been discussions around safeguarding, the Mental Capacity Act 2005 and a range of different policies.

The staff took part in regular planned individual meetings to discuss their work. The senior staff also carried out observations of their work and how they cared for people. These were recorded and any areas where improvements were needed were discussed with the staff member.

The provider made sure that all care workers spent a period of time shadowing other care workers whenever they started to care for a new person. The registered manager explained that no one would receive care from an unfamiliar care worker and that even if the care worker was experienced working with other people they would still need to shadow others before they worked with a new person on their own. The staff confirmed this.

The staff told us that they felt supported. They said that if they needed help or information they felt confident they would receive this and they were happy to approach both the registered manager and the branch manager if they had any concerns or wanted to discuss something.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

Each person's care plan included an assessment of their mental capacity to make specific decisions. Care plans and risks assessments had been developed with people and they had signed their agreement with these. The registered manager told us that everybody using the service had the mental capacity to consent to the care they were providing. Some people were supported by their representatives who helped to make more complex decisions about their care and treatment.

The staff needed to record that they had asked for people's consent for every aspect on their care plans. This was part of the electronic system and failure to complete this part of the care plan each visit would result in an alert for the office staff to see. People using the service confirmed that the staff always asked for their consent.

Care plans and assessments included information about how the staff could help people to understand information better. Care plans, contracts and other information were available in different formats, such as large print, to ensure that people had the information in a format they could understand.

People told us that they received support to stay healthy and the staff monitored their health. One relative explained, "[The care workers] always tell me if there is anything they are worried about for example if [person] has some bleeding or a bruise anywhere. They cover me when I go away and last year [the person] had a fall whilst we were away and they took [them] to hospital and kept us up to date with what was happening." Other people also told us about how the care workers had responded to emergency situations. One relative explained, "The carers were here when [the person] fell and they stayed with us until the ambulance arrived." One person using the service told us about how the care workers had helped improve their recovery after a fall. They said, "I had a fall and they took me to hospital - the two carers were excellent and encouraged me to build my confidence after the fall. One encouraged me to join in with the physiotherapy and do the exercises."

People's healthcare needs were recorded in their care plans. The care workers monitored their health and condition, including skin integrity, and recorded any changes in these. They immediately alerted the office staff if they were concerned about someone's wellbeing and the office staff liaised with the person's GP or emergency services if needed. There were examples of when the actions of the agency had ensured people received medical treatment when they needed it. For example, the care worker for one person noticed a change in the character of someone they regularly cared for. The agency contacted the person's GP and arranged for the person to be seen. The person had an infection and was able to receive the treatment they needed. In another example, the care worker noticed that a person's leg looked swollen. Again the agency contacted the person's GP and the person was able to receive treatment for their injury.

People told us that the agency had worked with other healthcare professionals such as occupational

therapists if they identified a particular need. For example, one person said, "They have pointed out some equipment which may be useful for example they will say 'Have a look at this commode equipment'." Records showed that on one occasion the staff had identified that one person's hoist sling was the wrong size. The agency had contacted the relevant professionals to get the person measured for a new sling. In another example, one person had complex multiple health conditions. There was evidence that the staff worked closely with other health care professionals to make sure they monitored the person's health and reported any changes in this or their diet.

There were a number of examples of the agency arranging for additional training for a specific team of care workers to enable them to provide necessary care when people were discharged from hospital. This had sped up some of the hospital discharges. For example one team of care workers had undertaken training to support a person with a Stoma (a gastric medical intervention), another team had undertaken training in tracheostomy care (a medical intervention to help with respiration) and a third team had undertaken training in supporting someone who had a Percutaneous Endoscopic Gastrostomy (PEG) feeding system. The agency had arranged the training to be completed quickly so that all of the staff supporting each person knew and understood about changes to their health needs before they returned home from hospital.

