

Havant Homecare Ltd

Havant Branch

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on the 2 and 6 August 2018 and was announced by giving the provider 48 hours' notice. We gave notice of this inspection to ensure the staff we needed to speak with were available.

Havant Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults, including people living with dementia, physical disabilities and sensory impairments. Not everyone using Havant Branch receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was supporting 14 people.

A registered manager was in place who was also the owner of this service. We have referred to them as the registered manager throughout this report. 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.

People and their relatives told us the registered manager and staff were exceptionally caring. People felt respected and valued by staff who provided kind and compassionate care, often going 'above and beyond' people's expectations. Staff demonstrated care for each other and for the people they supported. The registered manager led by example and promoted a strong person-centred culture and staff shared the registered manager's passion for providing a high-quality service for people.

People were promised they would never be cared for by a stranger and new staff were always introduced prior to supporting people by familiar staff or the registered manager. This was important to people and helped to build effective and trusting relationships between people and staff. People and their relatives told us they felt valued by staff who respected their privacy and dignity and these principles were central to the service ethos. Staff were sensitive to people's lifestyle choices in their own homes.

The registered manager provided an exceptional and distinctive level of leadership which placed people's experience at the heart of the service. People and their relatives and staff spoke highly of the registered manager and Staff described the registered manager as "Motivational, passionate and a cut above the rest."

There was a strong framework of accountability and people were consistently involved in developing and evaluating the service they received. Staff performance was monitored through regular spot checks and observed supervisions. People were asked for their feedback at reviews and by an annual satisfaction survey. Action was taken in response to people's feedback and when staff performance required improvement.

There was a strong emphasis on continuous learning and a culture of driving continuous improvements

through training, incidents and feedback . The registered manager promoted an open and transparent culture so staff were confident to raise issues which allowed learning to take place.

People and their relatives told us the service provided was safe. Risks to people from abuse were identified and acted on to keep people safe. There was a culture of learning at the service which meant that when things went wrong this was used as an opportunity to drive continuous improvements to the service people received.

People were supported by staff who understood and followed plans to provide safe care that minimised risks to people's health and wellbeing. There were sufficient competent staff to care for people and they provided a consistent and reliable service. People knew which staff were coming at what time and confirmed that staff stayed for their allocated time and beyond when required. Staff were recruited safely and people valued the security provided by familiar and consistent staff.

People's medicines were managed safely and staff followed procedures to ensure people were protected from the spread of infections.

People were supported by staff who completed training to meet their needs effectively. Staff were supported in their role through supervisions and appraisals and their performance was monitored through spot checks and observations. People and their relatives were complimentary about the knowledge and skills of staff which had supported people to achieve positive outcomes.

Staff were vigilant about people's healthcare needs. This included advocating on behalf of people with healthcare services and supporting people with their healthcare needs. People's nutrition and hydration needs were known and monitored where appropriate to ensure they received sufficient food and drink.

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

People received person-centred care based on a full assessment of their needs. A care plan was in place which described people's preferences and important information to guide staff as to how to provide person centred care. People had achieved positive outcomes because of the care provided.

People's communication needs were assessed, understood by staff and met. The registered manager added to the needs assessment during the inspection to ensure people were asked about all the protected characteristics under the Equalities Act (2010). This provides people with the opportunity to discuss their diverse needs should they wish to do so and supports person centred care.

A system was in place to enable people to raise their concerns and complaints. Records demonstrated complaints received were responded to in line with the company procedures. People and their relatives told us they were confident the registered manager would listen to them and act on any information of concern.

We received positive feedback from a person's relative about how they had been cared for at the end of their life. No one was being supported with end of life care at the time of our inspection. The registered manager improved the questions asked of people about their needs and preferences for end of life care during the inspection to ensure they would be known and respected by staff.

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

Safeguarding systems were in place and used to protect people from abuse.

Risks to people were assessed and managed to support people to stay safe.

There were sufficient numbers of competent staff to support people safely and in a timely and consistent way.

People's medicines were managed safely by staff who were trained and assessed as competent.

People were protected from the spread of infections because staff used protective equipment to prevent this.

Lessons were learnt when things went wrong. This learning was used to drive improvements to the service.

Is the service effective?

Good ●

The service was effective

Evidence based guidance, standards and best practice was used to underpin learning and development for staff. This supported staff to provide effective care for people to achieve positive outcomes.

Staff completed training to enable them to meet the needs of the people they supported. Staff were supported in their role through supervision and appraisal to deliver effective care.

People's nutrition and hydration needs were assessed and met.

Staff supported people to access healthcare services and to meet their day to day health and wellbeing needs.

People were supported to have maximum choice and control of their lives, in line with the Mental Capacity Act (2005)

Is the service caring?

Outstanding 

The service was exceptionally caring.

People and their relatives consistently told us staff provided 'exceptional' care. Staff often went 'above and beyond' and exceeded people's expectations.

