

Doris Jones Limited

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Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place over a number of days and included 25, 26 July and 11, 18 August 2016.

Doris Jones Limited is a care agency that is registered to provide personal care to people within their own homes. The service is based in Leigh on Sea in Essex and covers the surrounding areas. The agency offers a range of support and rehabilitation services.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was exceptional in their responsive approach to providing care to people. People were involved in their care provision and actively encouraged to feed into the service they received. The registered manager and staff were committed to a strong person centred culture and offered a 'bespoke' service. The service found ways to empower people to be involved in development and day to day running of the service. People lived full lives and the service always found ways to support people with their favourite pastimes or other things, like their favourite meals. Healthcare professionals spoke highly of the support provided by the service and how they worked with them to ensure people received a personalised service.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had been clearly developed around each individual's needs and preferences. People were supported by staff to maintain good healthcare and where needed they would assist them to gain access or contact a range of healthcare providers.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of. The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with

everyday risks and help to keep them safe. These had been regularly reviewed to ensure both staff and people who received a service were kept safe. Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed and they received the support they needed.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of their assessment. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

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.

People were protected from harm and had confidence in the service and felt safe and secure when receiving support. The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

People could be sure that they would receive the assistance they needed when being supported with medication and it was a safe system.

Good ●

Is the service effective?

This service was effective.

Staff were highly trained and had the knowledge, skills and time to care for people in a safe and consistent manner. People were cared for by staff that were well supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People experienced very positive outcomes as a result of the service they received and gave us excellent feedback about their care and support.

Good ●

Is the service caring?

This service was caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and

Good ●

values that were reflected in the day-to-day practice of the service.

People were provided with care and support that was tailored to their individual needs and goals.

Staff had a good understanding of people's care needs. People who used the service valued the relationships they had with staff and expressed great satisfaction with the care they received. People were pleased with the consistency of the staff and felt that their care was provided in the way they wanted it to be.

Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and assist them in keeping their independence.

Is the service responsive?

The responsiveness of the service was outstanding.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

The service was tailored around people's wishes and they were fully involved in producing a 'bespoke' care plan to meet their needs.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Outstanding 

Is the service well-led?

The service was well led.

The leadership and management of the service was very good.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency. These were owned by all and underpinned practice.

Staff understood their roles and were confident to question practice and report any concerns.

There was strong emphasis on continual improvement and best

Good 

practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Doris Jones Limited

Detailed findings

Background to this inspection

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

The inspection was announced and took place on the 25, 26 July and 11, 18 August 2016. The provider was given notice of our inspection because the location provides a domiciliary care service and we needed to be sure that someone would be present. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was very well completed and we used this information to plan what we were going to focus on during our inspection.

During our inspection we visited six people within their own homes and also three relatives. When visiting the service we spoke with the registered manager, manager, social worker, the human resources team and also other office staff. We interviewed ten care workers to gain their views about working for the service. Healthcare professionals were also approached for comments about the service and the feedback received has been included in this report.

As part of the inspection we reviewed a range of records about people's care and how the domiciliary care agency was managed. This included six people's care records, care plan folders and risk assessments within people's own homes. We also looked at the files of four staff members and their induction and staff support records. We reviewed a sample of the service's policies, their audits, staff work sheets, quality feedback, complaint and compliment records and documentation for medication.

Is the service safe?

Our findings

People told us that they felt safe when receiving their care and that they 'trusted' the staff. Further feedback included, "Having the help from Doris Jones has given the family peace of mind and we know we can go on holiday and everything is ok. My relative is safe and has good support."

Care workers knew how to protect people from abuse and avoidable harm. All had completed relevant training as part of their induction and on-going professional development. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Care workers spoken with stated they would feel confident in raising any concerns they may have and added they had found the management supportive when they had raised issues in the past. Feedback from staff included, "If there was something that I thought was an issue I would speak with the manager" and, "The office are very supportive and they would contact the right people if I had any worries." Care workers were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns. The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. The service has access to both a physiotherapist and occupational therapist when issues around moving and handling were raised. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed for each area of care or assistance needed. These related to the environment, nutrition, medication and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. This documentation was kept in the office and a copy also placed in people's homes. Documentation seen in people's homes was very informative and provided detailed information to staff. One seen stated, '[Person's name] will dress in the bathroom using grab rails for support whilst standing. Please encourage [person's name] to not rush and to dress in a methodical manner. This is to prevent rushing which could lead to falling.' These small tips to the care workers helped them to provide a safe service. The service's office had access for those people living with a disability and insurance and risk assessments were in place for the offices.