The care workers prepared meals for some people and supported people who needed assistance when eating. Everybody who had meals supplied by the agency stated that they were able to make choices and were happy with the support they received. One relative told us, "They always ask [person] what they want and then try to give [person] these meals." Another relative explained, "They help [the person] to prepare meals. [The person] needs help to be motivated and that care workers do this and they encourage [the person] to make some of the food."

People's care plans included information about any risks relating to nutrition or hydration. The care workers recorded how much people ate and drank at each visit. The electronic record keeping system allowed the senior staff to view these records so that they could take action if needed, for example if a person did not eat or drink enough for a number of days.

Is the service caring?

Our findings

People using the service and their relatives told us that care workers were kind, friendly and caring. A sample of their comments included, "The girls are lovely, the staff are just like family to us. I can't recommend them enough", "The carer is lovely- she is very thorough and will do anything to help me. For example, she has helped me organise my cupboards and will help me move all my winter clothes to another cupboard when the weather improves", "They do an excellent job and have a little chat with [person] in a pleasant way", "The nature of the girl who comes is a caring one. All the girls have good eye contact and good social skills. Our main carer very much respects my privacy- in fact she respects it far more than I do", "We have a bit of a joke and my carer has a good sense of humour", "[Person's] carer has known [them] for years. He is very kind and understanding, he will do little extra things", "Our care worker is very smiley and happy" and "When [person] breaks into song and the carer always responds favourably. They have a laugh together."

One relative explained that another agency also provided care for their relative alongside this agency. They told us, "Even the carers from [the other care agency] give positive feedback about the carer from Heritage saying how kind and thoughtful they are."

People using the service were allocated a small team of familiar care workers. They were never cared for by unfamiliar staff even in emergency situations or during staff absences. This meant that the person and staff got to know each other well. People confirmed they felt comfortable with their care workers and confident that they knew about their needs. When new care workers were introduced they were supported to get to know the person before they worked alone with them. The person had the option to ask that this member of staff did not work with them for any reason and this was respected. This system meant that people were only being supported by care workers specifically matched to their needs and familiar with these. People therefore received a high quality service which was exceptionally person centred. This was confirmed by people using the service. For example, one relative told us, "The carers know all [the person's] interests, [their] favourite TV programmes and they talk with [the person] about these. They know which magazines [the person] likes and get these for them. They give [the person] cards on [their] birthday." A different relative told us that the care workers had encouraged their relative to do their physiotherapy exercises by doing these together because they recognised that this helped the person.

The provider was always able to provide extra care and support when people needed this. For example, the relatives of one person needed to attend hospital and were concerned about leaving the person who they cared for. The provider arranged for a familiar care worker to go to the person's house and stay with them until their relatives returned home. In another instance, when a person who lived alone was discharged after a hospital stay, the registered manager arranged to buy the person the shopping they needed when they returned home and provide extra visits to make sure they had a hot meal the day of their return. We saw records of an incident where the hospital transport had arrived to take a person on a pre-planned hospital visit. The agency was not due to be involved in this arrangement but the person called them to say that the transport driver was refusing to help them out of their home and into the transport. The agency immediately sent a member of staff to the person's house to support them onto the transport. Records showed that on one occasion a person's next of kin had a fall. The care worker supporting the person rang for an ambulance

and stayed with the family until the ambulance arrived.

The ethos of the agency was particularly caring and this was embedded in the values and work of all staff. The staff at the agency understood that when people were dying, they and their families could be scared, unsure of what was happening and not know what to expect. The branch manager had undertaken advanced training regarding end of life care. They mentored and supported all of the staff in this area. They explained, "It is so important that we provide harmony and peaceful care at this time for the person and their family." They went on to say, "Sometimes we might just provide one visit before the person passes on so we need to give everything we can for each visit." They told us that they recognised that the memory of this time would impact how families coped in the following months and they said that this was part of the training and support they gave for staff. A card the provider had received from a relative stated, "Thank you for the gentleness and kindness to our [relative] in his last hours – so sweet to treat him with such dignity."

