

No Place Like Home Limited

# No Place Like Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected this service on 16 and 17 May 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

No Place Like Home is a small domiciliary care agency that provides personalised home support service for Canterbury and Swale senior residents. The primary purpose of No Place Like Home is to provide companionship, tailored to each person's wishes, and the secondary purpose is to provide personal care. No Place Like Home specialises in supporting people to live well with dementia and the majority of current clients are affected by dementia to a greater or lesser extent. Most people supported by No Place Like Home live in their own homes but some are local care home residents. At the time of this inspection the agency was providing a service to 17 people. Visits were a minimum of two hours and the frequency varied depending on people's individual needs.

During our inspection the registered manager and the provider were present. 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 feedback we received from people and their representatives was excellent. Those people that used the service and their representatives expressed great satisfaction and spoke very highly of the provider, registered manager and the personal assistants (staff). Everyone within the organisation was highly motivated and committed to ensuring people that used the service 'made the most of later life.' Staff were supported to develop and progress within their role by the provider and registered manager.

The safety of people using the service was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. Staff, the registered manager and the provider had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's and staff's safety both internally and externally to the person's home had been assessed and recorded, with measures put into place to manage any hazards identified. Staffing levels were kept under review to ensure staff were available to meet people's assessed needs.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same personal assistants who knew them well. The provider used innovative ways to develop the staff's understanding of the complexities of supporting people who have dementia.

Staff were trained to meet people's needs. Robust induction and matching processes were in place to ensure staff were able and confident to meet people's needs. The provider encouraged staff to undertake

additional qualifications to develop their skills. Staff were matched to people who had similar interests to enable people to continue with activities they enjoyed.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Personality profiling was used as a tool to match staff to people prior to an initial meeting.

People's needs had been assessed to identify the care and support they required, including personality preferences for the staff who would be supporting them. Care and support was planned with people and their representative's and regularly reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed. People's nutrition and hydration had been carefully considered and recorded for staff to follow. Staff ensured people and their loved ones remained as healthy as possible.

People had positive relationships with their personal assistants with many who have worked together for a number of years. People were treated with dignity and respect by staff who also maintained people's privacy. Staff were kind and caring and enabled people to participate in various activities they enjoyed within their own home and in the local community, enhancing people's well-being and sense of purpose.

The provider and registered manager were committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and others were continually sought and used as an opportunity for improve the service people received. The provider and registered manager also demonstrated strong values and a commitment to implement best practice through links with the local community.

Medicines were managed safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely. Staff were observed by the provider and registered manager before being 'signed off' as competent.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from the potential risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

There were enough trained staff to meet people's assessed needs and recruitment practices were safe.

People's medicines were managed safely.

### Is the service effective?

Outstanding 

The effectiveness of the service was outstanding.

Staff were provided with the necessary skills, knowledge and guidance to meet people's assessed needs.

The provider had strong links with local health and social care service to ensure best practice and maintain people's health.

Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible. Staff understood the importance of ensuring people had enough to eat and drink to meet their needs.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People received consistent care and support from staff they

knew very well. Staff were aware of people's personal preferences and life histories.

People and their representatives were involved in the development of their care plans.

### **Is the service responsive?**

The responsiveness of the service was outstanding.

People were actively encouraged to give their views on the service they received. The complaints procedure was available and in an accessible format to people using the service.

Staff were matched to people using a profiling tool from people's preferences following their initial assessment.

People were supported to maintain and develop their social activities.

**Outstanding** 

### **Is the service well-led?**

The leadership and management of the service was outstanding.

There was a clear vision and values in place which all staff worked towards. The culture of the service was the person was at the centre of everything they did.

Systems were in place to monitor the quality of the service. Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager and provider understood their role and responsibility to provide quality care and support to people.

**Outstanding** 

# No Place Like Home

## 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 16 and 17 May 2016 and was announced. The inspection team consisted of two inspectors. The provider was given 48 hours notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection, we asked the provider to complete a 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 also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 14 people or the representatives about their experience of the service. We spoke with three staff, the registered manager and the provider to gain their views.

We asked 13 healthcare professionals for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at three peoples care files, five staff record files, the staff training programme, the staff rota and newsletters.

A previous inspection took place on 24 September 2013; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People and their relatives said they felt very safe in the hands of No Place Like Home and the personal assistants who supported them. One person said when asked if they felt safe with the staff that supported them, "Yes absolutely safe." Relatives said, "My father's safety was always paramount in the care and support offered." Another said, "I am completely satisfied that they offer a safe service; the wellbeing and safety of clients is always their top priority." A third said the service, "Took enormous care to ensure that their service was safe. Since they have been visiting mum they have always ensured that safety is maintained, through regular ongoing checks."

