

AH Care Ltd

AH Care Ltd

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: AH Care Ltd provides personal care and support to people living in their own home. AH Care Ltd is a franchise of Home Instead Senior Care. At the time of the inspection, the service was supporting 62 people who required personal care.

People's experience of using this service:

People using the service were consistent in their view that staff were exceptionally caring and responsive to their needs. We received comments such as "10 out of 10" and "Brilliant".

The service worked in partnership with people, their relatives and other stakeholders to ensure people's needs were consistently met to a high standard. Health and social care professionals were equally impressed about the service provided to people. They told us they had an excellent working relationship with the service and felt that AH Care Ltd was committed to supporting people to achieve the best outcomes possible.

The ethos and culture of the service centred on people. People were at the heart of the service and their involvement and feedback was valued by the provider. Staff were exceptionally caring and went out of their way to ensure people lived a fulfilled life. Their patience and dedication assisted people to reach their potential. Staff consistently provided a service which had been tailored to meet the needs of individuals. Staff provided many examples of how they had gone the extra mile to respond to people's needs such as researching people's background which helped to stimulate memories and conversations.

Care plans were individual and reflected the needs and risks of people using the service. They provided staff with the information they needed to support people. Control measures were in place to help mitigate risks of harm to people. They were encouraged to take positive risk to promote their independence and make choices about their care. People were supported to receive their medicines as prescribed.

The service was exceptionally well led. The managers had researched and used innovative ideas to support people, such as using technology to ensure people received the best possible care. The registered manager was involved in several initiatives to improve the health and social care standards and training in partnership with organisations. They shared their experiences and knowledge and provided a service to the wider community. Quality checks of the service and feedback from people were used to recognise and drive improvements.

People received care from staff and supported to carry out their roles. Staff told us they felt supported by their colleagues and managers. They had been well trained and had access to in-house training and champions for additional support.

Rating at last inspection: Outstanding (Last report was published in September 2016). At this inspection we found evidence that sustained the rating of outstanding.

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

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Outstanding rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

AH Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspector and an assistant inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats. It provides a service to older people and younger disabled adults.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

On 3 and 8 May 2019, we visited the service's office and we looked at four people's care records and those files relating to staff development and the management of the service. We spoke with 10 care staff, five office staff, nominated individual and the registered manager. After the inspection we spoke with five people and five people's relatives by telephone and received feedback from five health care professionals.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were supported by familiar staff and felt safe when receiving personal care. One person told us, "Yes definitely, I have regular carers and even if there is a new person they are always shadowing first, there is no strangers coming into my house."
- Staff had been trained in safeguarding and were aware of the provider's safeguarding policies and the actions they should take if they became aware of any concerns of abuse or harm to people. They told us they would contact the senior staff or external agencies if the registered manager did not act on their concerns.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. Their personal health and well-being risks had been identified and assessed. For example, people's risk of falls, swallowing difficulties and dehydration had been assessed and control measures to mitigate the risks were recorded and known by staff.
- The registered manager was working with health care partners to develop a training programme to upskill staff in their awareness and monitoring of people's health and clinical risks. This will assist staff in recognising the changing needs of people and improve the records of the actions they should take when people become unwell.
- There was a balanced approach to enabling people to retain their independence, live a fulfilling life and managing any associated risks. For example, people were encouraged to retain their mobility and access the community.
- Environmental risks and risks to staff as lone workers had been assessed. Staff were always informed of any potential risks prior to them going to people's home for the first time such as risks associated with pets.
- Secure systems were used to inform staff on the agreed way to access people's homes such as key safe codes. Staff were aware of the actions they should take if there was a no response when they visited people such as informing office and contacting relatives and neighbours.