People told us that there were enough staff and they received the care and support they needed from regular care staff. They added that the registered manager always tried to cover annual leave and sickness and they would be made aware of who would be calling if their regular care were not available. The service had system in place that were able to monitor the number of care workers each person received which helped to ensure they received continuity of care. They also had a system where people receiving a service could go on line and see which staff would be calling into assist them each day. One person added, "I find the 'webroster' very useful, as you can see who is coming each day, which I like." Care workers confirmed that they had enough time to provide the care people needed and added that they had no problems if people needed extra time due to sudden emergencies; they would just let the office know.

The registered manager was in the process of recruiting new care workers due to the service developing and

expanding and they wanted to ensure they had the extra resources they would need to cover annual leave and sickness. They added it would also help when people needed a few more hours of care one week and they would then be able to assist. It was clear from this information that they monitored staffing levels very closely to try and ensure they had sufficient care workers to provide the care people needed. The registered manager also confirmed they only take on new care packages if they are assured they have sufficient care workers to cover the care and they were able to provide the care people needed.

Care workers employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring (DBS) checks in place which established if they had any cautions or convictions which would exclude them from working in this setting; but some DBS records were noted to be from previous jobs and they had not been renewed when they started work at Doris Jones. Although there is no specific timespan dictated on when DBS should be renewed, the registered manager advised that they were in the process of tightening up their practice and all new staff would need to have an up to date DBS to ensure the safety of their service users. We checked four recently recruited staff during the inspection and correct documentation had been sought and the service had followed safe recruitment practice. Care workers spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had systems in place to assist with the safe management of people's medication, which was in line with national and good guidance policies. Any assistance people needed with medication had been identified during their initial assessment and was made part of the person's care plan. Care plans seen clearly stated whether assistance with medication was needed and provided guidance to staff on each medication administered and their possible side effects. The service also offered people a 'bespoke' service where it would liaise with GPs and took control of the monitoring and ordering of people's prescribed medication. This was a chargeable service, but many of the people receiving a service had chosen to use this and added that they had found it very helpful.

The service sent out monthly medication record sheets and these were colour coded depending on which time of day the person needed assistance. This helped the care workers in clearly identifying when medication should be administered or assisted with. The medication sheets were then returned to the office on a monthly basis where they would be audited by a senior staff member to ensure they were correct. If any concerns were identified the care worker would be spoken with and extra training and supervision would be organised. The service ensured the administration of medication was safe and had arranged for one person to buy a lockable safe to store their medication due to risks that had been identified during the assessment. They had also introduced a separate medication form to record when warfarin had been prescribed due to the regular changes in the prescribed amounts and the health implication this can have if administered incorrectly. The registered manager stated that they had found this offered people a safer medication system. Where people were on patches for prescribed medication, such as pain relief or Parkinson's; body maps had been placed in care folders to help staff identify where these had been placed each time. This was to reduce the risk of placing the patch in the same place which could affect the dosage the person received. During visits to people documentation seen was correct and people were happy with the assistance they received with their medication.

Care workers had received medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Care workers spoken with stated they felt the service had safe medication procedures in place and those who needed assistance received their medication as prescribed. Care workers added, "We have MAR sheets and it is very clear what we have to do. I feel confident there is always someone to ask if I needed more information" and, "Medication is really safe, you can always call someone if you have a query. We have different colour coded MAR sheets for monitoring

breakfast, lunch, tea and bedtime. This systems makes it easy for staff to identify when medication is needed."

Is the service effective?

Our findings

People were very happy with the care they received and were very complimentary about their care workers and the office staff. They all felt the care workers had the right skills and knowledge to provide the care that either they or their relative needed. Feedback included, "I need two people to hoist me. They have never sent one person. All [staff] are very nice and extremely good, they are well trained and given sufficient time. I feel very safe" and, "I think the staff are well trained and they have been given the skills needed."