A safeguarding policy in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the registered manager, Social Services, the police or the Care Quality Commission (CQC). As one staff member explained, "I would go to the manager and if I wasn't listened to then I'd take it further. If it needed dealing with immediately the police or social services. They (registered manager and provider) offer us 24/7 support so instantly at 11 o'clock at night you could express a concern." No safeguarding concerns had been raised by the agency in the past 12 months, however the registered manager understood their responsibilities in reporting any concerns they had with the local authority safeguarding team.

Accidents and incidents were recorded with the details of the accident, details of any apparent harm, reasons given for the cause and any action taken. These were investigated by the registered manager with a summary of their findings recorded as well as any recommendations. Accident and incidents were discussed between the registered manager and the provider on a monthly basis as part of their management meeting. These audits helped the registered manager to identify any potential patterns or trends.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility, medicine management and pets. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. The risk assessment informed staff what people were able to do for themselves and the specific support they required from staff. Environmental risk assessments were undertaken to identify risks to people or staff by hazards inside or outside of peoples homes. For example, tripping hazards, appliance risks or smoke alarms. Or potential risks from the property entrance, staff vehicles and houses being in a remote location. As a result of the risk assessment an arrival system was put into place for staff working in remote locations. People and staff were kept safe by detailed individual risk assessments for staff to follow.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. Recorded within each persons 'personal programme' was a personal emergency evacuation plan (PEEP) located in the persons' home and the registered office. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of a fire. Peoples safety in the event of

an emergency had been carefully considered and recorded. An on call service was in operation for out of hours concerns, issues or emergency situations, manned by the management team. The vulnerability of people was considered and assessed to make sure they were safe in situations that affected the care and support they needed. Relatives told us that both the provider and registered manager were available at any time if they had any worries or concerns.

There were enough skilled staff to meet people assessed needs. A system was in place if someone required any additional support hours. This involved the registered manager and the provider attending the calls to ensure consistency and continuity for people receiving the service. The provider told us their business model was deliberately small scaled to ensure an 'exceptional quality of care to a limited number of clients.' People and their relatives said they were supported by the same staff who knew how to meet their needs. Staff confirmed there were enough staff employed to meet people's needs. People and their relatives could be assured staff would be available to keep people safe and meet their assessed care and support needs.

Recruitment practices were safe and followed current guidance. The registered manager told us that the company had recently updated their interview pack which now prompts the interviewer to explore any gaps in the potential staff's employment history. Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicants' health to help ensure they were safe to work at the service.

Medicines were managed safely for people who required support. Guidance was available to staff within peoples 'personal programmes' detailing the support they required, if any, with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff completed training in the administration of medicines which was then followed by an assessment questionnaire. An observational assessment was then completed with the registered manager or provider within the persons home. Staff were then 'signed off' as competent to be able to support people with their medicines. People were being supported by staff who had the skills and knowledge to manage their medicines safely.

Peoples medication administration record (MAR) were issued by the registered manager on a monthly basis for staff to use within peoples homes. MAR sheets were audited by the registered manager and the provider on a monthly basis. Action was taken to address any errors that were found during the audit. For example, the registered manager had noticed two missing staff signatures for one person's eye drops in March 2016. Records showed the registered manager had spoken to the staff member involved and had sent out the medication policy to refresh all staff. Processes were in place to safeguard people and staff when medicines were being administered



## Is the service effective?

### Our findings

People and their relatives told us that the personal assistants went over and above their duties to ensure people were well looked after and 'making the most of later life.' One person said, "It's an excellent service. I talk to them (staff) as if they were friends." Comments from relatives included, "(name) and I are very content and are happy. Her presence lights up the day." Another said "Mum's life has been transformed through their visits." A third said, "Brilliant, very pro-active. Go beyond what I would normally expect."

The service had strong links with external health and social care services to ensure people had the support they required to meet their needs. For example, staff had contacted the local district nursing team when they noticed a person's medical device was not working properly. Records showed and people and their relatives confirmed that staff responded to any health care needs or concerns quickly. Health and social care professionals spoke highly of the service and the provider. A senior practitioner/occupational therapist said "I've heard some very positive feedback as to how the input of No Place Like Home has improved the quality of life for those involved." Another said "It is a quality service and they have a certain standard that they expect from their staff." No Place Like Home set up and continues to lead the Dementia Action Alliance (DAA) for Faversham, this is part of the national DAA initiative to create dementia friendly communities. People were being supported to maintain their social skills by using local cafes which were dementia friendly.