People were consistently enabled to express their views, preferences and choices. Innovative technology empowered people and staff to access real time information and updates about their care.

Promoting dignity in care was central to the service ethos and people felt respected and valued by consistent and familiar staff whom they trusted.

Is the service responsive?

Good 

The service was responsive

People received person centred care responsive to their needs. This was based on a full needs assessment, care plan and regular reviews that took account of people's preferences and abilities.

People were supported to meet their communication needs. People were asked about any diverse needs in relation to the protected characteristics of the Equalities Act 2010 to offer appropriate support should this be required.

A complaints system was in place. Complaints and concerns were acted on and used to make improvements.

People were asked about their decisions and wishes for the end of their life. We received positive feedback about the care of a person at the end of their life.

Is the service well-led?

Outstanding 

The service was extremely well led

The registered manager demonstrated a passion to provide high quality, person centred care for people which was shared by staff. The positive values and behaviours of staff meant that people experienced a reliable and trustworthy service which had their interests at heart.

There was a strong framework of accountability. All aspects of the service were monitored and prompt action was taken to

address any risks or shortfalls.

There was an emphasis on continuous learning at the service. People were asked for their feedback on the service and this information along with bespoke training, incidents and best practice were used to drive continuous improvements.

Havant Branch

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 inspection took place on 2 and 6 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the staff we needed to talk to would be available.

The inspection was carried out by one adult social care inspector. Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This 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 used this information to help us decide what areas to focus on during our inspection.

Inspection activity started on 2 August 2018 and ended on 7 August 2018. We visited the office location to see the manager and office staff and to review care records and policies and procedures. We carried out telephone interviews with two people who used the service and we spoke to the relative of two people at the inspection location. We visited two people who received a service from the provider in their own homes and observed interactions between people and staff. We sent out nine questionnaires to people who used the service, and their friends or relatives. We received three responses from people and three responses from people's relatives and friends. We sent out four questionnaires to staff and we received four responses. We requested and received feedback on the service from a local authority social worker. Their responses are included within the body of the report. We spoke with the registered manager who is also the owner of this service, the community support worker the managing care worker, the training care worker and three care staff. Following the inspection, we received further information from the registered manager.

We reviewed records which included six people's care plans, visit records and Medicine Administration

Records (MARs) staff training, recruitment, supervision records and staff meeting minutes. We also looked at records of incidents and complaints along with records relating to the management of the service, such as quality assurance audits.

This is the first inspection of this service since it was registered in July 2016.

Is the service safe?

Our findings

All the people, their relatives and staff who responded to our questionnaire agreed or strongly agreed the service was safe. A person we spoke with said, "I feel safe very much so, they worry more than I do!" another person said, "They are careful and safe in my home, they're very, very good." A person's relative said, "I'm confident about safety." They went on to tell us about the person's risks from falling and constipation and how care staff supported the person safely.

The registered person was required to submit notifications to the CQC about some types of incidents, including allegations of abuse. We discussed with the registered manager some of the notifications they had submitted. These demonstrated they had acted to protect people from potential abuse such as neglect from others and theft. Staff had a good awareness and understanding of the types of abuse people could experience and how to report any concerns. A staff member told us about how they had acted on some information given to them by a person which could have meant they were vulnerable to abuse. On further investigation their suspicions were founded and the staff member and the registered manager acted to protect the person and keep them safe. Another staff member said, "I would call the office, they are there if you need help in an instant, they come out. I would raise a concern on the system to log it and I would phone the office."

Policies and procedures were in place to guide staff on how to act and who to contact in the event of a concern about abuse. Staff understood the term 'whistleblowing' which enables employees to report wrongdoing at work with protection in law. A policy was in place which confirmed the registered manager's commitment to protecting employees in these circumstances. A staff member said, "I would be happy to whistle blow but I don't think I would need to. There is not a chance she (registered manager) would have staff taking liberties with people."

Staff knew about people's risks and how to support them to minimise the risks. Staff gave us examples such as, reminding a person to use their walking aids for a person at risk of falls, and how they identified and supported a person at risk of pressure sores. How they spoke in short sentences to a person with dementia so as not to cause confusion, and the equipment they used to assist a person to move safely. A person's relative said, "The focus, consideration and vigilance of care for (person) it's more than just coming to do a job. They are very vigilant about bowels for example. They are always on the lookout it's not just functional its focused care."

People's risk assessments were available to staff on the mobile App used by the service and a staff member said, "I always feel prepared pre-visit, you can use the App to read all about the person, their medical history and their safety issues. A staff member said, "I read the care plans and risk assessments and I follow the risk assessment to keep people safe." A person's relative said, "They (staff) have never turned up not knowing anything, they always have instructions and notes." Records showed people's risk assessments included risks to them such as, risks from medication, moving and handling, skin integrity, continence, communication and their environment. A Personal Emergency Evacuation Plan (PEEP) were also in place, this showed what help and assistance people would require in an emergency such as a fire. Customer

reviews included a check on any equipment used in providing care and the fire alarms in the persons home.

