Helping Hands Exmouth Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This announced inspection took place at the service's office in Exmouth on 27 April and 5 May 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. This was the first time the service had been inspected which resulted in a CQC rating.

Helping Hands Exmouth Ltd provides personal care and support to people living in their own homes. The service covers areas that include East Devon and Mid Devon. At the time of our inspection there were 187 people receiving a personal care service.

When we visited there was a registered manager in post. The registered manager is also one of the directors of the company. 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.

There was strong leadership with a clear set of values which ran through the service. The people using the service and staff were equally valued. The registered manager said 'We are a family business and those family values run through everything we do.' This was apparent in the way the management team treated their staff and the people they supported. At the time of the inspection, the agency employed a registered manager, deputy manager and systems manager. The registered manager, who was also the provider, ran the service with the support of their two daughters. It has been operating for over thirty years and its creation resulted from the registered manager's own personal experience of caring for a person they loved at home. The management team were supported by a range of care managers who advised and supervised care staff, duty workers response workers, care staff and office based staff.

Despite the variety of different roles there was a strong culture of staff working in partnership to achieve the best service possible for people using the service. Staff were very positive about their role within the organisation and told us they felt valued. They spoke highly of the strong management team and praised the quality and quantity of training available. The trainer was passionate regarding their role to enable staff feel confident, competent and skilled so they could provide the best care possible, including end of life care. Staff said the success of the service was based on "building trusting relationships" with staff and people using the service. A new staff member said the good "communication, staff and welcome factor" made them feel part of a team.

The high level of leadership had a positive impact on staff morale. The management team participated in forums and community events to ensure best practice was maintained and based on current legislation. They recognised the risk of social isolation and advocated for people to ensure they had access to their local community and maintain relationships and spiritual beliefs that were important to them. The actions of staff and the management team showed their commitment to reduce people's social isolation.

People were supported by dedicated staff to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible. People were supported by compassionate and caring staff who listened to their preferences. People received person centred care from staff who knew each person well and what mattered to them. Care, treatment and support plans were personalised and up to date.

People benefited from a service that put them at the heart of how it was run. On-going systems to gather feedback from people, their relatives and staff were an integral part of their quality assurance system. This was achieved through a range of reviews at different times, face to face meetings, surveys, involvement groups, compliments, complaints, and audits. We saw prompt action was taken to address concerns and the registered manager worked in an open and transparent way. Staff complimented them on their willingness "to receive feedback – negative or positive"; they described this management style as "really special." The management team monitored and audited the quality of care provided, and used this information to continuously improve the quality of the service provided. People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using National Institute for Health and Care Excellence (NICE) guidelines.

People spoke highly of the service provided for them and would recommend the service. The amount of compliments, both verbal and written, was significant and showed how people appreciated and recognised the impact of high quality of care. They told us staff were caring and respectful. Relatives confirmed staff showed a high level of compassion towards their family members. People told us the service was reliable and they were kept up to date with changes. Records were well written with the involvement of people using the service and individualised. People's privacy was respected and confidentiality maintained.

All the people we contacted said they felt safe because they were supported by staff who knew their needs and how to support them safely. There were sufficient staff to meet people's needs; people confirmed staffing arrangements met their individual needs. Staff knew about their responsibilities to safeguard people and to report suspected abuse. Risks were identified and appropriate steps were taken to reduce them. The management team and staff understood used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice.

Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people. People received their medicines on time and in a safe way. There were good systems in place to ensure staff remained competent in this area of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People benefitted from a team of regular staff who knew their needs and managed their identified risks in a safe way.

People were protected from abuse by appropriately trained and recruited staff.

Risks were identified and appropriate steps were taken to reduce them.

Medicines were well managed with good monitoring systems in place to check on staff competency.

Is the service effective?

Good

The service was effective.

High quality training and a strong support system for staff was key to staff retention and job satisfaction. This meant people were supported by a stable staff group who had the right skills.

People benefited from good communication between staff. Staff in different roles within the service recognised the importance of keeping in touch with their colleagues to ensure they supported people in the best way possible and in line with their current needs.

People's consent to care and treatment was sought. The management team and staff understood used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice.

People were supported by dedicated staff to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible.

High quality and meaningful training enabled staff to develop and progress within the organisation to different levels of responsibility.

Is the service caring?

Outstanding ☆

The service was very caring.

People were supported by compassionate and caring staff who listened to their preferences.

The management team and staff demonstrated their commitment to providing the highest quality care possible.

Staff respected people's dignity and people felt they were not judged and their individuality was respected.

Staff were trained and supported to a high standard so they felt confident to support people with their end of life care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People benefited from a service that put them at the heart of how it was run so they could participate in events that were important to them and be assured staff would help them achieve this.

The actions of staff and the management team showed their commitment to reduce people's social isolation.

There was an open and transparent approach to complaints and concerns demonstrating the passion of staff to improve the service.

People received person centred care from staff who knew each person well and what mattered to them. Care, treatment and support plans were personalised and up to date.