The agency demonstrated other examples where they provided care and support to people's families as well as the person using the service. For example, they had implemented a care planning system where staff recorded details of the care they had provided directly onto the computer system. Families (with the agreement of the person) were able to access care notes in real time. This meant that if a family member was concerned about a loved one, they would be able to log onto the system and make sure they had received care and support and check on their wellbeing. People using the service could also access the system so they knew what had been written about them at all times.

The provider understood that personalised care sometimes meant people needed time to adjust to the idea of being cared for. One relative explained that the person being cared for was resistant to having any care to begin with. They told us that they thought the approach of the agency had been very good. They commented, "[Person's] regular carer is excellent, they built things up gradually, just a cup of tea and a chat to start with, then helping [the person] have a shave. She did it so well, just gently offering and letting [the person] make the decisions." They went on to say, "We had a lot of fears about what it was going to be like and how [the person] would be but [they] like [the care worker] a lot. She asks questions and shows an interest. It's so valuable -she is like a breath of fresh air. She is very respectful and if we need to increase the care in the future at least we have now broken the ice."

People told us they were supported to maintain their independence and skills. One relative commented, "Their whole approach has been to enable [the person]. They are very sensitive in the way they support [the person] and take a flexible approach to the care, For example [the person] has difficulty bending down and so they will bring what [the person] needs to [their] level to help [the person] do manage independently. They always respond to [the person's] choices and decisions, treating [them] with great respect." They went on to explain, "[The person] enjoys working with the staff rather than being a passive recipient." Another person told us that they travelled for work and they were able to take their care worker with them to enable them to do this as independently as possible. They told us, "I can no longer go out alone and [the care worker] makes me feel more confident, I would not be able to travel without her." The agency provided additional support to enable one person to visit their family, something they could not do independently.

In another example a person who used the service had been invited on a working holiday but they were unable to make this trip without support. The agency arranged for a care worker to accompany the person and support them whilst they were away.

Some relatives told us about the staff going the "extra mile" for them and their families. One relative told us that the person being cared for had a learning disability. They said that the care workers had learnt some Makaton (a type of sign language) signs and modified their language so it was easier for the person to

understand. They said, "They always go at [the person's] pace." A different relative told us that the person being cared for did not speak English as a first language. They said that the main care worker did not naturally speak that language but that they had learnt some words so they could communicate with the person being cared for. They told us that the person responded well to this.

In another example, a relative explained that when the person receiving care fell and was admitted to hospital the staff from the agency were very supportive. They told us that the hospital had arranged a short notice meeting to discuss discharge and staff from the agency had attended to make sure they had an opportunity to speak with the physiotherapists about changes in the person's mobility and needs before they returned home.

A person who used the service told us their care worker used their initiative and was very thoughtful. They explained that they sometimes had problems with one of their legs. They said the care worker always noticed how they felt and took an interest commenting in a positive way demonstrating empathy and compassion when they felt pain.

There was evidence of further examples of the staff making a special effort in the way they cared for people. For example, on one occasion a person became distressed that their duvet was dirty, the registered manager organised for their duvet to be dry cleaned and so they did not go without purchased an additional duvet for them to have whilst their one was at the dry cleaners. In an additional example, one care worker noticed that a person was using a glass container for hot drinks. They were concerned about the person's safety so they purchased an insulated cup holder out of their own money for the person. Another member of staff also purchased a special cup which was easy to grip out of their own money when they noticed a different person was struggling to hold their own cups. There were a number of recent incidents where people using the service rang to say they needed help during the night and the registered manager visited them to help with personal care and purchasing items they had run out of.

One person using the service had been invited to run a teaching session at a local library and they were very nervous about doing this. The registered manager and branch manager went with the person to give them moral support and encouragement.

The agency had a record of contact with people using the service which showed how sometimes staff went above and beyond to be caring to people. One contact explained that the care worker had purchased a specially made birthday cake for a person. There was a picture of them with this. The person had told the agency that no one had ever bought them a birthday cake before. On two recent occasions people using the service had taken a holiday and the agency had arranged to water their plants and feed their cats whilst they were away. People had commented that this put their mind at ease and allowed them to enjoy their holidays more. Another person needed to have their hoist serviced and this could only be arranged when the person was not at home. The agency arranged for care workers to go to the person's home whilst the equipment was being serviced otherwise there would have been a delay in this happening.