Staffing and recruitment

- There were sufficient numbers of staff available to meet people's needs. Staffing levels were determined by the number of people using the service and their visit and support requirements.
- A delegated staff team consistently reviewed people's support requirements and staff availability to ensure people's requests for care were provided. The system alerted the office if staff ran late or missed a call which was followed up by the office staff. People confirmed they were contacted if staff had been unavoidably delayed and staff stayed for the full amount of time. One person said, "They do all I require, they have never missed a visit and (they are) more or less on time, always".
- All office staff had been trained in health and social care which enabled them to respond to any emergencies or cover any visits if required. An on-call system provided staff with additional support and

advice if required.

- Contingency plans were in place to support people during adverse weather conditions such as those people who were assessed at the greatest risk if they did not receive support.
- People were supported by staff who had been safely recruited. Staff went through a robust interview process and relevant pre-employment checks such as Disclosure and Barring System (DBS) checks (criminal records) and references before they started to support people.
- The provider was passionate about ensuring that staff with the right skills, attitude and values were employed. Value based interview techniques were used to help assess the character of potential staff. Where possible, people were involved in the interview process of the staff who would be supporting them.

Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used.
- Details of who was responsible for ordering, collecting and administering people's medicines where there was joint responsibility with family members or other agencies was being implemented. This will help ensure there is a clear plan of people's medicines management and help to reduce any potential risks.
- Medicines charts completed by staff detailed what assistance had been given with people's medicines and were checked regularly by staff to ensure people had received their medicines and identify any errors.
- Staff had received training in medicines management and their competency were regularly reviewed.
- People told us they were confident in the staff's ability to manage their medicines. One person said, "They help me with medicine. I am aware of what I am taking and they are clear with all the medicines."

Preventing and controlling infection

- Staff had been trained in infection control. They were aware of the importance of effective hand washing and use of personal protective clothing such as gloves and aprons to prevent spread of infection.

Learning lessons when things go wrong

- Systems in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the registered manager. Actions were taken such as additional training for staff in the recording of incidents.
- Changes were made to people's care plans to reduce the risk of repeat incidents and then communicated with staff.

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

Good: 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 continued to receive effective care based on current best practice for people. People care needs were assessed using standardised assessment tools. This helped to monitor the care people received.
- The provider had recognised the benefits of supporting people with technology to help maintain and monitor their safety. Through the service, people could access a range of technical 'care solutions' such as fall and flood detectors to help them remain safe at home.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had been given opportunities to develop and achieve additional training and qualifications. Staff told us they felt well trained and had received relevant training to carry out their role. Records showed staff were provided with a wide range of training specific to people's needs such as dementia care.
- All new staff attended a comprehensive three-day induction programme. They were supported to complete workbooks which linked to the Care Certificate. (A nationally recognised set of care standards). Staff were given opportunities to shadow experienced colleagues and were introduced to people before they started to support people with their personal care. A senior staff member and a person who used the service also delivered some training of their experiences AH Care Ltd. We were told that this had brought the training 'to life' for new staff and had a positive impact on the person as they felt valued.
- An effective system was in place to monitor the training and support needs of staff and to ensure their skills remained up to date such as catheter care. Staff knowledge and care practices were assessed through workbooks, quizzes, competences and observations of their practices. Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives.
- Staff had access to further resources and guidance via an in-house trainer and staff who held champion roles in areas such as dignity and food. For example, the provider had carried out a staff training needs analysis and recognised gaps in some of their skills such as food preparation and cooking. They had arranged a cookery course for staff who then became food champions. This had enabled them to be more effective in responding to people's meal requests and support other staff in meal preparation.
- The registered manager was also working with the local authority to help develop and implement health and social care training across the local area.

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

- Where people needed support with their meals, staff provided them with choice and promoted a healthy diet. Staff told us they were familiar with people's dietary requirements and preferences.
- People's swallowing difficulties and risks of choking were closely monitored by staff. Staff worked in

collaboration with people, their families and health care professionals to ensure people's dietary needs were met.