In our conversations with staff it was evident they responded proactively to mitigate risks to people's safety. For example, staff told us about incidents where they had acted to address risks such as risks from dehydration, stress of main carer, and prevention of pressure sores. People were supported by staff to stay safe.

There were enough competent staff available to ensure people received a consistent and reliable service. A staff member told us they had enough time to provide person centred care. They said, "When you first start its more time-consuming as you are learning what each individual needs, people have their quirky ways, you do what they want. This is how they live, you do really get to know people." People and their relatives spoke highly of the quality and reliability of staff and confirmed that staff stayed the amount of time allocated for their call and beyond if required. A person's relative said, "We always know what times they are coming, they always stay the allotted time, if anything they stay longer. We always know who is coming." The registered manager had promised people they would always know who was providing their care and this was confirmed by people and staff. People felt safe because they knew who would be providing their care and their personal security was protected.

Staff were recruited safely and procedures were followed to check that people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates completed an application form with a full employment history and attended an interview to assess their suitability for the role.

People's medicines were managed safely. Staff completed training in the administration of medication. Staff competency was also checked on a regular basis and during observed supervisions to ensure staff continued to support people with their medication safely. People's care plans included information about the kind of support they required. Records showed staff had administered people's medicines as required and these were audited fortnightly by supervisory staff. The registered manager was clear about the type of support care staff could safely provide to people with their medicines. Their policy specified no specialist techniques would be used without the appropriate training and competency checks by the relevant healthcare professional. Safe procedures were in place for the disposal of unwanted or unused medicines. Action had been taken by the registered manager when concerns had been identified with people's medicines to ensure they received the appropriate support to stay safe.

During the inspection the registered manager made improvements to the recorded information about people's medicines on the care management App. This included adding up to date information on each prescribed medicine, and using the protocol on the App for 'as required' medicines to ensure this information was available to staff.

Personal Protective Equipment (PPE) was available and used by staff and this included gloves and aprons. This was used to help control and prevent the spread of infections. During a home visit we observed staff used this equipment and this was confirmed by observation supervision records. People confirmed staff used PPE.

The registered manager promoted an open culture so that incidents and concerns could be learned from to prevent a reoccurrence and make improvements. For example, following an incident at a person's home involving an air mattress, a full investigation was carried out. Because of this the registered manager

explained that all staff now know what to do with an air mattress in an emergency and have also learnt about additional functions on the mattress. Where people were using an air mattress these were checked on each visit for correct pressure and working order. Staff we spoke with told us they were confident to report incidents and were supported by the registered manager when they had done so.

Is the service effective?

Our findings

All the people, relatives and staff that responded to our questionnaire agreed or strongly agreed the service was effective. A person said, "They are adequately trained, if they bring a new person along they watch and they know the care plan, and (name of staff member) is coming in next week to have another check on (new staff member)." A person's relative said "They are very organised and we are very satisfied with the care. They (staff) go at the pace of (person), there is the courtesy of permission asked every time they visit, no expectation that (person) knows the routine. They are very focused on (person) I am confident to leave (person) in their hands."

Evidence based guidance, standards and best practice from sources such as, the British Heart Foundation, The Kings' Fund, the Alzheimer's society and NICE (National Institute for Health and Care Excellence) recommendations were used to underpin the training and guidance given to staff. We saw information given to staff was thorough and included risks such as those identified by the Medicines and Healthcare Products Regulatory Agency from paraffin based skin creams which the training care worker had expanded to include other commonly used creams that also presented risks. Information about dementia care was also available to staff on the electronic care management system for reference. This supported staff to provide effective care in relation to people's assessed needs. The training care worker said their motivation and satisfaction came from, "Being able to go home knowing you have given someone information that will enable them to give a good outcome for someone."

The registered manager was committed to providing a competent workforce and had employed a training care worker. They provided a range of training sessions for staff as part of the provider's mandatory training programme and in response to individual needs. A staff member said, "Training is constant, if someone has cancer for example, they do a session on that, if you are not sure you just need to tell them (management)." Training was provided through e-learning, workbooks and classroom based. The training care worker said, "You have to try and find the medium to reach all of the staff." Training included underpinning knowledge such as the structure of the spine for moving and handling and the reasons people can stop breathing or their heart stop beating were covered for CPR (Cardiopulmonary resuscitation) training. The relative of a person living with dementia said, "Yes, they understand the territory (dementia), all are consistent and most are exceptional in their understanding." Another relative wrote to tell us, "I have found that this company have been able to resolve many health issues that were an ongoing problem and a concern for the last few years of (person's) life, I can only put this down to their knowledge and caring personalities for both him and myself." A staff member told us how they had elevated a person when they found a red area which could present a risk of a pressure sore developing, as covered in training, they said, "In a couple of hours it had gone!" This meant staff were supported to deliver effective care and positive outcomes for people.