Newly recruited staff would complete an induction training programme before they started working in the community, which was known as the 'Doris Way'. This had elements of the Care Certificate which is a recognised induction into care, but the registered manager had also added elements that they felt were essential to their company and provided staff with a good foundation to provide high quality care. Newly recruited care workers confirmed they had received an induction and that they had shadowed more experienced staff until they felt competent. This allowed the new care worker the time to understand their role and the standards expected of them. Care workers confirmed that the induction was very good and had provided them with the knowledge and experience they required. Feedback from one care worker included, "I shadowed other staff and it was a time to watch and learn which I found useful and helped you to get to know the person and not just the jobs to be done."

Every new staff member would sign up for the 'Doris Code' which covered the core values and issues around punctuality, discretion, courtesy and discipline. The registered manager advised that they took pride in developing and monitoring care workers to have a high level of knowledge and capability. Care workers were regularly sent text messages to update on any changes to people's care and they also had handover sheets. These were completed by regular care workers so that any new staff attending had a clear idea of what care and support each person needed and also specific things that may be very important to the person receiving care. One staff member added, "We can approach anyone for more information, but we also get text about changes to people's care, such as medication or whether they have gone into hospital. These really help to keep you up to date."

The service had systems in place to monitor what training staff had been provided with and this showed that they had received initial and also on-going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. The registered manager advised that all staff would receive training to ensure they provided care and support the 'Doris Way' and training records showed that staff had been well trained and had sufficient skills and knowledge to provide the care people needed. They had been provided with mandatory training which included, moving and handling, food hygiene, personal care, equality and inclusion and dementia amongst others. Feedback we received from a professional regarding Doris Jones staff included, "The right training and skills are a big part of keeping people safe.the training and induction programme provides existing and new staff with the skills to perform their role with confidence and safety."

Further training for specific areas of need for people using the service had also been provided and this included, falls prevention, catheter care, skin care and infection control. Staff confirmed that their training

was up to date and comments included, "My training is all up to date, the outside courses are 'fantastic', the dementia course 'invaluable,' and the end of life care helped me to identify when a recent person was at end of life care so we could give the correct care" and, "The training is amazing, it is kept up to date and we are given regular refresher courses." One health care professional who had provided training for the service added, "I am really impressed with the Doris Jones service, they are very good and I was approached to do some teaching to help improve the care to their clients. I was impressed with everyone I met during the teaching session and they all participated and asked questions."

Care workers had received regular supervision and. Supervision included observations, one to ones and yearly appraisals. Documentation seen showed that care workers had also attended regular meetings which offered them support and also covered relevant subjects within their role as a care worker and included food and nutrition, medication sheets, call monitoring and care planning. A care worker reported, "Communication is very good and it is getting better. Everyone is very supportive and approachable. I can ask for a supervision at any time and there is a very good calibre of staff and good team working." Another added, "The management are very good at listening to you, they have an open door policy and at 9.30 am each morning they have a daily office meeting and you can call in to the office if you need support or to just have a chat. There is always someone there for you. It has been really good working for Doris Jones, I have even been invited in by the manager as I had received lots of compliments from my regular clients."

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

The registered manager had a clear understanding of the Mental Capacity Act (MCA) 2005. Care workers confirmed they had received training in MCA both during induction and also regular refresher training. Those spoken with were aware how to keep people safe, protect their rights and how to support them in making decisions. They were also aware that some people's ability to make informed decisions can change and fluctuate from time to time and added that if they identified that a person's capacity had deteriorated they would discuss this with their manager to make arrangements for the correct support and assessments. The registered manager provided examples of when issues had been raised by the care workers and they had gained advice and support to take appropriate action. This included ensuring the correct documentation was in place for those relatives or friends who had power of attorney responsibilities and liaising with a local solicitor for advice and support on this issue.

People told us that they had agreed to the service providing their care and support. Files contained signed contracts which people had signed to say they agreed with their care plan, but the registered manager is going to develop this further to ensure they gain written consent to assist with people's care.