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

- Staff worked with other health care services and professionals to help prevent unnecessary hospital admissions. Staff told us they reported any changes in people's well-being directly to the office and sought advice and direction. They were responsive to people's changing needs and supported people to make appointments and visit health care services.
- Health care professionals were overwhelmingly positive about how the service supported people and felt staff were responsive to their recommendations. We received comments such as: "Home Instead always seem to have the time and patience to work with that individual and their families in a caring and person centred way to get the best support for all of them, and most importantly build a good rapport with that person."

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. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care from staff. They told us they were in control of the care they received.
- Staff supported people to make informed choices about their day to day care such as choices about their clothes and their meals.
- Staff had a good understanding of the principles of MCA. Records showed that people's mental capacity had been assessed when people had been assessed as lacking capacity to make significant decisions about their care and well-being.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and health care professionals told us the registered manager and staff had sustained a service which delivered compassionate and kind care.
- There was a strong emphasis on the key principles of care and values of the provider such as compassion, respect and dignity. The culture of the service focused on ensuring people and their families were at the centre of their care. The service's website stated: "We recognise everyone's needs are different and our approach tailors a care solution that will deliver the best quality service that satisfies the requirements of the whole family." This statement was demonstrated through our observations of the staff's approach and practices when supporting people, together with the feedback we received from people and their relatives. For example, relatives told us that the service always considered their needs as well as people's needs and recognised when they needed extra support.
- Everyone, without exception, told us they were treated with kindness and were treated as equals. People told us that staff were caring and went over and above their role to maintain people's comfort, well-being and happiness. For example, people said, "I know the carers and they often offer if I want anything from the shop and they bring me what I need"; "They look after me very well. They cover all my needs"; I cannot speak highly enough about them. Amazing! and "I know them well and they must be used to me now, they are all kind." One professional wrote to us and said, "I would most definitely recommend Home Instead to other professionals, clients and their families." Staff spoke to people respectfully with their preferred names and titles. One person said, "I am 100% happy with the staff, they do a magnificent job."
- Relatives of people who had received end of life care from the service told us staff were very sensitive to people's needs and their wishes. For example, staff who had been allocated a bedroom to sleep in, chose to sleep in the same room as a person who had become very frail. The relative told us it gave the person a lot of comfort and reassurance that they weren't alone at night. They explained it also provided them with assurances that any changes in their relative's symptoms and comfort would be swiftly addressed. Relatives also told us that staff had been extremely kind and compassionate after their family member had passed away. For example, staff had supported a bereaved spouse to sort out the clothes and belonging of the person who had passed away and took it them to a 'cash for clothes' shop. A staff member organised a bird table to be built in memory of the person who passed away with the money they received from the clothing. The person thoroughly enjoyed watching the birds outside their window and spoke often to staff about the bird's activities.
- People and their relatives told us how staff had used creative ways to encourage and motivate people to participate in activities of daily living. For example, staff had noticed that one person who lived with dementia and was resistant to being supported with their personal hygiene was responsive to a certain type of music. They used this music to improve the mood of the person and encourage them to move around their home, before slowly directing them to the bathroom to assist them with their personal care needs.

- The registered manager, office team and staff demonstrated a warm and flexible approach when providing care. We were told by people that this approach was continual, and that staff went out of their way to provide extra support if requested. For example, one person said, "They always make sure and ask if I need anything else and are very proactive, always". One health care professional supported this view and said, "Home Instead are very responsive in an emergency situation or when urgent support is required."
- Staff were empathetic to people's physical and emotional needs. Staff spoke with great pride about the care they provided. They were passionate about supporting people, uplifting their spirits and helping to improve their personal well-being. One staff member said, "We want to ensure their every need is met, even if it is just a small thing."
- We spoke with staff, the office team and two people who used the service about the culture of the organisation. It was evident that staff were highly motivated to provide care and support that was kind and compassionate. One member of staff told us, "We do our absolute best for everyone. We want to make sure everyone lives the life that they want."
- The personalities and interest of people and staff were considered when allocating staff to support people. For example, people were supported by staff with a similar interest such as gardening. We were told that 'matching' people with staff who had similar values and interests was key to a successful service. Staff had been asked to complete a profile about themselves to help the matching process.
- Effective systems of communication ensured that people were consistently supported in manner which met their needs and preferences. Staff knew people very well and were aware of their background and what makes them happy. They were sensitive to recognising when people required additional emotional support and dealing with emotional conflicts. For example, one person who spoke a lot about their Welsh origins was supported to visit a local area to view the Welsh countryside. Staff chatted with them about their heritage and we were told this had helped them to become more content and accepting of their current home and surroundings.
- There was a passion amongst the staff team to drive improvements across the local health care sector and support people and their carers in the wider community. For example, the service had formed links with other organisations to provide additional health and social care support, advice and training. They had also provided services such as hand massages and health care and safety talks which in turn enhanced the health and wellbeing of local people.