New staff completed an induction that included the Care Certificate. The Care Certificate is a 12-week programme and an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. As new staff completed this e-learning training their competency was checked by the community support worker during weekly supervisions.

Classroom support was provided by the training care worker on a one to one or group basis. New staff shadowed more experienced staff until they felt confident and were assessed as competent to work alone. A staff member new to care said, "I always felt that I believed her (registered manager) you were not going anywhere until you were comfortable and confident. I had to complete training before I went out into the field." Another staff member said, "I did initial training and shadowing, they don't chuck you in the deep end you get to know the person first."

Staff received regular one to one supervisions and an annual appraisal from the registered manager. Supervisions and observations of practice were also carried out by the community support worker in people's homes. This system provided staff with the opportunity to review practice and develop their skills and knowledge. Staff could access on-going professional development training such as qualifications in health and social care.

Information about people's nutrition and hydration needs were recorded. This included whether the person had any dietary needs such as a soft diet. We saw this information was also recorded on a care plan for a person who was not supported with food by the service, but available 'in case' staff were required to assist. When people were at risk of malnutrition or dehydration this was monitored by staff. A relative of a person at risk of dehydration told us how their relative was encouraged to drink and said, "(Person) will do it for them! (staff)" During a recent spell of hot weather 'heatwave actions' had been issued to staff including the signs of dehydration and the reminder to give fluids.

Staff were vigilant about people's health, for example, a staff member noticed a person had a symptom of a potential health concern. "I mentioned this to the person and now they have a hospital referral, so that's a good outcome for them." We discussed actions the registered manager had taken to advocate on behalf of people with healthcare services when they had received a poor response, which had ensured they received treatment. A person's relative told us how the service had been proactive in seeking support from other healthcare professionals for the care of their relative which had been a challenge for their family. We observed that staff took prompt action when they had concerns about people's health. For example, a staff member reported a concern into the office and to the person's family, the GP was called and the person was admitted to hospital. We observed staff supportively discussing a person's healthcare with their relative by assisting with appointments and transport to attend appointments. When people required monitoring or support from staff to manage healthcare concerns, this was provided. For example, a person's bowel movements were monitored to ensure their health was maintained. People were supported to access healthcare services and to maintain or improve their health where possible.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager said, "When we go out and visit a customer for the first time quite possibly family will speak for the person. I will ask the person what it is they are finding difficult and need help with. If they couldn't tell me then I would refer to the MCA." The registered manager had a tool in place to assess capacity and follow a best interest decision making process in line with the MCA. Care plans included

capacity assessments which looked at how people could be best supported to decide by asking questions at a particular time, how to avoid confusion and frustration and who else was involved in decision making and what legal authority other people held to make decisions on their behalf such as a Lasting Power of Attorney (LPOA). When a LPOA was in place the registered manager requested and kept a copy to confirm what decision-making authority the person held.

Staff understood the principles of the MCA and how they used these in their work with people. For example, a staff member told us how they supported and encouraged a person living with dementia to be involved and make all the decisions they could. For another person who had limited verbal communication staff member said, "I make sure I look her in the eye and get her consent, I always ask if she is comfortable and the other day I did get a verbal answer." People's consent was asked for at each visit and recorded how and when given on the system. People's rights were supported in line with the MCA.

Is the service caring?

Our findings

People and their relatives told us the service was exceptionally caring and all the people, relatives and staff that responded to our questionnaire agreed or strongly agreed the service was caring (highest score). A person's relative commented, "My father only had this care company for a few weeks, but for those weeks I could not have asked for a more compassionate, friendly, kind and caring team. There was not a single visit in which they did not exceed the allotted time if it meant providing the care required no matter how small the problem, they were constantly reassuring and filled both me and my father with confidence that they knew what they were doing at all times. This company stands out from the rest." Another person's relative said, "I can't fault it (service) they have bent over backwards for me, I have no complaints they are brilliant." A person said, "Yes, they treat me with dignity and provide respectful care, care is fantastic." Another person said, "I can't rate it high enough absolutely first class, really very good." And another person said, "They are lovely, very good and excellent."

The registered manager described the team as, "Strong, passionate, vocal and committed." They told us how the service had been, "Borne out of frustration with poor care" and said the same frustrations were the motivation for many of the staff working at the service to provide excellent care, which staff confirmed. The interview process for staff included values based questions and the 'mum's test' to confirm the registered manager and managing care worker would be happy for their parent or loved one to be cared for by the candidate. A staff member said, "Every care staff member here is passionate about their job, we have that in common. Everyone wants the same outcome, a good and correct high standard of care. We continuously see each other; the office is an open door and staff come in to train. We will work together to support and help each other. I feel really supported in my job here." Another staff member said, "It's a little team and they are our people, the customers and the team; we are a close team and we bend over backwards at times which is what you do." The registered manager described how staff had also "Stepped up" at a time when they and the managing care worker had needed support and said, "They (staff) really helped and took care of us." Other staff comments included, "We are all so supportive as a team." And "We are a little company and pride ourselves on quality not quantity so that we can give our very best to each and every customer we have." Staff cared for people and each other.