People had been supported to ensure they had sufficient to eat, drink and maintain a balanced diet. The service promoted best practice with regard to nutrition and hydration of the people who used their service and care workers had been provided with training and guidance on nutrition. The registered manager advised that as part of each person's initial assessment they would look at people's nutrition and hydration needs and identify any assistance they may need or if there were any risks. If they had any concerns they would refer to the relevant health care professionals or family members for assistance. The registered manager was in the process of producing a cook book for care workers to use with easy nutritional meals and had been gathering recipes from a number of different sources and this included, care workers, office staff and people who received a service. It is hoped that care workers will be able to have a copy and this

could be used to prepare food and giving people ideas for meals.

Care workers did assist with meal preparation and if required they would cook a full main meal, microwave a meal or leave a sandwich. As part of good practice they would also leave drinks within people's easy reach during each visit, to help ensure they assisted people with good hydration. On one of the care plans seen it had been clearly recorded, "Please check that [person's name] is eating well and having adequate nutrition during the day." Those people who were supported at meal times had access to food and drink of their choice and staff would provide assistance with eating if required. One person said, "I am a vegetarian and the staff always prepare food that is relevant to me"

People had been supported to maintain good health and had access to healthcare services and received on-going support where needed. The registered manager stated that they would liaise with health and social care professionals and documentation seen showed that they had made referrals when needed. During the inspection the registered manager was seen speaking with health care professionals to gain help and support for people and help resolve concerns that care workers had raised. The service also had access to a physiotherapist, an occupational therapist and social worker for advice and support, which showed that the service was proactive and had access to help and advice to maintain people's health.

Is the service caring?

Our findings

One health care professional reported, "The quality of the staff are the best I have come across and they have a nice range of ages, but are all very caring. I would recommend to members of my own family." People told us the care workers were very kind and caring and that Doris Jones offered them a 'bespoke service' which was arranged around their needs and wants. Feedback from a care worker included, "I love my job, I enjoy it and they are a good company to work for. You can tell they care for their staff and the people they provide care for."

Care workers provided a caring and supportive service to people who lived within their own homes. Feedback from people we visited showed that the care workers were highly thought of and that people looked relaxed and happy with the staff whilst they were in their homes. There were general conversations and good 'banter' between the care workers and people and lots of laughter. One person stated, "I am completely on my own and I now regard them as my family. They [Doris Jones] are careful who they take on and I get on with them very well." Another added, "They are very good, excellent. It has changed my life tremendously. [Name of relative] can go away and they know I will be ok."

The service had developed a strong person centred culture and people were actively involved in the assessment and care plan process. Care workers had positive relationships with people; they were very knowledgeable about the individual needs of people they visited and how to communicate with them effectively. Care plans we reviewed contained detailed information on the care that each person needed and important information about their health needs, their history and past and how they would like their care to be provided. Care workers were also aware of any diverse needs each person may have, so that care could be arranged around their age, disability or religion etc. Care plans had been regularly reviewed which ensured staff had up to date information on the person they provided assistance to.

Care workers had a very good rapport with people they visited and many had been receiving a service for a long while and had built up relationships. Feedback included, "It is an excellent service. I have good relationships with all the carers. I am very pleased with them." Some people had daily calls from the office to advise them on who was calling as this was very important to them and helped reduce their anxiety. People told us that the service listened to their views and acted on what they said. Regular reviews had taken place to ensure people were receiving the care they needed.

The service tried to ensure that each person had a small amount of care workers providing their care, which aided continuity of care and also helped to build up good relationships. The registered manager stated they tried to match the care worker with the person who needed care and had found that this had helped to improve communication, trust and build good relationships. People were very complimentary about the care workers and knew them very well.

The registered manager told us that most people who received a service had relatives who could advocate for them, but they could arrange for people to be supported to access advocacy services if required. An advocate is a person who supports people to have an independent voice and express their views when they

are unable to do so themselves. They could also gain support and advice from a local solicitor company if needed.