Staff were skilled and confident to liaise with other agencies to ensure the person received all the resources they needed.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The experience of people using the service were at the heart of the quality assurance systems and feedback was acted upon. The management team encouraged feedback using innovative ways to ensure this was an on-going process so improvement was continuous.

There was strong leadership with clear values that influenced the practice of staff so that high quality care and support was provided.

The registered manager and staff demonstrated throughout the inspection and by their actions their drive to continually improve the service.

Staff were encouraged to develop their skills and knowledge. Job satisfaction created a reliable and stable service. Staff were valued and their feedback was acted upon.

Helping Hands Exmouth Limited

Detailed findings

Background to this inspection

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

This announced inspection took place on 27 April and 5 May 2017. On these dates we visited the office but on two other days we also phoned people using the service and their relatives. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We sent out 50 questionnaires prior to the inspection and received 25 responses. This included feedback from three health and social care professionals to obtain their views of the service provided to people. We spoke with 15 people receiving a service and their relatives; this included visiting two people in their home. During our inspection we met with a range of staff and spoke in depth with nine staff, which included the registered manager.

We reviewed six people's care files, four staff files, staff training records and a selection of records relating to the management of the service.

Good

Is the service safe?

Our findings

All the people we contacted said they felt safe because they were supported by staff who knew their needs and how to support them safely. They said "Yes, I feel safe when they are caring for me..." and "Yes, I feel safe and I have never asked not to have someone (staff)." People showed us their timetable for the week, which detailed which staff member would be visiting and the time they were expected and said they always received this information. They commented on the reliability of staff, for example "No, not late or early, on time" and "The office let me know if there are going to be any problems re timing." One person showed us their alarm pendant; they wore it to keep them safe and understood one of the roles of staff was to ensure it was charged overnight.

People were kept safe by staff having the knowledge and skills to safely move them. One person told us how all the staff involved in their care adopted the same approach when they used equipment to move them. Staff ensured they felt safe by checking with them before they moved onto the next stage of the move. This consistent approach showed staff were competent and had been trained to move people safely.
A person living with dementia showed through their conversation and body language that they felt safe and at ease with the staff member visiting them. The staff member picked up on signs of anxiety providing reassurance and guidance. All the relatives we spoke with said their family member received support from staff in a safe way. Their comments included "She enjoys them all, her sort of people, she has never said to me she didn't like any of them" and "No never needed to refuse a staff member, they are all nice."
There were sufficient staff to meet people's needs; people confirmed staffing arrangements met their needs and the service provided was reliable. An electronic system was in place for care workers providing a service in Honiton and Cullompton. It was being introduced into Exmouth and the surrounding areas. The system enabled careworkers to log in and out for each visit. People were happy with staff timekeeping and confirmed they stayed the allotted time. None of the people we contacted said they had experienced a missed visit. They said "If a carer is on holiday we get notified by post and the carer also tells us", "Yes, we are told by post and we always know if a regular is on holiday" and "Sometimes they can't help a change if someone goes sick, they will ring and let us know." Occasionally, due to staff sickness, another staff member would visit to prevent a missed visit people were informed if there was a change of careworker. Where possible, people received a phone call to let them know when staff were running late.

People told us how they had discussed their support needs with staff and identified risks to their safety and welfare. For example, some people needed support with taking prescribed medicines. People received varying levels of staff support from prompting through to administration depending on their assessed need. People said "Yes, they give me my meds every morning and record it in the book" and "They put in my eye drops for me and record it in the book ... I have them when I need them, they know when to put in the drops."

Staff received medicines awareness training, which included administering medicines safely. Their competency was assessed by the trainer during the session and feedback given to the registered manager and the deputy. Each individual staff member then had their medicine practice checked as part of a competency assessment to ensure they were safe to administer medicines when they worked alone. Swift

action was taken to suspend staff from this role if an error had been made. This was not a common occurrence but if it happened staff acted responsibly and reported the issue promptly. Records showed the management team then ensured a supervision session took place as well as re-training with their competency being reassessed. Senior staff also carried out spot checks on medicine records to ensure staff were administering medicines correctly.

Information from staff showed how they were proactive in helping resolving problems with prescription errors. For example, a protocol was in place for care staff to ring the office if people were prescribed new medicines. The details of these were then checked by office based staff with the pharmacy or GP. This was in place to protect people as errors had been detected in prescriptions. We checked medicine records and found them to be completed appropriately by staff, although for one person there had been a delay in providing the form to be used by staff, which was addressed as soon as office based staff had been made aware. Staff were confident that the introduction of electronic records, which was being rolled out across the service would eradicate this issue. Everyone we contacted or spoke with confirmed staff always completed records practice in relation to medicines.