Staff demonstrated a real empathy for the people they cared for. We were given examples by staff about how they went 'above and beyond' for the people they cared for. These included, one staff member who had a three-hour gap in their rota stayed with a person who was living with dementia following their care call, and was unpaid for these three hours. This was because the person's relative was unwell and this allowed them to rest. The staff member stayed to ensure the person had drinks, food and stability and the carer went back in the evening to do the person's dinner. This person told us, "Havant homecare is very good at relieving stress. They use humour, offer help and say, 'You just sit down for a while and rest' they always stay until any issue is resolved, like if I have had to call the paramedics. It's helpful and supportive care." Another staff member told us about a person they supported and their interests. The person was unable to enjoy being in their garden. The care staff member went out to the garden to pick flowers which were there for the person when they woke up the staff member said, "Her face lit up when I said, 'These are your flowers', you try and do the little things." Another carer told us how they had hosed a person's greenhouse down for him

because, "The leaves were bugging him and I know he would have kept at it even though he was unsteady on his feet. If I can help I will do those little things for people." A person's relative said, "Whenever my mum has had a problem they always phone me and stay with her, they are not clock watching, they stay." A person said, "They always ask how are you and make a cup of tea sit and have a chat, it's very good. They tell me who is coming, arrive on time and they always turn up." Another person said staff went "Over and above" this included providing some additional support with personal care at times and always "Tidying up and putting everything away and using the right tools for the job."

People's relatives told us they also felt cared for by the staff. A person said, "It was a huge step for me to get help." They went on to talk about their own level of stress as a main carer and the difficulties of coming to terms with the effects of dementia on their loved one. The person told us how they valued the care staff telling them when their partner had remembered and identified them to the care staff as it had been very difficult to come to terms with the person forgetting them. Another relative commented, "I couldn't manage without them." We observed the registered manager providing telephone support to a person's relative who was stressed and anxious and to a relative who called into the office. A staff member told us how they noticed a person's relative under stress and the risks this presented to the relative and the person. "I felt he needed a little bit more help" this was taken up by the office who continue to provide emotional and practical support to the person's carer.

Innovative technology was being used by the service which meant people could choose to log on to an App, rather than have to contact the office or receive a printed rota, to access their care records and view information about their care calls. This provided immediate access to real time information about people's care, including their care rota and any updates or rota changes, records of visits and the care planned and provided. People's records and care plans were stored on this system. 'Buttons,' these are the action switches on an electronic device, were created for each care activity in the person's care plan and staff closed the button when completed. Visit records were also recorded about the care call including how the person was and any other relevant information. We spoke with a person who used the App, they showed us how they logged in and showed us some of the information about their care calls. This included who was coming next and who had been, as well as information about the visit. The person said, "I look at the calls to make sure they are on there and they stick to the care plan." This system enabled the service to communicate information in real time and for people to have immediate access to information about their care and treatment

The service demonstrated they were exceptional in empowering people to express their views, preferences and choices. Records demonstrated people were consistently involved in providing feedback and information about their needs and choices. This included, customers reviews, care standards checks and staff observations in people's homes. This meant that people's important needs and preferences were known and responded to by the service. For example, people were always kept informed about who would be providing their care and when. People we spoke with told us this was "Very important" to them and an outstanding feature of this service. 100% of people, their relatives or friends who responded to our questionnaire told us they were always introduced to their care worker before they provided any care. The managing care worker said, "It is massively important to them (people) we also have white boards in a couple of people's homes at their request so they know." People told us they were always informed at each visit who would be coming to the next visit and this information was available on the App. The registered manager told us "We have an introduction system, we have promised all our customers you will never have a stranger turn up at your door. I will introduce the care worker and then he or she would take the next person in to shadow them and that is how we build the team. Customers are really happy with this." We spoke to a person who described this system to us including the promise and confirmed this had been carried out as described." "Nobody turns up out of the blue, if there is a new staff member they come to

observe. We have never had a carer turn up without being introduced and knowing (person). (staff member) had been three or four times as part of the caring team (person) knew her and I knew her that's important." Another person confirmed how staff had come to shadow other staff before taking on their care and reiterated how important this was to them.

Respect for people's privacy and dignity was at the heart of the service culture and values and people who used the service, their families and care staff felt respected, listened to and valued. A 'Dignity' policy was in place which described the service commitment to 'ensure that their (people) rights to privacy and dignity are promoted and respected at all times giving due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background as well as any disability they may have.' People told us they received "respectful and dignified" care and a person's relative said, "We've got to know each other well, they are very appreciative that this is our home." 100% of people and their relatives who completed our questionnaire told us they were always treated with respect and dignity. People and their relatives told us how much they valued the reliability and consistency of care offered by the service and how this led to trusting, respectful and valued relationships with staff. People were supported by small teams of familiar care staff so a consistency of care was provided. People could decide who provided their care and when. One person's relative said, "(name of person) would never have tolerated a company who came at erratic times." Another person said, "I have a very set routine and they are not allowed to be late, they manage this very well." They went on to tell us about how when they had chosen not to be supported by a care worker this was immediately respected and changed. People told us they received their care on time, at their preferred times and by familiar respectful staff who knew and understood their needs.