The registered manager advised that the 'Doris Code' is used in all area of the service's work and it is used to draw staff's attention to the aspects of dignity and respect for the individual and reflects people's diverse opinions, cultures and needs. Feedback from health care professional included, "Doris Jones sets themselves apart from the norm. They provide a warm caring service that is respectful to its clients and their families, whilst putting the needs of the elderly person first."

People were routinely given a choice on whether they wanted male or female care workers to assist with their care and the service made sure this was adhered to. People were happy with the care and support they received and added that staff treated them with dignity and respect. Those spoken with stated that the care workers treated them as individuals and called them by their preferred names. Staff told us how they would support people's privacy and dignity, for example ensuring curtains was drawn when delivering personal care and would always knock even if they had a key to the property.

Is the service responsive?

Our findings

People told us that the service was very responsive to their needs and they had been involved in the assessment and planning of their care. They considered the staff to have excellent skills and an exceptional understanding of their care needs. They added that they always 'felt listened to' when receiving care and support and that their opinion mattered. Care workers confirmed this with one adding, "They (Doris Jones staff) do not forget there is a person there. You know what they need before you go in. There is information there and you know what they like." One health care professional said, "I have had experience in the last few years of homecare from other services I recognise that homecare can work well if it is outstanding in all the domains, which I have found Doris Jones to be. I recommend this service to anyone that has care needs whatever the level."

The service was providing home care support but they went beyond their arranged provision to include people and help them live full lives by doing that 'bit extra', included arranging a street party for all the people who used the service. This was so that people could meet up with the office staff and management and also build friendships with other people who received care from Doris Jones' care workers. This had been a huge success and one person visited during the inspection took great pleasure in showing us the hat they had bought for the occasion. They added they were an 'ambassador' for Doris Jones and could not ask for 'better care.' The registered manager was also in the process of working with the Essex Employment Skills board to introduce the role of an ambassador who would network within the Essex area. The ambassador's role would include visiting places and groups and help promote care work.

The service assisted people to go out within the community and had arranged to take one person to a poetry group each week. Another person liked to have a bag of chips at the seafront, but due to restricted mobility they had been unable to do this. Doris Jones arranged for the care workers to drop them off once a week at the sea front (weather permitting), and they would have their chips, sit a while and supported to return home. It was an important part of this person's life that the service had enabled them to continue this favourite pastime.

Other ways the service had been responsive to people's needs included offering a 'bespoke' service where it would liaise with GPs and took control of the monitoring and ordering of people's prescribed medication. This was a chargeable service, but those using the service had found it very helpful and they felt safer through using it. The registered manager had also completed a piece of work with the Parkinson disease nurse to look at people's medication, mobility, diet, exercise and the use of communication aids to assist those people with Parkinson's disease. This was aimed at helping to give people with Parkinson's disease a better quality of life and the care workers a better understanding when assisting with their care. Care workers spoken with stated they had found this very useful and were knowledgeable about Parkinson's disease and the need for medication to be given at regular intervals, and that time specific calls were essential to people's wellbeing.

The registered manager had produced a cook book with quick and easy nutritional meals. Care staff and people had requested support in finding nutritional meals that could be produced during lunch and tea

time calls. Staff, relatives and people who used the service had been involved and provided recipes that could be used. Another person had requested Chinese food to be cooked for their main meal. The registered manager found that one member of staff had experience as a chef and was able to cook this type of food, and the person was very happy with the outcome. These creative ways of caring for people made the service stand out from others in the way they provided personalised care in the community.

Health care professionals confirmed they had found Doris Jones to be responsive in their care and their feedback included, "At Doris Jones, care is taken to understand the clients as people and as individuals, so the care plans are created to reflect this. I saw many examples of the staff going an extra mile or two to provide what the client needed." When asked for examples this included a carer worker changing their working hours so they could pick up one of their regularly supported people from hospital, to help keep continuity and also prepare a meal when they got home. Another example included a person who was receiving palliative care and the morning care staff member that attended noted there was a significant change in the person's pain levels. The care worker reported this to the office who contacted the GP straight away so appropriate health care professionals could be arranged. The care worker then arranged to pick up the new medication to assist with the pain relief and this enable the person to continue to be cared for in their own home pain free.