Risks to people's health and well-being were well managed and monitored. A checklist had been created to ensure senior staff considered potential risks as part of their assessment before starting the service or when reviewing the service, such as after a hospital admission. These included assessing people for risk of pressure damage or malnutrition and the steps taken to reduce the identified risk. This meant there was a clear record of how decisions had been made. For example, risk of falls was recorded on the electronic information system that care staff accessed when they visited or in the person's individual care plan kept in their home. Where there was a pattern or possible reasons for the fall, measures were used to minimise such risks. The quality of the information in care plans and electronic notes about the potential risks to people was detailed and provided clear guidance to staff. Staff were proactive in ensuring new equipment was put in place to reduce the risk. For example, assessment for equipment to reduce a person's risk of falls. Staff told us they were provided with comprehensive information before they met each person for example what equipment they used.

Records and discussions with staff showed a strong commitment to support the person in their own home as safely as possible. The staff from the agency worked closely with other agencies to minimise the risks to the individuals. Staff liaised with the fire service, commissioners and health professionals to alert them to the person's deteriorating health and the impact this could have on their safety. For example, working with the fire service to help identify people who may need support with fire safety measures or needing equipment, such as the provision of a fire blanket for a person who chose to smoke in bed. Potential risks to care workers were recorded in the electronic care system and action taken when necessary. For example, a key safe at an individual's home was moved to a new position so staff did not have to walk on a slippery external surface.

People were protected from potential abuse and avoidable harm. Staff had undertaken safeguarding adults training and understood their responsibility to reports concerns immediately. Staff confirmed they had access to safeguarding and whistle blowing policies and information about what action they should take if they suspected abuse. This meant staff knew who to contact within the service and the agencies to contact externally. When staff assisted people with shopping a clear audit trail was kept of receipts and the money spent; a person told us they were happy with this system.

There were effective recruitment and selection processes in place, which ensured new staff were suitable to work with vulnerable people. New staff explained they completed application forms and were interviewed to check their suitability before they were employed. Recruitment files provided a clear audit trail of the steps

taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People said staff actions helped keep them safe by their good infection control practice. Staff said they always had access to plentiful stocks of equipment, such as gloves and aprons. Staff visited the office to collect these items, which we saw they could easily access. Senior staff also visited staff who worked further from the office to ensure they had equal access to this essential kit.

Good

Is the service effective?

Our findings

The service provided excellent training and development for their staff. This support enabled staff to put their learning into practice to deliver care that meet people's individual needs. People benefited from a skilled staff team; high quality training and support for staff ensured a high standard of care. A health professional was employed to provide training for care and office based staff. Their commitment to training provided staff with the confidence and skills to meet the needs of each individual they supported in the community. Staff and the management team praised the trainer's enthusiasm and knowledge; they were a valued and integral member of the staff team. The registered manager had identified from feedback and reviews that the focus on quality training had helped with staff retention. High quality and meaningful training enabled staff to develop and progress within the organisation to different levels of responsibility, which staff confirmed.

The trainer was passionate about the purpose of training; they saw their role as "building trusting relationships" with staff so they could recognise their "strengths not just their weaknesses." They recognised how staff working alone had the potential to feel isolated and experience a lack of self-esteem. They explained their ways of ensuring staff felt valued through verbal and written feedback.

A staff member with experience in working for other care agencies said the trainer's approach was "thorough" and the training was "the best I have ever had." They described how they now understood the policies and the laws behind the practical training they received. They said the focus on learning in small groups enabled people to have the confidence to ask questions; we saw a training session taking place with two new staff members run by the trainer. A room in the office was set aside for delivering training; the staff members looked relaxed and at ease with the trainer. Written feedback from staff included comments on the 'excellent' training.

The trainer pitched learning at the appropriate level for each individual staff member. For example, a staff member explained how they had joined the agency with low self-esteem as a result of poor treatment by a previous employer. They described feeling nurtured by the management team and the trainer. They were supported to learn at their own pace and with one to one support completed a national vocational training qualification in care, which they were understandably proud of.

A flexible approach to people's learning needs meant the trainer and the management team recognised the potential in staff members and what they could achieve. For example, a relative praised the extension of the induction period for a new staff member who supported their parent. The staff member had been new to care and needed time to gain the confidence to work alone; they had been provided with additional support and time with experienced care workers. They said the staff member had stayed and was an "excellent" careworker who was now "really cut out" for care work. New staff worked a period of shadow shifts (working supernumerary to the staff rota and spending time with more experienced staff to learn how to support people). They also completed the Care Certificate if they were new to care, which records confirmed. This training covered all aspects of the role of care worker to help them understand their role and do their job effectively.

Staff described a range of support to carry out their job, which was both formal and informal. In written feedback they said their colleagues were 'very, very understanding and supportive' and told us "I am never worried about talking to someone if I have a problem." Formal support was carried out through regular supervisions, spot checks and competency checks. Supervisions were planned, with a contract provided regarding their purpose, but they also took place on an ad hoc basis to respond to the individual needs of staff. For example to debrief after a crisis or to respond to a personal issue for the staff member. This meant the well-being of the staff group was part of the service's culture and enabled staff to be positive and motivated to provide a high standard of care.

