

Grapecroft Limited

Harmony Healthcare

Inspection report

Crown House Business Centre
Crown House, Home Gardens
Dartford
DA1 1DZ

Tel: 08002922331

Website: www.harmonyhealthcare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Harmony Healthcare provides nursing and personal care to people living in their own homes. The agency was supporting 22 people at the time of our inspection, 18 of whom were children and four of whom were young adults. Many of the children and young people using the service had complex needs, including epilepsy and needs relating to eating, drinking, breathing and communication.

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

Families said staff provided care in a safe way, including when they used any equipment involved in their children's care. Risk assessments had been carried out to identify and minimise any risks involved in children and young people's care. Medicines were managed safely. Staff wore appropriate personal protective equipment (PPE) when they provided care and protected children and young people from the risk of infection.

Staff understood their responsibilities in protecting children and young people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff had an induction when they started work and had access to the training they needed to carry out their roles. Staff were well-supported by the management team and had access to support and advice when they needed this, including through regular clinical supervision. The clinical management team carried out regular spot checks to ensure staff were providing care in line with best practice.

Children's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. When a team of suitable staff had been identified, they met with the clinical team to discuss how the package of care would be managed. Families and their children were encouraged to meet the staff allocated to their care team before they began to use the service.

Staff monitored children's health effectively and responded promptly if they became unwell. Professionals told us staff worked collaboratively with them to ensure children's healthcare needs were met.

Children and young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Families told us staff were kind and caring and said their children had established positive relationships with the staff who provided their care. Families said staff worked in partnership with them to ensure their children received the care they needed.

Staff supported children and young people to take part in activities, pursue their interests, and to be part of their community, including attending school. Staff respected children's and families' cultural and religious needs.

Families told us communication from the agency was good and said they were encouraged to give feedback about the care their children received. Complaints had been investigated appropriately and used as opportunities to improve the service.

The agency had an established management team with clear lines of responsibility. The registered manager had relevant experience for their role and provided good clinical leadership. There were effective systems to monitor quality and safety, including audits of key areas of the service. The agency worked well with other professionals to ensure children received co-ordinated care that met their individual needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support:

The model of care being provided maximised children and young people's choice, control and independence.

Right care:

Children and young people's care was person-centred and promoted their dignity, privacy and human rights.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured children and young people's led confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 8 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Harmony Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, their relatives and staff.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides nursing and personal care to children and young people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to ask the registered manager to send us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 10 June 2022 and ended on 17 June 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the provider's director of homecare via Microsoft Teams about how the service was planned and managed.

We spoke with nine families to hear their feedback about the care their children received from the agency. We received feedback from four professionals who had worked with the service and from eight staff about the training, support and information they received.

We reviewed information sent to us by the provider, including care plans and risk assessments for three people, medicines administration records for five people, recruitment records for 10 staff, training records, accident and incident records, quality audits, meeting minutes, the complaints log and the agency's business continuity plan.

After the inspection

We met with the registered manager and the provider's director of homecare via Microsoft Teams to share the feedback we had heard about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. Families said they received a reliable service and a professional told us, "They are well staffed, and will tell you if they don't have the capacity to take on new packages."
- The provider's PIR stated, 'We have systems in place that ensure we maintain appropriate levels of staffing for the current demand. Rotas are planned a minimum of one week in advance, and we ensure that annual leave is staggered during peak times such as school holidays, bank holidays and during winter pressures. We continually place recruitment advertisements to ensure we have continued applicants throughout the year and we look to ensure that we are overstaffed by approximately 15%.'
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend an interview. The provider obtained proof of identity and references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff attended children's and adults' safeguarding training and understood their responsibilities in protecting people from abuse. Staff were clear about how to report any concerns they had, including how to escalate concerns if necessary. One member of staff told us, "If I had a safeguarding concern about a service user, I would take my concerns to senior management i.e. clinical manager or operational manager, or contact CQC directly." Another member of staff said, "I would report my concern to my supervisor or a senior manager and if nothing was done about my concern, I would then report to the local authority safeguarding team."
- The registered manager had reported incidents to the local authority safeguarding team when necessary. For example, the registered manager had made safeguarding referrals to the local authority following a medication error and when a child's family reported an injury to their family member's finger. Following the referrals, the registered manager had investigated the incidents as requested by the local authority and produced a report of their findings, including the actions taken to improve the service.
- A safeguarding audit had been carried out in May 2022 which checked the provider's safeguarding policy was up to date, that safe recruitment procedures were being followed, and that staff had attended relevant training and were aware of reporting and whistle-blowing procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Family members told us staff provided their children's care in a safe way. They said staff provided care in line with their children's care plans and knew how to use any equipment involved in their care. Families told us staff checked the equipment regularly to ensure it was safe for use. One family member told us, "[Member