Health care professionals were also very complimentary about the service and communication. They had found the service focused on 'providing person-centred care and achieving exceptional results.' Their experience included the service working with both families and the individuals and they had found this to be a positive experience for all those involved. Comments included, "The family and carers also matter not just in the assessment process but through the care stages, there is an ability in the daily service to respond to people's changing needs, i.e. if their family are visiting, the time of carers visits would be worked around this and this also worked well for any appointments they may have" and, "I have found it refreshing that on almost every occasion I receive a phone call regarding a client from Doris Jones.... I find that they are keen to have the client back in their own home and will restart the care ...this is obviously to the clients benefit to be in their own surroundings rather than in hospital, which can be daunting for all age groups at the best of times."

People were positive about receiving very personalised and bespoke care that was responsive to their needs. One person added, "They always do what I want before they go. They allow time and I am not rushed." They all had regular care workers and added that they felt this assisted with continuity of their care and improved the service they received. People had received time specific calls and when changes had been requested these had been by implemented by the service immediately. Examples included, "I have a time specific call with the district nurse which they always organised well and the communication is very good with the office" and, "Nothing is without hiccups but I went to bed at 9:00pm and wanted later, so I spoke with the service and they swapped it for 10:00 pm which works very well for me."

People reported that they had never experienced a missed call and the care workers were always punctual; which they added was 'very important to them'. The service had systems where staff logged in and log out at each call and this was monitored from the office. The service had a small acceptable time for staff running late, but if the office did not get confirmation that the care worker had reached the call within the set time this would follow up and action taken. This enabled the office to monitor both missed and late calls and to take appropriate action within a 15 minute timespan. This ensured people received their calls within an acceptable time frame. One staff member advised that, "We are taught the 'Doris Way' with regard to punctuality and confidentiality." Another added the 'Doris Code' was about understanding the importance of punctuality and making an effort every time to be on time. The registered manager always tried to cover annual leave and sickness and people would be made aware of who would be calling if their regular care

was not available. The service had system in place that were able to monitor the number of care workers each person received, which helped to ensure they received continuity of care. They also had a system where people receiving a service could go on line and see which care staff would be calling into assist them each day.

Care workers we spoke with were very knowledgeable about the people they supported and some had cared for the same people for a number of years. This assisted with continuity and ensured staff were very aware of people's likes and dislikes and how they wanted their care to be provided. One person told us, "They are all wonderful. Such nice girls that come round. I am very happy." One care worker said, "I love my clients and I know what their likes and dislikes are. We have handover sheets which give us in-depth information about each person and it helps me to do my job better and understand their needs better." One relative advised us that they had contact Doris Jones as they wanted a 'more bespoke service.' Doris Jones had arranged to assess their relative's needs and they had found the service had, 'taken the pressure of the family' and they were very happy with the service. They added that they had always been contacted when there were changes to the care worker and that their relative had 'not had too many different people.' They felt this was nicer for their relative and that it provided 'better continuity.'

One health care professional who had used the service reported that from their experience, "The service had enabled many clients to continue living in their own home and their lifestyle had been enhanced by the service they had received." People also remarked on changes they had seen in their relatives since the service had been visiting. One said that they had 'noticed the drastic changes [improvements] to [person's name] who had dementia and they could not be happier.' Another reported that their relative was now 'upbeat, cheerful and not depressed as they were' and thanked the services of Doris Jones for this.

People's care and support had been planned in partnership with them and they had been consulted and listened to. Through involving people in the assessment of their care the service ensured they were able to meet people's specific needs and they had the staff and time required. The service employed a qualified social worker who completed the initial assessments and also identified any other areas the person may need assistance with and made any necessary referrals. The service routinely involved other health care professionals to support people with choices and consent and this included sending a copy of the care plan to the person's GP to advise them that Doris Jones were involved in their care, and the support they would be providing. This aided better communication between services. The care plan produced contained a variety of information about each individual person and covered their physical, psychological, social and emotional needs; plus the care they needed. Any care needs due to the person's diversity had also been recorded and when spoken with staff were aware of people's dietary, cultural and mobility needs. Care plans had been reviewed regularly and updated when changes were needed.