People benefited from excellent communication between staff. Staff in different roles within the service recognised the importance of keeping in touch with their colleagues to ensure they supported people in the best way possible and in line with their current needs. The electronic care system enabled instant updates which care staff could access before their visit. Staff were encouraged to contact the office if they had any concerns, including reporting changes in people's mental and physical well-being. Staff involved other health agencies, as they were needed in response to people's changing needs, such as district nurses and GPs. Records and feedback from health and social care professionals showed there was good teamwork.

Care staff also highlighted the availability of senior or office based staff to provide on the spot advice. They told us how the duty team and care managers were available from 6.30am until 10pm seven days a week. A staff member said staff based in the office would always provide advice and guidance over the phone, and if necessary come out to provide additional practical help. Staff said the registered manager and the deputy manager were always "approachable" and were there for them. During our inspection, care staff were in regular contact with the office either through work phones or visiting. We saw there were positive relationships between the range of staff and mutual respect.

Our conversations with staff and our review of staff records demonstrated that training and supervision were at the core of the values of the service. Staff were provided with a range of key topics, including fire safety, first aid and food hygiene. A number of staff members had undertaken a 'train the trainer' course in moving and handling to enable them to train staff and to offer advice and guidance to staff to meet the individual needs of people living in the community. Training focussed on areas of care, such as dementia awareness, as well as on specific health conditions such as Huntingdon's disease. Staff explained how this gave them insight into the people's experiences and the potential impact of their diagnosis on their family and friends.

Staff also had access to written information about medical conditions for them to refer to, particularly if it was someone they had not worked with before. People said staff were knowledgeable and competent to meet their needs, including "Yes all fine. I have a shower and they help me ... they are all wonderful." Relatives told us they were confident that staff were well trained and knew how to support their family member. For example, they said "staff have a wonderful attitude so good" and "Yes, very competent." The service worked in partnership with other organisations to make sure they were training staff to follow best practice and where possible, contribute to the development of best practice. External training was also sourced from the local authority for topics such as safeguarding and the Mental Capacity Act; staff were supported to attend training that supported their level of responsibility and decision-making. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff and the management team recognised some people needed support with decision-making. They explained how the care plan and their knowledge of the law guided them with who they could involve with

best interests decisions. The registered manager and the management team understood the MCA and were aware of their responsibility to ensure decisions were made within this legislation. We discussed how capacity assessments were completed and the registered manager explained how they planned to liaise with commissioning teams further about the sharing of this type of information. This was to avoid duplication and to lessen the sense of intrusion for a person new to the service who may be experiencing a time of crisis.

People told us they were involved in decision-making about their care and support needs. Records showed they had given consent to receive care and they had agreed to the content of their care plan. For example, one person explained how working in partnership with staff was vital to their sense of independence and self-esteem. People told us staff always asked permission before they offered help to their relatives and checked they were happy with their approach, such as taking time to listen and ensure their relative had understood them.

Records showed how risks related to poor food and fluid intake were identified and the steps taken to reduce the risk. For example, recognised assessment tools were used to identify risk with daily records kept to monitor how much people had eaten and drunk. Staff reviewed these and where necessary action was taken, such as consulting with health professionals if the person's health was at risk of deteriorating. A person praised the vigilance of staff describing how they noticed if their relative was drinking less and needed extra encouragement. For example, one staff member had introduced a routine of preparing drinks and leaving them in strategic places, which had led to their relative drinking more. People told us staff ensured they always had a drink available to them; a person said "Yes, just so helpful, they do little jobs for example; they always fill my water bottle for me."

Outstanding ☆

Is the service caring?

Our findings

People were at the heart of the service and a caring approach was seen as being an integral to achieving this. In their Provider Information Return, the registered manager said 'the culture within Helping Hands is one of caring.' This was evident from written feedback, conversations with staff, relatives and people using the service and the atmosphere and relationships we observed within the office. Staff were valued by the organisation and in turn staff valued their colleagues and the people they supported.
A review of the written compliments received by the service in the last 12 months showed there was a significant amount of highly complementary feedback. These included comments on the calibre of staff 'We wish society would recognise their value and give them the respect and high value they deserve...' and 'the care is second to none.' The written responses to CQC surveys about the service showed a high level of satisfaction, which included how people were treated with respect and dignity by staff. One person commented 'The obvious advantage of regular carers is that they are more likely to know if all is not well with me. I am making good progress with continued care' and another person said 'The carers are brilliant. Cannot fault any of them and get on well with them.' A relative commented how their experience of numerous other agencies enabled them to judge the service as the "best by far."
The registered manager valued the contribution of people attending the service user group and their consideration of where this meeting was held showed their caring approach. They recognised some people in the service user group had a limited social life and therefore wanted the venue for the meeting to be a pleasant and relaxing one. They chose a hotel on the seafront, which made the event more of a social occasion. Information to participants included the aim, which was 'to improve the experience of users of the service' and the affirmation that 'we are all equal partners...we all have something different to contribute.' Minutes showed the progress of the group on a welcome pack to people first using the service and the development of the service in the role of signposting people to other agencies and charities to provide further support and information. The latter piece of work was titled 'How Do I?' and was produced in recognition of how people could feel daunted at a time of crisis and overwhelmed which led them to feeling unsure what services were available. These examples showed the service had a proactive approach to ensuring people could express their views. Staff were skilled at giving people the information and explanations they need and the time to make decisions.
People's dignity and privacy was valued and upheld by staff. We met a person who had made some significant changes to their way of life and their appearance. Staff were sensitive to the impact these changes had made to their relationship with others and their role in maintaining their confidence and self-esteem. The person told us how staff treated them with respect and supported them to participate in their chosen lifestyle. They had requested staff working as personal assistants did not wear uniform when they supported them to take part in social events; they said staff respected this wish. Another person commented in writing 'Your carers are accepting people who don't judge me...' and another person said how staff put their relative 'at ease.' Staff went the 'extra mile' for example, one person's relative told us how one staff member "sometimes brings him in a home cooked meal, he loves that!"