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

- People were treated with equality and respect. Staff worked in a manner which empowered people to make choices and maintain control of their lives.
- The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. The nominated individual told us, "We do our best to be flexible, recognise where people are struggling and help them with solutions before a crisis happens." For example, staff recognised when people were struggling with their mobility and organised rails to be installed for people to help them retain their independence. People consistently told us the staff demonstrated concern about their wellbeing. One person said, "Yes. I am very appreciative of the service, they seem to have my best interest at heart".
- Staff had formed strong links and worked proactively with people's relatives or other representatives to ensure people's care and support were delivered in their best interest.

Respecting and promoting people's privacy, dignity and independence

- Staff's approach in supporting people equally and respecting their privacy and dignity was embedded in their care practices. This enhanced people's well-being and control of their life. One person said, "They are all very kind and respectful. I know what I like and they help me as I need."
- Staff explained how they supported people to maintain their privacy, dignity and independence. For example, one staff member said, "I always make sure the curtains and door are shut and use towels to help preserve their modesty and dignity."

- People told us staff supported them to do what they could for themselves. For example, staff had slowly supported and encouraged one person to move their position in the chair which had improved their upper limb and torso mobility. We were told that the improvement in the persons strength had positively impacted on the person's emotional well-being and enabled them to increase their level of independence.
- People told us that staff spoke to them appropriately and were aware of people's individual communication needs, such as giving people time to express themselves. Staff supported people to use a variety of tools and communication aids to communicate with people such as picture cards, food magazines and photographs of meals. Staff had supported one person who was unable to speak English and had gone out of their way to learn a few words from the persons 'spoken tongue' to help converse and build up trust with the person.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they continually received care and support which was exceptional and consistently responsive to their needs. We received comments such as "They have exceeded my expectations as a care company" and "Compared to others (care agencies) this is the best around, without a doubt." People had been supported to enjoy living their lives as they wished and be part of the local community. For example, people told us they were supported to go for walks, attend appointments and visit places of their choice. One person said, "They are very flexible and will go out of their way to help me to get to appointments or get and out about."
- The managers and staff worked within a framework of best practice for supporting people with dementia and continually looked at ways to improve people's well-being and emotions. The managers continually reviewed their practices and carried out extensive research to ensure they provided the best possible care which was consistently responsive to people's needs. For example, the provider had considered technological initiatives to help build people's trust, safety and reduce their anxieties. As a result of research in Japan, the provider had purchased a robotic therapeutic cuddly seal for people who live with dementia to help manage their emotions. The robotic seal interacted with people and responded to their touch and voice. The seal had been used with one person and their main carer when their home situation had become untenable. Staff had used the seal to de-escalate the heightened emotions which in turn had enabled staff to help inform, support the person and their relative to make plans about their future care requirements.
- Staff had an excellent understanding of supporting people who live with dementia and how to support people using different strategies to help people's mood and build a rapport with people. They had used song and dance and reminiscence objects to help promote people's wellbeing and start conversations. For example, one staff member had gone the 'extra mile' and with the consent of the person had contacted their school and gained archived photographs of their school days and then used these photographs to recall memories with the person. The staff member said the photographs had helped to 'unlock' positive memories for the person which had helped to improve their mood. Staff were working with another person and their family and recording childhood memories which were used to help stimulate conversations. Another staff member had acted on the wishes of a person with a farming background to visit their farm. Staff had made arrangements for the person to travel to their farm by a land rover and spend time with their cows in the cow shed. This had a positive emotional impact on the person and assisted them in recalling memories of their farming days. Staff had invested time in people to build up their trust and regain their confidence and well-being. For example, staff had slowly and patiently supported one person who had refused help with their personal care and diet. Through the patience and dedication of staff, the person now accepted and received help with their personal hygiene. Staff went the extra mile to produce a variety of suitable textured meals in their own time to identify foods which the person enjoyed. They went on to enjoy a varied diet which had a positive impact on their health and body weight.