In a different example, a person's stair lift had broken and they were waiting for this to be fixed. The person and their family were distressed and upset about the situation so the agency arranged for a member of staff to wait with them until the engineers arrived and fixed the piece of equipment. Furthermore, there was an instance when a person attended a healthcare appointment where they had to wait for over an hour and a half. The person was very tired so the agency arranged to pick them up and bring them home so they did not have to wait or arrange their own transport.

The above were some of the examples where the staff working for the agency went beyond the duties of their role to provide care which showed compassion and was centred around the care people wanted and

needed. This type of approach was systematic for all care from this agency. The registered manager and staff consistently demonstrated this way of working. The vision of the agency was, "To be caring, kind and professional, focussing on enhancing the quality of life for all service users, respecting individual needs and aspirations." This vision was reflected in the way people were being cared for. The registered manager knew each person using the service and the staff well. They were able to tailor the care and support people received so that it reflected their preferences. The assessment process included finding out about people's personalities and interests. The registered manager explained that they matched suitable staff based on shared interests or to reflect a specific need.

When people using the service were admitted to hospital falling ill, accidents or pre planned operations the registered manager ensured that they visited them in hospital even though their duty of care did not include provision of support during the hospital stay. The registered manager told us about examples of when they felt people were not receiving the right support in hospital and they took action about this. For example, the registered manager told us the hospital staff supporting one person had limited understanding and awareness of how to care for a person living with dementia. The registered manager told us they were able to support the hospital staff so that they could communicate more effectively with the person and offer them the support they needed. In another example, the registered manager was so concerned about the lack of appropriate support for a person in hospital that they contacted the local authority who oversaw the person's care and liaised with them until the right support was given to the person.

People told us that the care workers respected their privacy by knocking on doors, keeping doors and curtains closed and covering people when they were being washed. One person told us, "[The care worker] is very conscious of my dignity. She closes the curtains and looks at me for a sign when it is ok to open them again." Another person said, "The carers explain what they are doing every step of the way, for example when they are using the hoist, they tell me what they are doing and make sure I feel comfortable." People told us the care workers never spoke about other people they cared for and respected confidentiality. People's preferences regarding the gender of their care worker had been recorded in care plans and the provider's business continuity plan to make sure they would receive the support they preferred even in an emergency situation.

The culture of the agency was non-judgemental, the registered manager told us that they supported people with a wide range of different lifestyle choices, abilities, cultural and religious needs. The training and support for staff reinforced that they should always value other people's choices and provide care which reflected their needs. People using the service confirmed this, explaining that the staff treated them as equals and were positive about the way they lived their lives. Some people using the service identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). The staff supporting these people were careful to use language which was supportive and did not offend people, for example making sure they referred to their partners using the person's preferred terminology. The registered manager told us that the staff were mentored to adjust how they behaved in order to respect different people's lifestyles, culture, religion and family traditions. These topics formed part of the staff interview process, individual assessments of staff competency and spot checks to make sure the staff who were employed displayed the correct values and approach at all times. The provider had assigned some of the staff as dignity champions. Their roles included supporting and training other staff to understand about the needs of people with dementia and how they can meet these.

Is the service responsive?

Our findings

People using the service and their relatives told us that the service was responsive and flexible. They explained that the provider had adapted the service to meet their needs and preferences. Some of their comments included, "[Person] generally receives twice a week visits but in the summer [they] may have more visits if we are away. They are very flexible and will cover me for holidays", "They were able to be flexible with [the person's] care package", "They are very responsive to [the person's] needs, the staff have been working gently with [the person] to build rapport and confidence, they try this and that and work around [them]. They are able to provide such a good consistent approach" and "They are so flexible, we have a set pattern of visits but then I can add to this depending on my relative's care needs and because I work they also work around my needs too."