of staff] uses all the equipment safely. [Child's name] is fed via a gastrostomy tube. She deals with that really well. She is very competent." (A gastrostomy tube is inserted through the abdomen and brings nutrition directly to the stomach.) Another relative said, "They move [child's name] with a hoist and a sling. They know how to use it. There was something wrong with the hoist at one point and they flagged it to us; I was very glad they spotted something was wrong with it."

- Assessments were carried out to identify and mitigate any risks involved in children's care, for example in relation to moving and handling, skin integrity and the environment in which care was to be provided. These were reviewed regularly to take account of any changes in children's needs. A family told us, "We moved again recently and now have stairs and they did a new risk assessment. They checked that the equipment was up to date." A professional said, "They complete their risk assessments in a timely manner and share outcomes with me. Any risks identified are addressed before they agree to take the package on."
- Any accidents that occurred were recorded and reviewed to identify actions which could be taken to prevent a similar event happening again.
- The provider had developed a business contingency plan for the service and individual contingency plans to ensure people's care would not be interrupted in the event of an emergency. For example, support plans contained information for staff about the action they should take if a power cut affected the equipment needed to provide children's care.

Using medicines safely

- Families said staff managed their children's medicines safely. One family told us, "They make sure [child's name] gets her meds on time. Any new meds, they put on the MAR [medicines administration record] chart. They check with me and the coordinator. We all work together and that helps."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Medicines administration was also assessed during spot checks.
- Children's care plans contained information about any medicines they took including how each medicine was administered, its purpose, and any potential side effects.
- When errors had occurred, these had been identified through audits and action taken to address them, including supervision meetings with staff to ensure safe practice was followed.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and families said staff wore personal protective equipment (PPE) when they carried out their visits. Staff use of PPE was assessed at spot checks carried out by the clinical team. Families told us staff ensured their children were protected from the risk of infection by ensuring equipment such as gastrostomy, nasogastric and tracheostomy tubes were cleaned regularly. (These are tubes inserted through the abdomen, nose or neck to support people with nutrition, medication and breathing.)

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided. Staff told us their induction had prepared them well for their roles. One member of staff said, "I received an induction which was very informative. I felt part of a supportive team." Another member of staff told us, "I was well equipped to begin my role with Harmony. All the information that I was given allowed it to be a smooth transition."
- Staff attended mandatory training when they started work, including basic life support, and had access to the specialist training they needed to provide children's care. Some training was provided in-house and, when necessary, sourced through external training providers. The specialist training available included epilepsy, including seizure management, tracheostomy care, ventilation care, oxygen care, and suctioning.
- Staff told us they had received all the training they needed for their roles. One member of staff said, "All our training is kept updated. We have monthly training, an education online portal for staff to access, and any further training can be arranged through a specialist training consultancy." Another member of staff told us, "I have had all the relevant classroom, on site and online training that I need to care for my service users. Harmony Healthcare ensure that all my mandatory training courses are up to date and I am invited to complete other training courses to improve on my existing skills."
- Staff had opportunities to meet with their managers to review their performance and discuss any support they needed. One member of staff told us, "The purpose of a supervision is to review my practice at work and provide support for my professional development. It helps me perform well in my job." Another member of staff said, "My clinical lead has come to the home of the child to work with me as part of a clinical supervision. The supervision was mainly to ensure I was settled in the placement. We also reflected and discussed the clinical care I was providing."