Staff were fully aware of the need to promote dignity and respect in care and this was embedded into practice. The registered manager promoted the importance of these principles from the 'values led' recruitment of staff, through regular and consistent observations of staff with people, feedback from people and in staff supervisions and team meetings. Staff consistently told us about how they were aware and respectful of supporting people in their own homes. Records showed regular 12 weekly spot checks and supervisions were used to check whether staff were providing dignified and respectful care. These included observations of care and a discussion of how dignity and respect was demonstrated and whether this could be improved. We saw examples which showed staff practice had been discussed for improvement such as when a care worker had automatically shut a communal door when a family member arrived, the care worker had been reminded by the supervisor to check the wishes of the person. The community support worker who carried out these checks told us they checked whether people's privacy was respected and "Whether the person's choices and wishes are known and respected and whether they (care staff) are dealing with one thing at a time, they are good at that." Care staff could describe how they supported people with privacy and dignity and we observed staff providing respectful care by asking a person's permission, supporting the person at their own pace and respecting their choices. We saw, for example staff provided a person with a choice of three drinks and their relative said, "There is always a choice given and we need to keep fluids up in this weather." A person said, "I would recommend this service, I'm very well looked after. They are all very nice I am very blessed."

The registered manager was aware of the need to ensure people's rights to confidentiality were upheld and log in information for the App would not be given to other people without a process that fully protected people's rights in this respect in line with GDPR. Other people had access to paper copies of their care plans.

Is the service responsive?

Our findings

All the people, relatives and staff that responded to our questionnaire agreed or strongly agreed the service was responsive. A person said, "I am very satisfied, very much so, I talk to (registered manager) and if I've got any observations I tell her." A person's relative said "They are very enterprising with their time with (person) they will make up the lunch and when it is right they will take (person) out and they will do things with (person) other than watch TV, anything to stimulate (person)."

People's needs were assessed prior to a service being delivered and this was used to develop a person-centred care plan. People's relatives and nominated representatives were involved in developing the person's care plan with the person's consent or the legal authority to do so. 'Customer reviews' were carried out with people to check whether care was carried out as stated on the care plan or why not. The review considered all aspects of support with the person including companionship and social inclusion. This provided the opportunity for people to make changes to their care plan as well as providing feedback on the quality of the service and any other needs or requests. A person's relative told us, "Reviews are six monthly and regular, we have a copy of the care plan which has been reviewed and updated." and another relative said "Communication is really good; review meetings are held and I am involved in the care plan for my relative (Person had legal authority)."

Detailed guidance was available on how to support people to maximise their abilities. For example, the care plan for a person living with dementia included a description of how they may become distracted when walking and to remind them to push their frame. A reference the person identified with that helped them to think about their posture was included to provide additional encouragement. A staff member described how they supported the person in this way to reduce their risks from falling as an upright posture improved their balance. A staff member said, "The information on the care plans and risk assessments has really helped me a lot. Although I shadowed, it tells you just a bit more and gives you things to chat about." The staff member went on to give us an example of chatting to a person about their "War time stories and interests." Another person had been supported to improve their mobility. On assessment the person was found to have the strength to stand from a rise and recline chair and "shuffle". The registered manager told us, "So I said let's have a look and see how well you can walk and a few steps at a time resulted in (name) walking from chair to lounge, to bathroom then bedroom. Now they go out shopping and they always say, 'the boss lady gave me my legs back'." Records demonstrated that the person had improved to mobilise independently. One person had been found to display behaviours that challenged others and this was not known at assessment. Staff understood what the risks were and told us they were building a relationship with the person to enable them to support the person appropriately. A review with the person's social worker had been requested and in the interim the registered manager had allocated two staff members to each call at the company expense, to make sure the person and staff were safe. The social worker told us they had been impressed with the approach of staff in "Successfully applying gentle steps." They had also been impressed with staff member's knowledge of vascular dementia. People received person-centred care.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability, impairment or sensory loss can access and

understand information they are given. The registered manager had introduced a risk assessment in response to this requirement which enabled them to identify people's communication needs. Staff we spoke with knew about the communication needs of the people they supported and how to meet them. Information was included on the difficulties people had in communicating their needs, what some nonverbal communication may mean and how else people communicate for example by using facial expressions. Staff told us about the ways in which they communicated with people to help them understand information. This included short sentences, offering choice, tone of voice, and the importance of the last three words said to a person living with dementia.