The provider used these links as a way to develop and support their staff. Meetings were held with all staff which were called 'High performing team', these included workshops from local health and social care professionals, for example, dementia care, reminiscence therapy, grief and bereavement, first aid in mental health and fire safety. These meetings gave staff the opportunity to develop working relationships with local teams, whom they would be working with.

The provider used innovative ways to train and develop their staff to ensure they had the right skills, knowledge and understanding necessary to give people the right support. Each member of staff completed an assessment to understand their own behavioural tendencies and learning styles. The registered manager used this information to offer staff specific training that was specific to their needs. For example, one to one training rather than a group session. The provider had a 'commitment to learning and development statement' which said 'we are committed as a company to investing in the personal and professional development of our personal assistants which is essential to ensure our premium level of service.' Staff spoke highly about the training they received saying, "I've had more training here than in the 10 years in my old job. Our training is done before you need to use it. It's constant." Another said, "I wish all care companies worked as this one does." On the day of our inspection the provider had an external company providing a 'virtual dementia tour bus' to give all staff the opportunity to experience what it may be like to have dementia. Staff comments following the training included, "It was excellent, it makes you see things in a whole different light." And "I understand more clearly now why people do the things they do." This enabled people to be supported by staff that were empathetic and had a clearer understanding of their needs.

All new personal assistants completed a 12 week induction programme at the start of their employment that

followed nationally recognised standards. Staff told us they had completed an induction which had involved a variety of training courses, the expectations of the organisation, policies and procedures and spent time reading people's personal programmes of support. Relatives told us and staff confirmed they met the person and worked alongside regular staff and the registered manager as part of their induction. The registered manager told us that new staff were introduced to people and completed "shadowing visits" until people were happy with the support they were receiving. People were asked about the kind of person they wanted to be supported by and the service tried to meet this. For example, someone with an interest in board games and another with an interest in gardens.

A training programme was in place that included courses that were relevant to the needs of people using the service. The majority of the mandatory training was carried out by the registered manager, who was a qualified trainer. This enabled the registered manager to provide staff with additional one to one support if they required further knowledge and skill development. The training subjects were grouped into three sets, these were mandatory courses, specialist skills and professional qualifications. Mandatory courses included, equality and diversity, communication, fluids and nutrition, first aid, health and safety, infection control and moving and handling. Specialist skills training included, dementia awareness, dementia person centred care, reminiscence therapy and end of life care level 2. In addition once staff had completed the Care Certificate they were supported to complete training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people to meet their needs.

The registered manager employed staff with a range of skills and knowledge from previous employment including, ex-registered nurses, child protection officer, reflexologists and a teacher. The wide range of experience enabled people and their relatives to feel confident in the skills and abilities of the staff. Everyone that we spoke with without exception said the personal assistants not only met the needs of their loved one but offered support to them as well. A Senior Practitioner/Occupational Therapist said "I believe our community is well serviced by this organisation and it is just a shame that this level of care, compassion and consideration is not available as standard to all who are in need." One member of staff told us they were being supported to complete the re-validation of their professional qualification.

Staff said they felt valued and supported in their role by the registered manager and the provider. Staff received regular supervision with the registered manager which included an observation of their working practice which was then discussed as a way of improving their practice. One member of staff said, "We have regular observations. I was a bit nervous about them, but you just do your job. The feedback was very thorough, which is nice because things you did not realise you are doing get picked up." These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff were also supported to undertake an 'annual progress review' to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Capacity assessments and consent documentation was completed with people or their relatives during the initial assessment and on-going via the monthly personal programme review. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices of what they would like to wear. Staff gained people's consent before carrying out any care or support tasks. For example, staff had recorded within one person's visit record that they had gained the consent of the person prior to supporting them with their medicines. Some people had a Lasting Power of Attorney (LPA) in place. This is a legal document which allows a chosen person(s) to act and make decisions on their behalf

when people do not have the mental capacity to make decisions.

People using the service were living within their own homes and receiving support from personal assistants. Peoples nutrition and hydration support needs and guidelines were recorded within their personal programme. People's likes and dislikes relating to food and drink had been clearly recorded within their personal programme. For example, one person's detailed they enjoyed hot chocolate, tea with milk and no sugar, salmon, sausages and lamb. Food and fluid charts were in place for people who were assessed as a high risk of malnutrition or dehydration. Staff understood the importance of maintaining people's fluid and nutrition and had been trained in this subject. Assisting people with meals was also discussed with staff as part of their induction. Staff received training regarding positive and effective communication within dementia awareness. This detailed different approaches to supporting people who had dementia with their food and fluid intake, for example, taking your time with meals. A relative told us that their personal assistant ensured that they also ate a nutritious meal as well as their loved one.