- People's views about their care and support were valued and respected. People were empowered to make choices and decisions about their support requirements and provision of care. For example, one person who received live in care had helped to interview and choose the team of staff who would live in their home and support them.
- A dedicated staff team worked with the same people to ensure continuity of care. The provision of effective care planning, along with regular and skilled staff meant that people always received support that was caring. Staff understood that people may have variable capacity and insight into their abilities and needs. It was clear that provider's values and expected standards of care were embedded in the staff practices and approach. Staff had a very responsive approach to how they delivered their support to people and were flexible to people's needs. Staff were continually attentive to detail such as helping people to source specific cups which had been broken and helping people celebrating significant events such as their birthday.
- People were supported by staff to maintain relationships and friendships and reach their goals. Staff told us they saw people as a 'whole' and included the relatives and carers needs as part of the care they delivered. For example, staff had supported people's wish to live their final days of life in their own home and not be admitted into a care home or hospital. One relative explained how staff had gone out of their way and worked flexibly with them to ensure their family members remained comfortable at all times.
- One person who had been restricted to bed due to health conditions and did not have the confidence to leave their home had been unable to maintain a relationship with their spouse who lived in a care home. With the dedication and support of staff, the person had slowly built up their confidence and strength at their own pace to leave their home. The person had achieved their ultimate goal of spending time with their spouse and now visited them in their care home or the pub so they were able to spend valuable time together in a social environment. Staff explained how they gave the person time and slowly built up their confidence. The person's health care professional wrote to us and said, "This is something my clients had dreamt of doing for many years but didn't think it was achievable to get out and about."
- Staff went out of their way to support people when they had no close family members to support them. For example, a staff member visited a person daily in hospital and ensured they had daily newspaper and their preferred snacks. They helped the person arrange transport and worked endlessly with health care professionals to ensure the person had the equipment they needed to return home. The service ensured the person had fresh food and groceries in the house and arranged a staff member to meet the person when they were arrived at home from hospital to help settle them in.
- A relative explained how staff had gone out their way to assist them in planning and moving furniture in preparation for their family members discharge from hospital. They explained that staff clearly knew people well and were able to identify barriers and trip hazards which may hinder people's safety and mobility such as electrical wires and small pieces of furniture. This enabled the person to safely mobilise around their home. Relatives told us staff had been creative in the way they introduced the service to people who had been resistant in accepting external assistance. For example, staff started to support people with their cleaning or companionship and had slowly built a rapport with people who in turn became more open to accepting help with their personal care needs. One relative explained, "The girls were marvellous, they weren't intrusive or pushy they went [name] own pace." The 'matching' of staff and people had positive impacts on people. For example, staff had supported people to rekindle their interests such as cooking, gardening and dogs. One person's love of dogs had been supported by a staff member, who with consent had introduced their dog to the person. This had helped the person to form a rapport with the staff member which had resulted in them becoming less resistant to accepting care.
- When requested, staff had been immediately responsive to people's needs in an emergency. For example, staff responded and visited a person immediately after they had been the person had fallen. On arrival they assessed the person and took appropriate actions and sought medical assistance and stayed with the person until their family arrived.
- People had been supported to take full control of their life and make choices about their life and home. For example, staff has supported one person to research and obtain samples quotes to re- carpet their home.