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

- Children's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Relatives and professionals told us the assessment process was thorough and holistic, exploring children's likes and dislikes in addition to their care needs. A relative said, "The assessment was very thorough. I spoke to them numerous times over the phone, then we did a Zoom meeting, then we had a visit. [Nurse assessor] spent time getting to know [child's name] as an individual. It was based around what she is like as a person, which I thought was really good." A professional said, "They are very thorough in the assessment that they complete. They take into consideration the needs of the child and their entire family."
- The clinical management team carried out spot checks to ensure staff were providing care in line with best practice. Any changes in best practice guidelines were shared with staff at team meetings.

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

- Families told us staff monitored their children's health effectively and took prompt action if they became unwell. They said staff were observant of any changes in their children's healthcare needs. One family told us, "They do regular observations on [child's name] and they tell me about any concerns straight away." Staff supported some children and young people to attend regular appointments or treatment, such as physiotherapy, hydrotherapy, and hospital appointments.
- Professionals told us staff worked collaboratively with them to ensure children's healthcare needs were met. They said staff implemented any guidance professionals put in place and provided feedback about whether this was proving effective. One professional told us, "Nurse managers and nurses working on the packages attend professionals' meetings held for each child they care for and implement any changes to care appropriately." Another professional said, "Staff employed by Harmony work in close collaboration with our multi-disciplinary team."
- Each child had a care plan which outlined the support they needed to maintain good oral health. These plans contained information for staff about how to provide children's oral care and how to respond if they noted concerns. For example, one oral health care plan stated, 'I need support daily with my oral care needs. Staff to make sure I have regular mouth care including brushing my teeth and managing secretions. Use my choice of toothbrush and toothpaste provided. Report any changes or concerns about my teeth, gums, and mouth in general. During mouth care please ensure that you are gentle so that I am not surprised or hurt. Please be aware that I may have a seizure at any time so during mouth care ensure that you are paying attention to my movements so that you can pause brushing my teeth if I start to seize.'

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

- Many of the children and young people receiving care had complex needs in relation to eating and drinking and received their nutrition and hydration via gastrostomy or jejunostomy tubes, which provide nutrition directly through the stomach, or nasogastric tubes, which provide nutrition through the nose. Training was provided for staff in the use of this equipment and their practice and competency was assessed regularly by the clinical team.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Staff had training in the MCA and DoLS and understood how its principles applied. All the children and young people receiving care had family members with parental responsibility for making decisions about their care and treatment. Consent was discussed at children and young people's initial assessments and the agency ensured appropriate consent had been given before providing care. Staff were instructed by the

agency to seek consent on a day-to-day basis and families confirmed that they did so. One family told us, "[Family member] is non-verbal but they talk to her and always tell her before they do anything."