Care records were written in a respectful manner. For example, staff were provided with clear but sensitive guidance if a person living with dementia interacted with them inappropriately. There was recognition of some life style choices by the person and how staff should respond. There was no value judgment in the

person's care plan. People told us staff did not share information about other people they were visiting with them; staff had a professional manner when they described their work to us and demonstrated their understanding of confidentiality.
Verbal feedback included how staff were "so caring", "absolutely excellent" and "Yes all very kind and caring, I couldn't manage without them!" Another person said staff worked with their relative commenting they were "Brilliant, down to earth and have a laugh with her, they are her sort of people; initially I didn't think she would like having carers but she does!" Another person said how thoughtful staff were, such as replacing a missing button on their relative's clothes. Staff also recognised how their role changed, for example accompanying a person with a learning difficulty to an adult learning class and staying with them. This later changed to them accompanying the person to the door and then just to provide transport. This change of approach showed their recognition of the person's right to independence and privacy as they became more confident and no longer needed the support of staff to access the class.
Staff provided us with plenty of examples about how they respected people's dignity in the way they practiced. This topic was covered in their induction and training. A training session for staff had been organised with the spouse of someone receiving a service from the agency for the first time. They reflected on how it felt and their experience enabled staff to consider their approach and to be mindful of how they acted in other people's homes. A relative who lived with a person receiving care confirmed how staff respected their need for privacy and worked hard not to intrude. A person using the service described how staff were flexible and recognised when they needed additional help "... if I am having a bad day they help me on the commode and put a towel over me to protect my dignity, also if I have a bath the towel is there until I am right down in the bath!"
When people were nearing the end of their life they received compassionate and supportive care where possible in their own homes. The registered manager or staff attended a bi-monthly meeting with a local charity called Hospicecare. Training and knowledge from these meetings were disseminated amongst the staff group. Examples provided during the inspection demonstrated how the service worked with the local authority hospital at home team to provide end of life care. The registered manager described how based on her own experience of end of life care, she imagined how people are often desperate to return home. She described "pulling out all the stops" whilst ensuring there was a skilled and experienced team to meet the person's care needs.

Staff told us about their experiences of providing end of life care. They displayed compassion and insight into their role, for example to make people comfortable and feel reassured. For example, a staff member explained how they had been supported by the management team after someone had died. This had been a distressing event for the person's relative who was also present. The staff member provided emotional support for the relative once health professionals arrived and worked over their allotted hours to accompany the person and their relative in the early hours of the morning to hospital. The staff member told us they were given a paid day off in recognition of their commitment and their own distress following the event. This example showed the caring nature of the staff member and the caring culture of the service to look after the staff member.
The deputy manager described how they always contacted staff after a person had died to give them the time to talk about their experience and feelings. A book was also kept in the office with the details of people who had recently died to inform staff who may have worked with them in the past. While other staff who had been actively working with the person said they were always informed promptly. The induction and other training topics ensured staff understood the purpose of treatment escalation plans. Staff said people's wishes were shared with them so they knew what actions they should take to support them at the end of their life. At the front of each person's care file was an agreement about who they wished to be contacted after they had died. This meant people had the opportunity to have control over their end of life wishes and requests.

Outstanding ☆

Is the service responsive?

Our findings

People benefited from a service that put them at the heart of how it was run. Staff were clear their role was to react to the individual needs of people rather than people's visits being slotted in to fit with the routines of staff. An example of this was the creation of 'protected time'; this meant staff knew from the agency's work allocation system that some visits had to be prioritised and could not be moved. This might be because of the need for prescribed medicines to be given at a set time or because a person had to be ready to go out for a medical appointment or social engagement.