- The service had actively built links with the local community that enhanced people's wellbeing and quality of life. Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. Staff had taken proactive steps to support people to access their local community and attend places of interest. One person talked to us about how much they valued the support of care workers in helping them get out into the local community.
- The service went out of their way during emergencies to ensure people's needs were met. For example, during times of adverse weather and emergencies staff told us they had 'pulled together' to ensure people at risk were visited. One staff member explained that they had walked in the snow for several miles to visit people. On another occasion, the nominated individual explained that they had sourced and bought bottled water to distribute to people when water had been cut off in the local area. They said, "We made sure everyone we supported in that area had water."
- People's care and support was planned in partnership with them and their family. People felt their views and wishes were considered when planning for the support they needed. The care services manager described how they always visited people prior to a package of care being set up to discuss and assess people's support requirements such as the person's abilities, independence, as well as their referred daily routines, wishes and likes and dislikes. This information was used to develop a comprehensive plan centred on the person and their wishes. The plans included detailed people's preferences and things which made them feel safe and comfortable such as leaving them with a hot water bottle if they requested.
- The service went the extra mile and invited people who wanted to improve their skills to be involved in some of the staff training. For example, one person had been involved in a cookery session for staff and learnt how to bake their favourite pie. One staff member said, "It was priceless to see their face and what they had achieved."

Improving care quality in response to complaints or concerns

- From the start of providing a service for someone, there was a consistent approach to monitoring people's care, accessing people's views of the service and acting on any concerns. For example, people were contacted soon after the service was started to check their experiences of the care being provided.
- The service had a positive approach to handling concerns and complaints which they viewed as having a role in driving improvement. For example, as a result of feedback from people and staff improvements had been made to the communication from the office.
- Where people had raised minor concerns, the registered manager and office team had acted swiftly to investigate their concern and identified ways to improve. People who had made complaints in the past told us they were satisfied by the way in which they were handled.

End of life care and support

- People who had been identified to be approaching the end of their lives were supported compassionately. Staff were aware of specialist end of life health care professionals for additional support and advice.
- End of life care plans were being developed with people and their relatives to ensure that their wishes and care preferences were recorded and met.
- The registered manager has assisted in the development and implementation of a new care plan for community health care professionals and other agencies to use when supporting people in the last days of their life in their own home.
- Staff had been trained in end of life care and were being trained in recognising the warning signs of becoming unwell and the actions they should take such as liaising with healthcare professionals to ensure people remained pain free and comfortable.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People continued to receive care and support which was outstanding and consistently well-led. The managers had sustained their outstanding care by continually reviewing their practices and using creative ways of supporting people by using latest technology and care practices.
- People received a service where the main focus was centred on their support needs. Staff told us their aim was to ensure people received person centred care with positive outcomes. People and relatives praised the consistent high standard of the person-centred care provided to them or their family members. Everyone we spoke with told us the service was exceptionally well-led.
- There was an overwhelmingly positive response from Health care professionals who all praised the commitment and values of the managers of AH Care Ltd.
- AH Care Ltd is a franchise of Home Instead Senior Care. The nominated individual told us the support and culture from the franchise was amazing and very supportive. They explained that the service and managers had access to daily support, care policies and procedures and could contact any of the Home Instead Senior Care franchise (nationally or internationally) or head office for guidance and support. They said, "Everything is based in a strong ethos of personalised care. We start with companionship and build our relationship with our clients from there. We won't compromise the quality of care we provide." For example, the service received weekly franchise updates about current practices and developments as well as attending internal conferences, meetings and training events. This ensured the service remained current in their practices and approach.
- There was a clear vision and set of values at the heart of the service provided by AH Care Ltd. These values were clearly held by the management team and underpinned the staff approach and practices. The service's values and the standards of care were continually reinforced with staff and were included in the service's literature and staff handbook. The managers led by example and continually demonstrated an open and supportive relationship with people, staff and other stakeholders.
- Staff described the service as a family which was leading the way in good quality care and developing and implementing innovative ideas to support people well in the community. One staff member told us "The provider goes above and beyond and they really care about their customers." Another staff member said, "If the clients need anything extra, they don't charge extra." Staff told us this motivated them to deliver high quality care and they were proud of the service. For example, staff and the service had been nominated and won awards both nationally and within Home Instead Senior Care which reflected their high-quality care practices and forward-thinking approaches.