- The registered manager had worked with other professionals to ensure decisions were made in young people's best interests. For example, the registered manager had attended a best interests meeting for one young person co-ordinated by an NHS Trust. None of the children and young people being supported by the agency were subject to deprivations of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Families told us the staff who supported their children were kind, caring and helpful. One family said of staff, "They are very kind and caring. They will read to [child's name] and they know her favourite books and toys. They got her a birthday present; I thought that was really nice." Another family told us, "We are happy with the carers and we like how they work. They play [child's name's] favourite songs, they massage her and do her hair. They are brilliant, they are really good."
- Families said their children had established positive relationships with the staff who supported them and enjoyed their company. One family told us, "[Child's name] really likes [member of staff]. They have a good rapport. She is really happy when I tell her [member of staff] is coming." Another relative told us, "[Child's name] is non-verbal but I can see from her facial expressions that she is content. She smiles and that means she is happy to see them."
- Families told us staff considered their needs as well as those of their children. One family said, "They really think about the parents too. [Member of staff] is wonderful; we can have a laugh and she knows my child well. My daughter even responds to me better since we have had [member of staff]." Another family told us, "[Member of staff] has shown kindness to us as a family as well, which is lovely."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Families told us staff listened to and respected their views about their children's care. They said staff worked in partnership with them to ensure their children received the care they needed. One family member told us, "They have given me a lot more confidence; it has been a hard journey and they are very supportive." Another family member said, "They make me feel like part of the team and that is important to me."
- Families said staff maintained their children's privacy and dignity when providing their care. One family told us, "They are respectful to my house, my children and myself. The care they give is amazing." Another family said when staff provided their family member's care, "They close the door and close the curtains."
- Staff respected children's and families' cultural and religious needs. For example, staff supported one child to attend Mass. Some families set aside times for prayer each day and wanted their children to join them for this. Staff ensured this wish was respected. One family did not allow pork in their house or outdoor shoes. The registered manager told us, "We respect that, and we include it in the care plan." Some families had requested only female staff provided care for their children, which the agency had respected.
- Staff encouraged the children and young people they cared for to be as independent as possible, for example, to be involved in feeding and dressing themselves as much as they were able.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Each child had an individualised care plan which was developed from their initial assessment. Care plans were person-centred and contained comprehensive information for staff about how children's care should be provided. Care plans were regularly reviewed to make sure they continued to accurately reflected children's needs.
- Once the agency had established a child's needs, the clinical team identified a core team of staff with the appropriate skills and experience to provide their care. When a team of suitable staff had been identified, they met as a group with the clinical team to discuss how the package of care would be planned and managed.
- The agency then sent the family a profile of each member of the team outlining their training, skills and experience. Families and their children were then encouraged to meet the staff team as a group or on a one-to-one basis and to give feedback to the clinical team about their views of the team.
- Families said they valued the opportunity to learn about and meet the staff who would be providing their children's care. One family told us, "I was glad they sent through a profile of the people who would be providing the care. They genuinely seemed very caring." Another family said, "They asked if I would like a meet and greet beforehand and sent a profile of the member of staff. I was happy with everything I read."
- Staff told us they were always given enough information about children's needs before they provided their care. One member of staff said, "Before I am introduced to a service user, I meet with the clinical nurse manager who ensures I have the skills needed to work with the service user. I would then be given information about the service user's diagnosis and their support needs." Another member of staff told us, "Not only do I read the client's support plan, I receive a lengthy handover from the clinical manager of the package prior to starting."

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

- Staff supported some the children in their care to take part in activities, pursue interests and hobbies, and to be part of their community. Some children were supported to attend school, including their travel to and from school, support with schoolwork, and providing the care they needed while at school.
- Staff supported children and young people to enjoy activities including football, horse-riding, trampolining and the gym. Staff had accompanied some young people on holiday, including one young person who travelled to the United States. The agency had ensured arrangements were in place to enable this to take place safely, including liaising with the airline and ensuring suitable equipment was available in the United States.

Meeting people's communication needs

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

- The provider's PIR set out how the agency followed the AIS, stating, 'We ensure that we are able to meet the NHS Accessible Information Standard and we are able to provide information in different formats if required. Some examples include easy-read, alternative languages, large text or specific coloured text or paper. We also have additional options that we have looked into such as offering (if required) braille or audio format documents.'
- Children's communication needs were assessed and a communication support plan developed from this assessment. Communication support plans were person-centred and focused on children's individual needs. A communication passport had also been developed for each child to support them with their communication needs, wishes and preferences when using other services, such as attending medical appointments.
- Many of the children being supported were non-verbal and used alternative communication methods such as signs, gestures and facial expressions, which were detailed in their support plans. Some children used picture boards to make choices and communicate their needs and one child used an app with symbols as a communication aid.
- Communication plans contained guidance for staff about how to interpret communication for children who were non-verbal. For example, one child's communication plan stated, 'My carers and family need to try to ascertain my needs by recognising my non-verbal cues to determine if I am in pain or if I am thirsty as I use vocalisations to communicate. If I'm happy I will make high pitch noises and occasionally smile but if I'm uncomfortable I will make moaning sounds.'