People were asked about their needs in relation to their disability, preferred language, race, religion and beliefs, and their gender. However, people's sexual orientation was not asked about or documented. We spoke with the registered manager, managing care worker, training care worker and care staff about how they would support a person who was lesbian, gay, bi-sexual or transgender (LGBT). All staff were clear that they would not discriminate against the person. In addition, these staff could give examples of how they had supported people who were LGBT in the past. Following this discussion, the registered manager added people's sexual orientation to the needs assessment. This ensured that all the protected characteristics of the Equalities Act 2010 were asked about during assessment and people could choose whether to disclose this information and express any related needs.

A policy was in place which described the service approach to complaints as one of learning and improvement. A person's relative said, "I did find one or two of the care staff changed voice with (person) I said she needed to be talked to normally and it didn't happen again. We are all learning all the time." A complaint had been received about the temperature of a person's dinner this was investigated, changes made to the preparation of meals and resolved to the person's satisfaction. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedures gave people timescales for action and who in the organisation to contact and who else people may contact such as CQC and the local authority ombudsman. A person's relative said, "I would call the registered manager to tell her if I wasn't happy, I absolutely feel I would be listened to and the issue would be acted on. I have had it in writing (complaints procedure) from day one." Another relative said "If we had concerns I could phone up and talk to (registered manager) any time, there are no barriers that I have encountered at all."

A person's relative told us how their relative had been cared for at the end of their life and said, "Brilliant, so patient, kind and understanding, they were good with (other relative) too as they were very upset." Asked about end of life care and what is important a staff member said, "That people are not in pain and they won't be not on my watch". They told us how they had reported a concern about pain relief for a person to the office which was managed. They told us how they had cared for a person at the end of their life who was at risk of pressure sores and said, "He died with not a single area of skin not intact, that makes me feel proud." During the inspection the registered manager expanded the questions asked of people about their end of life care needs, preferences and wishes to support people to make known their views so these could be respected by the service.

Is the service well-led?

Our findings

People received a service that was exceptionally well-led. People and their relatives described the service as "Brilliant, exceptional and excellent." All the people, relatives and staff that responded to our questionnaire agreed or strongly agreed the service was well-led (highest score). All the people, their relatives and staff we spoke with were consistently positive about the leadership of the service. A person said, "I find them fine and (registered manager) is very strict with them (staff) and makes sure they know what they are doing. (registered manager) is the reason I went with them, she came around and we had a good long chat and she did me first (care) and that's how it started. She doesn't just throw anyone at me, she will tell me who and who else and if I had a complaint she will change it. I also get an email from (managing care worker) to say who is coming. They are very good and I always recommend them."

The registered manager consistently displayed outstanding leadership in their drive and commitment to deliver high quality person centred care that achieved good outcomes for people. We found this commitment was shared and demonstrated by all staff we spoke with at the service and evident in people's feedback about staff. Each visit record asked staff to record what they had done which was above and beyond. The community support worker said, "I think we go above and beyond for people, we've even got above and beyond buttons. If there is something extra we can do for people we would do it." This practice reminded staff to check whether anything else was required and to evidence the extra things staff did for people which was so valued by them. We discussed examples with staff of how going 'above and beyond' had really promoted positive outcomes for people. These included; looking after people's carers which enabled them to continue to provide care for their relative with support. Bringing moments of happiness to people to brighten their day, and supporting and advocating on behalf of people and their representatives to access health care treatment when they were struggling to achieve this.

The experiences of people receiving the service were at the heart of the well embedded, robust and thorough quality monitoring and assurance arrangements. The service ethos was, "Better care starts with you." Regular 12 weekly observations were made of staff supporting people, there were also six-monthly care standards checks which were conducted as unannounced 'spot checks' and regular customer reviews. These were held after the first three months and then six monthly. This enabled the person to regularly discuss the quality of care they received and whether there was anything that could be improved by the service. A person's relative said, "When I have suggested things they have done it, like mum can be forgetful so they put up a white board to write who is coming. They do ask me what I think." This meant people and their relatives were consistently involved in developing high quality person centred care.

Annual satisfaction surveys were carried out and the last one was in August 2017. We looked at the results and analysis which showed customer satisfaction levels were very high. There was some feedback that a person had experienced late visits and three people had not been informed when a visit was later than expected. An action plan had been produced and sent to people with the results and analysis of the questionnaire. This showed people what would be done, by who and by when, clarified expectations and explained how this would be monitored. We saw monitoring was being carried out as described and results showed any late visit was within parameters and people had been contacted to inform them. This meant

people's feedback was acted on to make improvements.

Staff we spoke with were highly motivated in their work and proud of the service they delivered. Staff we spoke with told us the registered manager was "Motivational", "Passionate" and "A cut above the rest." One staff member said, "They (registered manager) delivers proper care, she never switches off and is passionate about getting it right." Another staff member said, "(Registered manager) covers all bases, she is thorough. I do know that if you are not good enough you won't be here for very long." Another staff member said, "They (managing workers and registered manager) are really supportive they will explain 1000 times, they actually care these girls (managers) do, it's refreshing I think they are wonderful they have really shown me the way to do things right."