Our interviews with staff showed their diligence and commitment to the people they cared for. Records of care and conversations with people showed staff were prepared to 'go the extra mile'. This included accompanying people to hospital at a time of crisis or staying with people until paramedics and relatives had arrived at a time of ill health. A relative praised this type of response saying they had not felt abandoned because of care staff staying with them to help them deal with a traumatic situation. Written compliments regarding the responsiveness of the service to change echoed this praise, for example 'All the carers were kind and compassionate. They were very quick to notice if things were not right and to organise the necessary help needed' and '...always very obliging and adaptable with real thought and consideration.' Staff recognised changes in people's health and well-being and reported them appropriately. For example, a staff member reported how a bereaved person who was low in mood was affected by the anniversary of the death of a relative. The staff member recognised it was important for their colleagues to be aware of the significance of the date and the potential impact to the person's response to care and intervention.

A person told us how their relative rarely had the chance to leave the house so their attendance of a weekly social club was vital to their relative's emotional well-being and for their own health as it gave them a break from their carer's role. They had received a service from Helping Hands for a number of years and said they had never been let down by them. This meant their relative was always ready on time to be collected by the arranged transport. They told us the staff and the whole service had "mum's best interest at heart." In their view, this recognition of each individual's care needs and what was important to them was the key to the service's success and excellent reputation. They told us how they shared their positive experience with other people looking for care in the community. Other people told us they would recommend the service to others.

Some people received help with shopping, cooking and meal preparation as part of their identified support needs. We saw how a staff member worked alongside a person who was living with dementia. They supported them to choose what they would like for dinner by encouraging them to look through the pre-prepared meals in the freezer and discussed their content and their previous response when they had last eaten the meal. A friend of a person using the service said 'They accommodate and respond to her requests and requirements very well and with appropriate support, understanding and empathy. They provide regular staff that know her needs well and she is comfortable and at ease with.' Health and social care professionals gave positive feedback about the standard of care and the responsiveness of the service. They commented the service worked well with other agencies to enable people to be as independent as possible.

Written feedback on the service included 'The staff are understanding of dad's needs and are very quick to alert me if a problem arises. All carers are punctual, polite and extremely patient and I would like them to know that their work is well and truly appreciated.' Another person wrote 'Very happy...great that I know who is with me in advance. That my hours remain constant. I like the phone calls if there any changes. I like the office staff and thank them you for your team effort.'

The reduction of social isolation for people living in the community was a goal for the service so the registered manager had attended a multi-disciplinary meeting with other agencies to combat loneliness. They provided us with examples where they had advocated for people to help them receive funding for enabling. For example, due to a marital breakdown a person became isolated and unable to leave their home independently. Staff helped them request a reassessment of their needs by the local authority so that change in their circumstances were identified and addressed.

A person using the service told us their enabling support was an important part of their life, which meant they could visit pubs and attend karaoke nights. The registered manager recognised how people's ability to attend church impacted on their well-being so support with personal care was timed to ensure they were ready in time for transport to go to church. They also shared how they had worked alongside a person and campaigned for then to be reassessed so they became eligible for a bus pass and could eventually access a church service independently. This enabling approach showed the service was highly responsive to people's changing needs and adapted the care and support to allow people to develop and increase their confidence and independence.

In their PIR, the registered manager said staff 'work flexibly so that Personal Assistant visits are arranged at times to support people to maintain interests and... to support family/informal carers to have a meaningful break.' Other people were rung on a daily basis to reduce anxiety and provide a friendly voice and reassurance, for example before they went to bed. The management team recognised one of the strengths of their service was their ability to provide a flexible service. For example, from a weekly visit to an older person to support them with taking a shower to providing a personal assistant to go on holiday with a younger adult.

The staff group worked as a team regardless of their role or status. This meant staff based in the office responded to people's changing needs as reported by people, their relatives, other agencies or the service's own care staff. This group of staff ensured they gathered appropriate information to enable care staff to react quickly and provide the support needed. This timely response was because of the range of skills within the staff team, including a team of response workers. For example, they could provide additional support if a person's mobility suddenly deteriorated and two staff members were needed to assist the individual. A person told us how the support had changed for their relative, "Yes, it has changed recently as she could use an aid to stand and now she can't..." Other people in the staff team were trained in moving and handling techniques so they could assess how the person should now be moved and to request the equipment they needed.

Staff were skilled and confident to liaise with other agencies to ensure the person received all the resources they needed, such as hand rails or a key safe. A relative told us about their experience to request more help from the service "Very approachable, recently Mum needed more care and they explained I can't do it direct through them, it would need to be sanctioned by Care Direct but they were really helpful." The registered manager provided us with examples of how they helped signpost people to other resources; they saw this as a role which they wanted to develop to ensure people had access to the resources they were entitled to or would benefit from.

A dedicated staff member took referrals. This meant key information was captured, as well as people's preferences, such as time of visit. The introduction of an electronic records system meant not only were staff updated quickly about changes to people's needs via their work phone but it also enabled staff to create a system to help them do their job effectively and responsively.

A staff member had designed the referrals format to provide a strong foundation of information for care staff. They had also created user friendly checklists to help staff based at the office ask the right questions and ensure vital information was collated. The duty desk file was a new innovation. It was comprehensive and provided staff with guidance for different scenarios. This encouraged a consistent response and helped develop the skills and confidence of staff new to this role. The registered manager had also met with other agencies to consider how confidential information could be shared appropriately when people transitioned between services, such as a hospital admission.