The provider ensured that the care being delivered matched people's needs and preferences. For example, one person had specific requirements relating to the way in which their meals were prepared and their food tray was laid out. Their care plan included very detailed guidance for the staff about how they should meet the person's needs. The guidance included photographs to make sure the staff understood the exact requirements. The care plan had been developed in partnership with the person to make sure they were happy with this.

There were examples of care workers attending to people's needs outside of the tasks laid out in care plans. For example, one person needed support completing on line forms and a different person needed to take documents to the post office for completing an application. In both examples the care workers supported these people with these tasks.

People using the service and their relatives told us they had a care plan and had felt that the care plan accurately reflected their needs. People told us their plans were regularly reviewed. They explained that the care workers recorded the care they had provided in log books or electronically. One person commented, "I have a book here and everything is recorded down and on their phones. When they first came to do the interview they really listened to what I wanted. Also the girl who comes always checks in and out. Very professional." Another person told us that senior staff visited regularly to check that they were happy with the service telling us, "They came to go through my care plan which was all fine." One relative commented, "They did review [person's] care plan last summer and they do check on [the person]. In fact some of the staff who go out to care for [the person] regularly are the senior staff."

Care plans were recorded on the provider's electronic system. The desired outcome for each area of care was recorded and there were tasks describing how the staff would support the person. The care plans could be adjusted and updated whenever there was a change in need. The staff received updated care plans through their mobile phones so were aware of any changes immediately. People using the service and their representatives were given a unique log in identification so they could access their records and view what had been written. The system also allowed for other people who had been given authorisation, such as visiting district nurses, to view records of care provided when they were in a person's house using a special barcode to log into the system. This enabled them to view relevant care and give the agency feedback about

any changes they thought were needed. People could request printed copies of their care plans and any other information in a selection of formats, such as large print and on coloured paper.

People's likes, dislikes, interests, individual routines and information about their past lives were incorporated into care plans if they wanted this, not everyone did and this was respected. The information was used to help the staff understand people better. The provider was very responsive to specific needs identified by the person, their representatives, care workers or others and these were reflected in the care plans. For example, one person who was a practicing Muslim needed to pray at certain times of the day. Their care plan was adjusted to reflect this and the staff were aware of this and respectful of this need. They also were sensitive to their specific needs around washing and dressing and how food was prepared. Another illustration of this was regarding a person who sometimes became agitated and resisted care. The staff had received specialist training so they understood how to support the person so that care was offered in the most appropriate way for the person. The staff were also aware that they needed to value what the person chose with regards to their care. The result was that the person felt safe and trusted the staff, they knew that if they did not want something the care workers would respect this, and they were less likely to resist the care being offered.

The agency was proactive in enabling people to be discharged from hospital as quickly as possible. The registered manager visited people to carry out reassessment of their needs and organised for the team of care workers who supported each person to receive training and information about any changes in their needs so that discharge was not delayed and the person could be safely cared for back at home as soon as possible.

In an article written by a person who used the service and published on an independent website about home care agencies, the person had written that the agency provided the best care they had received in 30 years. They went on to write, "I am impressed by the many times that carers have remembered even the smallest detail of my needs."

People using the service and their relatives told us, that although they had not made an official complaint, they would feel happy and comfortable to do so if it was necessary and felt that they would be taken seriously and action taken to rectify the issue. Those who had contacted the agency with a concern felt the issue had been dealt with to their satisfaction. One person told us, "The senior staff are always asking me if there is any problems and if everything is working well. I feel that they listen to me if there are any problems." Other people also said this, explaining that the registered manager and senior staff were in regular contact with them asking if they were happy with the service. They felt that any concerns would be discussed and addressed through this regular contact. One person commented, "I'm sure if there was anything to complain about they would deal with it in an optimistic and positive way." Another person explained, "The managers often come out to see me and sometimes do the care, they see how things are going and are very approachable." A relative said, "They always respond quickly if you phone and leave a message. I have used the out of hours' telephone number too and somebody always answers."