People's care plans were very informative and provided the care workers with good information. This included 'extra bits' that would make the caring experience special, specific and bespoke to them. Examples of this included guidance to care workers on how to make a bed, to help ensure it was made in line with the way a particular person wanted it to be. Photos had been taken of the 'perfect bed' and added to the care plan so that all care workers knew how to do this. Feedback from the person was that all the care workers now do this 'perfectly every time'. Further examples taken from care plans included, '[Person's name] has good dress sense and likes to choose her own clothing to match. THIS IS VERY IMPORTANT TO THEM,' and, '[Person's name] has a lot of discomfort with their left shoulder as it is permanently dislocated. They like a pillow placed under their arm to support it. When doing so take great care and touch minimally.'

The service had access to a physiotherapist, an occupational therapist and social worker for advice and support regarding people's health care needs if required. The service were proactive in ensuring people had

access to help and advice to help maintain their health and continue to live within the community. Other examples of how the service were responsive included, '[Person name] may occasionally like to take a little trip to the café and wood by the park for a toasted tea cake' and, 'Keep tonic water topped up and they like their tea weak with 1.5 sugars from the bowl.' On discussion with those receiving a service they had found Doris Jones to be very flexible and responsive to their individual needs and preferences. With this support people had been enabled to live as full a life as possible and they received support exactly the way that they wanted it.

There were systems in place to ensure people received the care they needed and that care staff were kept up to date with any changes quickly. Care workers stated they received good information from the service to enable them to provide the care each person needed and comments included, "If we are going into someone new we can pick a copy of the care plan up from the office or it can be emailed to you. We are always fully prepared and know what will be needed," "We get a handover before you go in to people, the care plans are very good. It is written down exactly what they have and even down to how the person likes their tea" and, "A copy of the assessment is given to us and a copy of the care plan. Before I go into to anyone new, I know what I am going to do and what they expect from me." This helped ensure people received their care the way they wanted it. To improve communication care workers were also regularly sent text messages to update on any changes to people's care and they also had handover sheets. These were completed by regular care workers so that any new staff attending had a clear idea of what care and support each person needed and also specific things that may be very important to the person receiving care.

People and staff were actively involved in developing the service they received and feedback was constantly gained by the registered manager through regular telephone calls and communication with staff and people using the service. They had introduced their own 'expert by experience' group, which was made up for a selection of the people who used the service and they were involved in decision about the improvements of the service. The registered manager advised that this group was approached when they were discussing uniforms for staff. They had gained the groups opinions and took these into account when making their decision.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. The service had regular contact with the people who used the service and the registered manager stated, "Mistakes will happen, but you must learn from them and introduce safety nets so they do not happen again." People thought the management to be effective and had confidence that any complaints would be listened to and acted on. The complaint file contained a letter from a complainant thanking the registered manager for taking the time to look into their concerns and the action they had taken. Care workers knew about the service's complaints procedure and confirmed that if anyone complained to them they would notify the office straight away. Limited concerns had been raised with the service, but what had been received had been investigated and appropriate action taken. The service also had a log that recorded concerns and this helped the management to identify any reoccurring issues or trends.

People were very satisfied with their care and complimentary about their care workers. Compliments the service had received included, 'Thank the staff for their care and especially their patience,' 'The girls [care workers] have been marvellous, all pleasant. The right type of carers goes without saying' and one person added that the staff were 'Polite, friendly, helpful, informative and professional.'

Is the service well-led?

Our findings

The service promoted a positive culture that was person centred and was open, inclusive and empowering to both staff and people who received a service. The ethos of the service is to provide 'bespoke quality care' to people, to enable them to live in their own homes for as long as they can safely. They help to provide people with a good quality of life and enable them to gain access to the community and other activities that were important to them. The service showed that they had a clear vision and objectives and helped empower people to make decisions and have the care and support in a way that they wanted. Through the care and support received many people had been able to continue to live in their chosen life styles and through offering person centred care they had arranged care around each person's individual needs and situation. People told us they had been actively involved in decision making processes about their care and this had been regularly reviewed and updated.