Initial information for a new referral or information regarding a change of need resulted in a visit by a co-ordinator to assess the person either in their own home or another setting, such as a hospital ward. Staff explained the assessment process, which ensured the person who was to receive the care was central to the discussions. This approach was confirmed by people using the service.

A personalised care plan was left with the person so they understood what had been agreed and arranged. Care plans were individual to each person and provided clear guidance to staff. A staff member said "care plans are very easy to understand and kept up to date." People said they had a copy of their care plan in their home; a person we visited showed as their care plan and agreed the content was a reflection of their care. People told us staff completed records each time they visited, for example "...the Helping Hand's book and they record everything in it" and "Yes...the book is written in every time they visit me."

People benefited from a commitment by staff to check their care still met their needs. For people new to the service, an informal phone call after a week helped answer queries and resolve any 'teething' problems. A more formal review took place after six weeks, which included a visit to the person. However, records showed a review could take place at any time in response to people's changing needs; staff also described scenarios which might trigger a review, such as the death of a spouse who was also a carer.

People told us they had not needed to complain but generally they knew how to make a complaint. For example, they said "I would phone the office but I haven't had to yet", "No complaints, all very friendly" and "Yes I have the number to ring on my folder that they fill in." Care plans in people's home contained information about how to make a complaint. There was a robust and comprehensive approach to complaints and comments. Records were detailed and showed a commitment to investigate the complaint thoroughly and understand people's experiences. Outcomes were clearly recorded, such as upheld, partially upheld or not upheld. The registered manager met with people to apologise or to explain the outcome of their investigation and provided a response in writing. Health and social care professionals said the management team were accessible, approachable and dealt effectively with any concerns raised.

Outstanding ☆

Is the service well-led?

Our findings

The provider used innovative ways of ensuring people were at the heart of the service. For example, there was an established service user group set up to enable people and their relative to have a real say about the service. It was made up of a mix of people from different age groups and experiences. These included people using the service and people who were carers. Their participation was valued and in recognition a free sitting service was provided by the service to enable carers to come to the quarterly meetings. These meetings were held in a local hotel which was wheelchair accessible. The group had put forward practical suggestions to enhance the service. Examples included how information was shared in the welcome pack to make it more user friendly and to provide reassurance to people who had not experienced adult social care before. The service user group forum showed the management team went the 'extra mile' to be inclusive and valued people's contribution to improve the service.

The experience and knowledge of people living with a medical condition was recognised by the management team. The service worked in partnership with people to learn from their experiences to help staff provide a better and more informed service. For example, a person using the service held an hour training session for staff on their own diagnosis and symptoms. Other people using the service or their relatives were also invited to training sessions or talks on varying topics to provide support and information.

People were empowered to have a real say about the running of the service. Feedback was recognised as an essential part of quality assurance through visits and phone calls. They took place at different times during people's experience of the service. For example, people were contacted by phone after the first week of their service to offer reassurance and to check there were no 'teething problems' that needed to be resolved. Spot checks on staff practice also provided an opportunity for people to talk with senior staff about their experience of care.

Surveys took place at different times of the year. Surveys were analysed and a summary was provided to all staff and people using the service to show their responses were valued and action taken. The most recent analysis showed people had rated the service highly. The response rated was based on approximately 140 people. If there was feedback that was particularly based on an individual's experience, records showed that the registered manager contacted them directly to try and resolve the issue.

The registered manager demonstrated through a well completed PIR and their attitude during the inspection their drive to provide high quality care. Their quality assurance focus was founded on the experience of people using the service as well as the work life of staff. The service user group and the staff forum were established parts of the quality assurance process. Staff said their views and ideas were valued by the management team. For example, following feedback from a staff forum, recipes were being introduced into the staff handbook. These were recipes for meals that could be cooked or made during a thirty minute time slot. The aim was to help less experienced staff have the confidence to offer to make a meal rather than rely on pre-prepared food. And to support people to have a wider and more varied diet. For example, one staff member explained how they used time within a morning visit to help prepare the vegetables and meat for a stew for their colleagues to use at a later dinner time visit.

Staff stressed it was about team work and providing the best experience possible for people using the service. Staff provided practical suggestions to be included in the staff handbook, such as how to make a bed using sheets and blankets incorporating 'hospital corners' as some staff were only used to duvets. Staff had reflected on how for some older people it was a comfort to have their bed made in a traditional style. Staff told us their involvement in the staff forum was "worthwhile" because their ideas were appreciated and acted upon.

There was strong leadership with a clear set of values which ran through the service. The people using the service and staff were equally valued. There was a commitment to providing high quality care and an energy to help the service improve and develop to match the changing needs of adult social care. One person summed up their experience "They are so essential to me, I could not do without them, they are all wonderful!" Other people told us the management team were "very approachable", "easy to talk to" and "all very good, nothing needs improving." People also praised the quality and calibre of the staff saying "all good" and "very good, funny and honest." Staff praised the management team saying how they well they were supported by them and echoed the description of them being "approachable." Staff said "they are the best company I have ever worked for" and another said "I feel valued." A newsletter to staff praised them as a group saying "you provide incredible support."