The provider kept a record of complaints and concerns. They monitored these and we saw that they took action to remedy any concerns and learn from these. For example, when a person had raised concerns about the ability of some care workers to operate a piece of their equipment. The registered manager had met with the person to discuss this and with the person had looked at how they wanted the equipment to be operated. The registered manager and person had then provided additional training for all the staff involved with their care to make sure they understood the person's requirements and for the person to feel confident that they had been involved in teaching the staff.

People's care plans included a specific end of life care plan if this was relevant. The branch manager coordinated how this was planned and people's needs were met. They told us that they monitored care of people during this time closely and made sure care plans were adjusted whenever people or their family needed.

The agency provided care and support for people and their families which was person centred. For example, the family of one person who had been admitted to hospital was told that they were at the end of their lives. The person and their family wanted for them to return home to die. The registered manager liaised with the hospital to make sure they discharged the person quickly. They wrote to the hospital encouraging this and made sure they were able to provide the care the person needed straight away so that they could return home.

In another example, a person receiving palliative care started to experience increased pain. The person's family did not know what to do and were frightened and distressed. The agency took a lead on liaising with the palliative care team ensuring the person received the right support quickly. They supported the family in their interactions with healthcare professionals so they knew what to ask and what to expect.

Is the service well-led?

Our findings

People using the service and their relatives told us the service was well managed. They said they knew who the registered manager was and had opportunities to meet and speak with them. Some of their comments included, "[The registered manager] is a fantastic point of contact. The office staff always keep me updated with any issues for [my relative]", "Right from the initial contact with Heritage I thought [the registered manager] was brilliant and so professional", "I know they are good and I trust them, everything is honest and all the communication is clear", "I speak with [the registered manager] on the phone – she is lovely and helpful", "This agency has proper experience", "The office and senior staff are very understanding of our situation and do their very best to work with us; they are very approachable and never let me down", "I've had experience of loads of different agencies and so I can compare and Heritage are absolutely fabulous", "I have talked to many agencies and I find this owner and manager the most caring of the lot. I feel that we struck lucky with this agency" and "I think they are really good, they have been brilliant - I'm glad they were around when we needed them."

Some of the comments we received in surveys people returned to us about the service included, "I do not want any other service", "Heritage is an excellent agency", "They are the best I have ever used and I wish all staff from other agencies were trained to their standards", "The office and support staff are amazing", "They do the job well, are reliably and relate well to the person. I have never had a problem and they check regularly with me", "We have found them to be professional and very helpful with very good feedback from users" and "Overall very good, they make sure everything runs very well and they put themselves out."

In November 2017 one person who used the service contacted us via our share your experience forms on our website. They commented, "A first-class, caring service which works perfectly for me. [I have a busy lifestyle] and, after having experienced a number of other agencies, Heritage is a breath of fresh air. The people there are pleasant, efficient and attentive."

A national review website for home care services contained three reviews left by people using the service and relatives in 2017 and three reviews from 2016. The most recent reviews rated the service as "excellent" in all areas giving a maximum score for the overall standard, staffing, being treated with dignity, care and support, value for money and management. Comments included, "We have had marvellous service", "The care package worked beautifully", "Carers were presentable, punctual, reliable, attentive and kind", "Flexible and extremely helpful" and "Nothing was too much for the team." There were also three reviews on the NHS Choices website each giving a rating of the maximum five stars.

The staff responding to our surveys and those we spoke with commented positively about working for the agency. They said there was an open and inclusive culture. They felt listened to and valued and enjoyed their work. The staff explained that if they had any questions or concerns they could discuss these with the registered manager and other senior staff. Some of the comments from the staff included, "This is the best company I have worked for", "Heritage are so client focused and also care about the staff", "I am very happy with all the training and support I receive", "In this job I have got to know and care about the customers", "I am never rushed or expected to rush, we are given enough time to do everything we need",

"The managers have a really good knowledge of each of the clients" and "The agency have a flexible approach and support me with how I want to work."