End of life care and support

- Some of the children receiving care had life-limiting conditions. Where this was the case, discussions had taken place to establish the wishes of the children and their families. A specific care plan had then been developed to reflect children and their families' needs and wishes. Where necessary, the agency worked collaboratively with other professionals, such as palliative care teams, and followed any guidance professionals put in place.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints received would be managed. Families told us they knew how to complain and said they would feel comfortable raising concerns if necessary.
- The complaints log indicated the agency had received six complaints since November 2021. Records demonstrated these had been investigated and managed in line with the complaints procedure. Complainants had received responses detailing the actions the agency would take to improve. For example, a family said it would be beneficial for their child to have same gender staff and a rota containing pictures of their staff team so they knew who to expect. The agency had agreed to identify suitable same gender staff and to provide a pictorial rota.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Professionals told us the service was managed well and that the registered manager provided good clinical leadership. One professional said, "[Registered manager] is their senior clinical lead and she leads the team very well. My experience working with her was good. She was very efficient working with us and they managed some of our most complex cases." Another professional told us, "I can confirm that the service is well managed with clear line of responsibilities and good structure. There is evidence of good clinical leadership within the service."
- The registered manager's previous employment experience had equipped them well for their role. The registered manager had worked in adults' and children's critical care, paediatrics and as a clinical co-ordinator, liaising with clinical commissioning groups (CCGs) and supporting families.
- There were effective systems to monitor the quality and safety of the service. This included audits of key areas of the service and spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded. In addition to internal quality checks, the provider had commissioned a quality audit carried out by an external consultant. A quality action plan had been developed based on feedback from the consultant's audit.
- The registered manager and director of homecare understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. The director of homecare told us, "We have held our hands up when things have gone wrong. We have apologised and make sure things improve going forwards." When necessary, notifications of significant events had been submitted to CQC and the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Families told us communication from the agency was good and that they were encouraged to give feedback about the care their children received. One family said, "I have a lot of contact with [nurse assessor]. She will even get back to me out of her working hours. She is very supportive of us as a family." Another family told us, "[Nurse assessor] regularly checks in with us. The communication has been really good."
- The agency contacted families regularly to ask for their feedback and responded positively when families identified areas for improvement. For example, some families did not know how to contact the agency out of hours and had called staff directly. The agency took action to ensure all families knew how to contact

the agency out of hours, including making this clear in the welcome letter sent to all families when they began to use the service.

- The agency had received a number of compliments from professionals about the support staff provided. For example, a deputy headteacher said of the member of staff who supported a child at school, 'She was excellent, really listening to everything [the child] told her.' A healthcare professional wrote, 'Staff are exceptional and have demonstrated good communication skill, empathy and compassion to the service user.'

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

- The support the agency provided had achieved positive outcomes for families as well as the children receiving care. The agency had provided training to some family members to enable them to be more involved in providing their children's care. Some family members had been able to return to work since they agency began providing their children's care and one family member had returned to university to complete their master's degree.

- Staff said they received good support from the management team. They said their managers were available for support and advice when they needed this. One member of staff told us, "I have a good relationship with both my clinical lead and my manager and feel I can discuss any aspects of my work with them. My manager is very supportive and understanding." Another member of staff said, "I feel well supported by both the operations and the clinical team. I can always contact someone anytime I need to."

- Staff told us they were able to speak up about any concerns or suggestions they had and said the management team were responsive to their feedback. One member of staff told us, "I can always speak out with concerns and suggestions. When I do, the managers are always very appreciative and quick to respond by calls and emails, visiting our place of work when required or inviting you in for a meeting." Another member of staff said, "I feel confident to discuss with my manager any concerns I may have and that she would take action in the best way she sees fit."

- Staff said team meetings were used to share important messages and to ensure staff were aware of any changes in children's needs. One member of staff told us, "Staff meetings are used for communicating key messages, changes within the service, how to raise a safeguarding, whistleblowing and good practice." Another member of staff said, "Staff meetings take place to discuss any changes to the support needs of service users that I work with, for example the care plan, medication, and clinical interventions."

Working in partnership with others; Continuous learning and improving care

- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked with healthcare professionals and local authorities that commissioned care to ensure people's needs were met.

- We received positive feedback from healthcare professionals about the way in which the agency worked with them. One professional told us, "I am allocated a named nurse manager for each package, and they keep in regular contact with myself and the family alike. The nurse managers are knowledgeable and very approachable. When the nurse managers are going on leave, I am notified and a replacement contact for the time he/she is away is always made available to me." Another professional said, "They engage well with the CCG and allied health care professionals. They respond well to any issues and within reasonable timeframes. They function in an open and honest manner."