Helping Hands Exmouth Ltd was run by the registered manager, who was also the provider, with the support of their two daughters. It has been operating for over thirty years and its creation resulted from the registered manager's own personal experience of caring for a person they loved at home. One daughter was the deputy manager and provided a clinical lead based on their occupational therapist background. The second daughter provided business and systems advice. They were a daily presence in the office and therefore accessible. One of the management team written pledges was that 'openness and transparency will be demonstrated at all levels.'

In a newsletter to staff, the registered manager said 'We are a family business and those family values run through everything we do.' This was apparent in the way the management team treated their staff and the people they supported. A relative told us how the registered manager was "really good, she really does care about her agency." They also commented how the registered manager's attitude and values were reflected in their staff. For example, they said they could ring the office staff and be sure that "someone is going to listen to you." People had fed back to the service how they liked the fact it was local family business which the management team said would be incorporated into written information about the service.

The trainer had created a diagram of the 'family tree' of people's roles in the service, which new staff were given to help them feel a crucial part of the staff group. The induction of new care staff included meeting staff working in different roles in the office. Their aim was to show new staff they were part of a group of staff reliant on each other and working together to provide good outcomes for the people using the service. Staff were very clear about the purpose of each staff member's role and how they interlinked. New staff said they felt welcomed and valued.

High quality and individualised training and a strong support system for staff was a key to staff retention and job satisfaction. For example, a staff member said the training was "absolutely brilliant" and another described the trainer as "excellent." Regular team meetings with minutes and staff newsletters aimed to help staff keep up to date with best practice and not to feel isolated. Training linked with national organisations such as Skills for Care. There were systems in place to monitor staff performance through spot checks as well as formal supervision and annual reviews.

Staff confirmed supervision was a regular occurrence and records showed these were meaningful meetings

rather than paying 'lip service' to the process. Staff development was encouraged as the management team recognised this increased job satisfaction and a sense of self-worth. For example, they praised the skills of a staff member who had been crucial to the effectiveness of the records in the electronic system. They recognised the staff member knew from their previous work experience, the type of information that was needed to provide a safe and person centred service and utilised their skills. Staff were valued and recognised for their loyalty. For example, a bonus scheme was in place for staff who stayed at the service for over 12 months. A staff member shared their delight at being given gifts including chocolate and flowers in recognition of their reliability with no sick leave over a long period of time.

Quality assurance and a commitment to improvement were key to the success of the service. Audits were well kept with clear outcomes. For example, the complaints audit showed the registered manager looked to ensure there were no patterns and themes, which might indicate a wider problem. The type of complaint was colour coded for easy reference to aid with this approach. They had also met with an external statutory agency to try and resolve misunderstandings and to be clear about what was reasonable for both to expect from one another. They were proactive and not defensive and showed their strong commitment to develop the service to the benefit of the people using it. Health and social care professionals said the service was well managed.

The registered manager sought out connections with other statutory agencies and other providers to develop the service. They had also identified how they needed to be mentored for their own personal development to ensure they were in the best position to enhance the service and could show us mentoring arrangements. They participated in a network of other providers where trust and honesty was promoted so they could learn from each other. They regularly met with local authority and health commissioners and were proactive in making connections to develop integrated working within health and social care, such as sharing best practice and improving standards. They also networked with groups linked to the local community to help signpost to other services, such as carers' support groups in the local area. The registered manager spoke positively about working "in partnership" with professionals involved in the safeguarding process. They provided CQC with safeguarding information through appropriate notifications and recognised when practice or systems needed to change to help reduce risks for people.

The management team were clear about their legal responsibilities and had introduced a Governance and Quality Plan that was based on the key lines of enquiry used by CQC. They stated they wanted to 'embrace best practice and innovative ways of working.' For example, under 'caring' they audited surveys from staff and people using the service, as well as the outcome of reviews, annual reviews, complaints and comments, feedback from service use involvement group and staff absences. In response to their on-going quality assurance process, they introduced an 'All about Me' diabetes checklist to ensure staff knew what actions to take and to provide information about how the person managed their condition. They said 'as an outcome of this constant review we have an ongoing action plan to record any improvements to changes to the service and how and when they will be achieved.' The plan was clear and showed work was in hand and actions timely.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using National Institute for Health and Care Excellence (NICE) guidelines. In pursuit of providing a high calibre service, the registered manager reviewed the 'outstanding' rated CQC inspection reports for other services. They used them as a way to benchmark the quality of care at the service. Using NICE guidelines changes had been made to record keeping and practice. For example, they implemented a six week review process for people new to the service in line with the guidelines. They described how this enabled more people to become both physically and emotionally stronger so they could reflect on their experience of care and feel more able to express their

opinion and make changes where necessary.