The registered manager was also one of the owners of the company. They and their partner had established the business in 2014. The registered manager's partner was also involved in the strategic management of the service. They employed a branch manager who supported them with the day to day running of the service.

The registered manager told us that all members of the management and senior staff team worked in all roles to support one another. The branch manager and care coordinator confirmed this. One of them said, "You are never alone in this job, not the carers, office staff or registered manager, we all work together as a team supporting one another." They also said, "We all share the company's vision and want to work in the same way." One of the care workers told us, "I have worked alongside both the registered manager and branch manager on care calls, they treated me like an equal, and worked alongside me, they are just like us and they really support us."

The culture of the organisation was exceptionally person centred. All the staff were very caring and made efforts to make sure people using the service received individualised care. There were examples of individual staff going the extra mile to make a difference in people's lives promoting their independence in a way which reflected the values and visions of the organisation. For example, one person was partially sighted. Their care worker recognised that they wanted to remain as independent as they could but found some tasks challenging. The person was unable to use their washing machine but still wanted to do this for themselves. The care worker used fluorescent stickers to help the person identify the buttons they needed so that they could use the washing machine independently. In another example, a care worker recognised that one person found it difficult to call out when they needed help or attention when the care workers were in another part of their home (for example cleaning). The care worker purchased a door bell for the person to use so they could attract the care workers attention without shouting.

The care worker who was supporting one person who was living with the experience of dementia found that they enjoyed playing games. The care worker recognised that the person experienced challenges with communication and their memory. They designed and created a memory game specifically for the person. They also designed and created a calendar showing the date, weather and day of the week to help the person focus and remember things they had planned. We saw photographs of these creations. They were well made, attractive and tailor made for the person so provided a level of help and support that manufactured items could not. These products had improved the quality of the person's life.

One characteristic of how the provider operated was the way in which they took extra care to make sure people who were most vulnerable had the support they needed when they were most at risk. For example, during the cold weather the registered manager became concerned about a vulnerable person who was at risk. They arranged extra visits in order to make a hot meal and provide hot drinks. In another instance, a person had no food in their house and had no arrangement to get more food. The registered manager purchased the person food out of their own money so that they had this available until they next received enough money to buy their own food.

All of the staff we spoke with told us that there was excellent communication within the agency. One of the care workers told us, "I used to work for another agency and they just told you what to do, it isn't like that here at all, they actually ask us and they listen." Other care workers confirmed this and told us the agency had a supportive culture and that staff were able to work the hours they wanted, with enough travel time to attend all their calls on time. One care worker told us, "I finish my last call late in the evening and one of the

owners picks me up and drive me home so I do not have to get the bus." The office staff told us, "We all support each other, there is a fantastic atmosphere – it is one of the best things about working here." All of the staff who gave us feedback explained that they would be happy with the service caring for a loved one.

The provider had very effective systems for reflective practice. The systems for monitoring the quality of the service included real time feedback through electronic monitoring and constant communication with the staff and people using the service. This type of system provided people using the service, their representatives and the provider to have instant access to information about how people were being cared for. This meant that any areas of concern were immediately identified. This had been vital in supporting people with their medicines. For example, when one person's medicine had not been administered at the right time the office staff were able to contact the care worker and make sure they rectified this. Traditional systems for monitoring medicines administration and care would not have identified this in real time and therefore the person may have gone without vital medicines. In other examples, the care workers had contacted the office staff when they found people's prescribed medicines had changed. The provider's system allowed for this to be recorded on the care plan instantly so that medicines administration records were immediately updated. Furthermore, the families of people using the service and other approved professionals, as well as the provider, could access care records in real time. This meant they could view how people were feeling and whether their care had been provided and could respond to any changes immediately.