We noted the service had exceptionally low staff unplanned absence rates which meant people received a highly reliable and consistent service. The registered manager said this was because "We do not overload staff." The registered manager promised staff that their time off was uninterrupted and they would not be contacted during this time and added, "We have never had to contact staff whilst they are off". The registered manager fostered an open and inclusive culture and said, "We have a camaraderie within the team we are professional and then everyone knows if they have a problem they come here straight away. At staff meetings there is a professional atmosphere, its formal we have an open approach and we get the job done, we are passionate to meet our customer's needs. Honesty is the key to everything, if we don't know then we don't know, the commitment is phenomenal." When an improvement was required in staff performance, action was taken to support the staff member to make the improvement. We saw an example of this system based on an improvement required in the recording of people's medicines.

There was a strong emphasis on continuous learning and improvement. Team meetings were held frequently to provide staff the opportunity to discuss learning and for the registered manager and senior staff to share any concerns. The team meeting minutes from June 2018 documented the importance of customer safety following the death of a person reported in the news. Staff were informed of the checks to carry out if they were unable to get a response from a person and what to do next. Other team meeting minutes showed staff had discussed learning about pressure sore prevention and dementia. The registered manager had invested in a training post for the service. They had employed a person with extensive experience in health and social care to provide bespoke training packages for staff in response to the needs of the people they supported. This meant the service could respond rapidly and creatively to people's needs and ensure staff were equipped to meet them. For example, there were training modules delivered on; stroke awareness, Parkinson's disease awareness, Motor Neurone Disease, Diabetes, bladder weakness, using creams and ointments and cancer awareness. This initiative supported staff to deliver person-centred, high-quality care for people.

Staff gave us examples of how they had been supported by the registered manager and their comments included, "You have got all the support you need here, you've only got to call the office. One of my ladies had a seizure so I called the paramedics. (the registered manager) was here in two minutes. I was anxious and she reassured me." Another staff member told us how the registered manager had come out on a Sunday night because they (staff member) were anxious about a person's safety and supported them to protect the person. A staff member commented "Having worked for a domestic care company and two care homes over the past few years I would like to tell you how the manager for this company is a cut above the rest, She supports us all no end, she offers in house and online training and is always a phone call away if we need support, the manager comes out and cares with us as well as running the office, we are all paid a guaranteed wage so that when the work drops off a little, as it does in palliative care, we can all maintain our lifestyle without money worries, we are all treated so well by our manager, she even took us all out for tea just to say thank you for the work we do."

There was a strong framework of accountability to monitor performance and risk. Management tasks were shared amongst the management group which consisted of the registered manager, the managing care worker, community support worker and training care worker. Management meetings had taken place and tasks were monitored for progress and completion. The registered manager conducted a monthly review which enabled them to have an oversight of all key performance information and audits completed. This included complaints, missed or late visits, staff meetings and customer meetings, the electronic care planning system and staff hours. Records showed the review generated an action plan which identified that actions for improvement were completed.

A risk and control process was used to identify improvements required when risks to the service were identified. For example, when some risk assessments were identified as requiring improvement, all risk assessments were planned to be audited and then checked by a second independent person to ensure all risks had been assessed and records completed. We found the registered manager and the management team were highly motivated to learn and drive continuous improvement to the service. For example, in response to our discussion and feedback during the inspection the training care worker developed a training module on equality, diversity and human rights which included the Equality Act 2010 and the protected characteristics. The registered manager planned to have a team meeting following our inspection to discuss issues of equality, diversity and human rights to further develop their approach.

The electronic care management system used meant staff could access the system via an App onto a mobile phone. The system enabled reports to be seen in real time by the office and management staff. This included incident reporting, alerts that care tasks had not been completed and visit records. The managing care worker received alerts to their computer in the office and on their mobile phone and this enabled the service to be monitored at the point of delivery. A staff member said "The system is perfect, you know where you are going and what you are doing its brilliant. If you have a concern that comes straight into the office (via App) and you can call as well." Another staff member said, "I love the App it's great, brilliant, the way information can come straight into the office. It's got our safety on it as well as customers." This meant incidents and discrepancies in care tasks delivered could be followed up and acted on immediately to ensure any issues were promptly addressed.

The registered manager told us they were keeping the growth of the service under "Close control." This enabled them to develop the service at a pace that was sustainable without a compromise to quality. They said they would not take on a care package unless they had the staffing hours available to deliver the care. A business continuity plan was in place which described actions to be taken in the event of an adverse incident such as extreme weather and lack of staff.

The registered manager had recently moved their office location into the community from a private address to a shop front on the local high street. This meant the service had a more visible profile locally and people could 'pop in' to the office location. The registered manager told us they had plans to develop stronger links within the local community by providing information and advice to people, they said "We want to do something in the precinct like CPR for adults and children and by becoming a dementia champion we can make more people in the area aware, give talks and offer training."