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

- There was a strong framework of accountability to monitor performance which led to improvements in how the service was run. Staff at every level had a clear understanding of their role and the high standards of care set by the provider. Every staff member was aware of their duty of care, legal obligations and regulatory requirements. One staff member said, "We always try and exceed and do better than the standard care requirements."
- There was a continual investment in staff development resulting in continual improvements in the quality of the care for all people. Staff had been given the opportunity to enhance their skills through training designed in order to provide exceptional support such as advanced dementia training. There was an emphasis of providing high quality training and to support to staff, which was confirmed by staff. One professional wrote to us and said, "They (managers) significantly and consistently encourage learning and innovation and in doing so evidence an open and fair culture which supports high quality person centred care."
- Staff had a proactive, 'can do approach'. For example, they were encouraged to think for themselves and were supported to be creative when supporting people. Staff remained flexible and often went out of their way to provide additional support or extended visits for people.
- Robust governance was embedded into the running of the service which ensured that the high quality of care being delivered was sustained. The consistent use of technology, effective communication between the staff teams and monitoring of staff care practices ensured that people's care needs were consistently met and delivered at a high standard. Records associated with people's care and medicines were regularly reviewed to identify any concerns in staff care practices or people's unmet needs.
- The provider always swiftly responded and acted on any concerns. For example, they had responded to people and staff's concerns about the consistency in staff rotas by improving the systems and staff team responsible for the management of staff rotas.

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

- An inclusive and equal approach was embedded in to the service's practices which ensured people's diverse and communication needs were fully met. The provider was invested in staff's well-being and equality. For example, the provider ensured staff with protected characteristics were equally supported in a non-discriminatory manner. Staff told us the provider had introduced social events for all staff to help their well-being and provide additional support. We were told this had helped to form a 'team bond' across the staff, who may otherwise not see their colleagues as they were lone workers.
- The service had continued to go out of their way and engage with people, the public and other stakeholders. They were proactive and open to share their good practices, knowledge and experiences to help drive improvements across the local community and care sector. For example, the registered manager had delivered talks to the public and other organisations to raise people's awareness in subjects such as fraud protection and staying safe at home. They had helped a local legal firm who support people with their understanding of dementia.
- The provider had valued people's feedback about the service they provided. They were consulted at regular interviews about their care package and to provide their views of their experience of the service. Where possible, people had been consulted and influenced the running of the service and staff development. For example, people had been involved in the recruitment of staff and delivering training.

Continuous learning and improving care

- The managers had a strong emphasis on continuous improvement and ensuring better outcomes for people using the service and were continuously looking at ways to improve. Since our last inspection, they had made improvements to the systems used to communicate with people and staff. One staff member

complimented the improvements and said, "The professionalism and communication from the office has improved considerably."

- The provider had an improvement programme that was focussed on continually developing the service and improving care in the community. Learning outcomes from complaints, incidents and safeguarding concerns were used as an opportunity to drive improvement.
- People told us they felt confident in the management team. One person said, I do truly believe they are trying hard to be an outstanding service. They will deal with any problem".

Working in partnership with others

- The registered manager was passionate about driving the standards of care across the county and was working with other agencies to help develop and implement health and social care training across the local area.
- The provider had invested in equipment to support people who experience falls in their home as a result of the registered manager working in partnership with the ambulance service.
- The registered manager was also working with local authority to help develop and implement health and social care training.