People using the service and staff confirmed they regularly spoke with and met the registered and branch managers. There was evidence that the provider made changes following feedback both for individuals and for the service as a whole. For example, a small number of people told the provider that they were not always informed of changes of care worker in the quality satisfaction survey in April 2017. The provider responded by updating their procedures to ensure that people were always contacted when there was a change. They had monitored this and found that people no longer had any concerns in this area. Similarly, the staff survey indicated that some staff felt they did not have enough travel time. The registered manager reviewed this with individuals and looked at the service as a whole, revising scheduling to make sure there was always enough time between planned visits. The staff confirmed this was now the case with one staff member commenting, "If we feel the timing is a bit tight we just tell them and they adjust the schedule for future visits."

The provider had learnt from things that went wrong and had made improvements to the service as a result of these. For example, following an accident where a person had fallen from their wheelchair the registered manager had reviewed the situation. The incident had not been the fault of care workers but the registered manager recognised that changes to the way the person was cared for might prevent future accidents. They had met with the person to discuss this and gain their consent and agreement. Following this they had updated the person's care plan and risk assessment and spoken with all the staff involved in their care. They had also reviewed the manual handling procedures and adjusted these to make sure there was clear guidance around this particular area which could be followed when caring for others.

The provider kept themselves up to date with good practice guidance and changes in legislation. We saw that they had reviewed their policies and procedures in line with these changes, for example updating their procedures in relation to protecting and sharing personal information because of new legislation coming into force. They kept clear and up to date records of all their quality monitoring which showed areas of good practice and areas they wished to improve. The agency had created a continuous improvement plan and were able to discuss some of their plans for the year and why these would benefit the service. For example, they were working with the electronic care plan providers to improve this system. They planned to create a link with the supplying pharmacists for people's medicines so that they could link medicines

administration charts with these. They also planned to improve the system for recording assessments electronically so the information could be uploaded straight into the electronic care plans.

The provider had systems for managing the service when things went wrong. For example, they were able to continue to provide a service for everyone during recent adverse weather, by supporting staff and liaising with people using the service to make sure the care of people most at need was prioritised. The provider had improved systems and procedures following incidents such as a fall, which resulted in the revision of the manual handling procedure. In another instance the provider identified concerns about the way in which someone was supported with their money. They reviewed the procedure, wrote to everyone who used the service, spoke with staff and introduced better systems for monitoring financial transactions.

The provider had undertaken a complete audit of the service in February 2018 looking at the key lines of enquiry set out by CQC. Through this they had identified areas where they felt practice could be adjusted and improved. We could see a clear action plan showing what changes they had made or planned to make to the service, for example providing more information and training for staff where they felt their knowledge could be improved.

The electronic monitoring system allowed office staff to identify patterns as well as respond to concerns in real time. For example, staff recorded how much people ate and drank if this was an identified area of risk. The office staff could identify when people were not eating or drinking enough or when people consistently refused care. The registered manager told us that they used this information to identify when reviews of care were needed and could talk with the person, try different approaches or make referrals to healthcare professionals. They explained that the computerised system meant that any concerns would trigger an alert and could be dealt with quickly, meaning that risks to people's safety and wellbeing were minimised. We saw examples of this when the office staff had identified concerns straight away and spoken with the care workers or person's family.

The provider's own quality monitoring through surveys and telephone monitoring showed overwhelmingly positive feedback from people using the service, their representatives and staff. With people commenting that staff understood and met their needs, the agency communicated well and they were happy with the service. The staff had stated that they were happy in their roles, felt supported and had the right level of work and breaks.

The provider had systems for making care plans and other documents available in different accessible formats for people if they required this. The registered manager told us they had some people who had their care plans printed in large print, because this was easier for them to read, at the time of our inspection.

The registered manager had established links with the local community and planned to further improve this area of work. They had worked with local dementia charities, attending workshops and improving their knowledge. Senior staff were qualified dementia champions and had signed up to the dementia friends scheme. The registered manager had visited two local extra care housing schemes to speak with people living there about what they could expect from care services and providing advice when people did not know where to go for help.