Whilst speaking with staff and people who used the service it was clear that communication within the service was very good and people could be assured they could gain support and be listened to by the office and management. Care workers explained that the service had an open culture and there was lots of contact with them and the people who used the service. The registered manager had recently improved communication channels with care workers by introducing a direct email with management. This assisted the care workers in raising any concerns they may have and receive direct feedback from management on what action had been taken. The registered manager had introduced this so care workers could be sure they had assessable access to management and could be sure they were 'listening'. One care worker told us, "Doris is the tops and we are all fortunate to have such care and support for each other, the office, families and the senior team. This is what helps to make our service so special."

The registered manager had also arranged for an independent professional training person to attend a staff meeting to gain feedback from the staff on what they felt the service did well and where there could be improvements. One staff member who was part of this process added, "Management took our comments away and worked on them, which makes you feel like you have made a difference." Staff were seen to receive good support through regular supervision, staff meetings and were able to gain support and advice whenever they needed it. Appraisals were seen to be a two way process and care workers had been encouraged to give feedback about the service before their appraisal meeting.

The service had clear aims and objectives, which included dignity, independence and choice. The service had its own quality standard using the 'Doris Way' and this was used through recruitment, training, monitoring the service and care workers and it was seen by management and staff to be at the heart of their service. This ethos was made clear to people through the service's documentation and the care workers spoken with had a good understanding of the standards and values that people should expect. One added that "The attitudes of staff is very important to the service." The registered manager had produced a leaflet called 'Everything as it should be.' This leaflet included the CQC five key questions and what these meant to the service Doris Jones provided to people. Staff had been involved at looking at each of the key questions and helped to identify how they felt these fitted into their work as a care worker, so they could make the service more person centred.

The service had good management and leadership and the registered manager had been in post for a number of years. They were aware of their responsibilities and staff spoken with stated they found them very approachable and had always offered support or advice. There was a clear management structure within the service and staff were aware of their job roles and responsibilities. Staff had been issued with job descriptions when they first started at the service, so they were aware of their role and who they would be responsible to. Regular meetings had taken place with staff and management and this was a good way to keep people up to date on general issues and also include them in the running of the service. Management also had meetings each week to identify any areas of work that would need to be completed. The registered manager also kept their own knowledge and training up to date and had been involved in a number of health care initiatives to help improve the care provided within the geographical area they provided services. This included the local schools, colleges, local authorities, health watch, and CQC as a specialist advisor on inspections.

One health care professional reported, "The exceptional high quality provided by the staff comes from the top. The registered manager leads by example in their sincere vision for quality and in both expectation of the high standard provided to the clients and supporting the staff." The care workers told us that the registered manager led by example and was supportive, easy to talk too and they could always approach them. They added that the registered manager had strong values and a desire to learn and implement best practice throughout the service. All staff were very highly motivated and proud of the service. They added that they were fully supported by the registered manager and they had an extensive programme of training and supervision that enabled them to provide a high quality service to people and enable them to gain control of their lives. Care workers added that they felt listened to and were kept up to date with information about the service and the people they cared for. They said management had an 'open door' and they could call in at any time. Their comments included, "I felt so welcome straight away, it is well managed and the management are 100% approachable," "The staff are proud for who they work for. I am glad to be part of the team. The manager is so passionate about the service" and, "I love it, it has been the best choice ever. The whole set up is really supportive, the office, webroster, the owner; everyone is supportive."

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, service user files, care reviews, staff training and supervision, medication and issues relating to the quality of care people received. The service did not carry out annual surveys, but they had regular telephone calls to people to check if they were happy with the service and also provided them with details of an independent website where comments/feedback could be left regarding individual homecare services. One comment that had been left included, "Doris Jones Ltd provides care for my relative. I cannot speak highly enough of the staff and management. They are well organised and efficient. All the carers are wonderful, nothing is too much trouble, they are all very kind and attentive to my relative's needs. Their time keeping is excellent. They are all very smart and professional. I feel so fortunate to be on their books, great value for money too." People were also seen to have a 'Tell us what you think' form in their care folders which provided them with the opportunity to feedback on the service. The registered manager advised they had regular meetings to look at the data from the 'webroster' and used this to plan ahead and identify what they were doing well and where improvements may be needed.