People were supported to maintain good health and access the healthcare services they required. People's health and medical information was included within their personal programme. This included the contact details of any health and social care professionals involved in the persons health and was available to staff within people's homes. Staff had up to date information which was kept under monthly review regarding how to support people with their health. Staff reported any changes in people's health to the registered manager and recorded it within the visit record. Records showed an emergency occupational therapy and physiotherapy assessment was arranged for someone whose mobility had deteriorated. Another person had requested additional support whilst they were unwell, a small team was put on standby by the registered manager. A relative told us that the staff had provided additional support when their loved one was taken into hospital. They said, "The organisation was able to respond to varying needs during several visits to A&E following a serious fall." The person was able to remain supported by staff who knew them well and knew their needs.

# Is the service caring?

## Our findings

Everyone we spoke with without exception said the staff were kind and caring. One person said, "They are very nice people I have nothing but praise and confidence in the staff." A relative said, "I trust this service and find the staff very helpful and accommodating to our needs." Another said, "Their service has made a huge difference to my mother's ability to live independently. Without it she would not be able to do so." A third said, "I can't speak highly enough of the care and professionalism of the company and the individual carers."

The provider and the registered manager were motivated and clearly passionate about making a difference to people's lives. Staff we spoke with also shared these values and enthusiasm. One member of staff said, "It's not about the money, the person comes first, not how much it costs." A health and social care professional who delivered training to staff said, "It is evident that staff whom have attended my training are of a very high calibre and their caring nature and intelligence offers a unique support to their clients. Clients are cared for by kind, respectful staff upholding dignity and promoting independence whilst involving clients with decision making to enhance their well-being." Another said, "The caring nature of all the staff of No Place Like Home comes through during every interaction."

Staff had received training in equality and diversity, and, privacy and dignity. They told us how they treated each person as an individual with individual support needs, and respected each person they supported. One staff member said, "It's respecting their choices, even if it is not our choice." Privacy and dignity were recorded within the provider's client handbook and were two of the 'guiding principles' which detailed how the service would support and maintain people's privacy and dignity. Staff gave examples of how they achieved this which included, closing doors and curtains when delivering personal care and covering people with a towel. Staff spoke about respecting people's confidentiality by not discussing any personal details outside of the person's home. Staff also received training regarding confidentiality and the importance of information relating to data protection.

Positive caring relationships were developed with people, their families and staff from the initial assessment. This included the type of person and any preferences the person had about the member of staff that would be supporting them. For example, a gender preference, or a particular hobby or interest. The provider completed the initial assessment with people and their relatives; they then matched staff depending on the needs and wishes of the person. Many of the staff had worked for the agency for a number of years and knew the people they were supporting very well. Relatives said that they felt their personal assistants "were one of the family". People's personal preferences and information about people's personal histories was recorded within the personal programme. Staff were able to talk about the people they supported and explained people's likes, dislikes and routines. A relative told us that the first thing their personal assistant does when they arrived is make their loved one a drink which is what they enjoy before they get up.

People and their relatives were able to provide feedback and express their views about the service they received through their reviews. These included monthly reviews with people's personal assistants and regular contact with the registered manager and provider. Feedback was used as a way to develop the

service and staff. The provider had a minimum call time of two hours, this enabled people to work at their own pace whilst maintaining as much independence as possible. One relative said, "This service has made a huge difference to my mother's ability to live independently. Without it she would not be able to do so."

People were involved in the development of their personal programmes, which were specific to each individual. We spoke with one person, who confirmed that the staff supported them how they had chosen to be supported, which had been recorded in their personal programme. Relatives confirmed that they were fully involved in supporting people with decisions about their care which was respected by staff. A relative said, "We cannot speak highly enough about the care and attention to detail which No Place Like Home provide." Relatives told us that the provider had spent a vast amount of time ensuring that people's needs and support requirements were well documented. This assured people and their loved ones that the support they received would be specific and person centred.

## Is the service responsive?

### Our findings

People's care and support was planned proactively in partnership with them and their loved ones. Relatives said, that prior to their loved one receiving a service from No Place Like Home the provider and registered manager spent time finding out about their preferences, care and support needs and how people wanted to be supported. One person said, "They help me keep in touch with the world and bring me a newspaper every day." A relative said "Before we started receiving support great care was taken to establish mum's medical condition, what she liked to do and exactly how No Place Like Home could help support us."

Initial assessments were completed by the provider and used as a way to start to develop a relationship with the person and their relatives. The information that was gathered at the initial assessment was then transferred into a personal programme which the staff followed to ensure the person's needs were met. Personal programmes were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's specific daily living routines, health and medical information, communication, life histories, the person's expectations from the service and interests. For example, one person was a keen gardener and previously grew their own vegetables. Another person enjoyed spending time in their garden and bird watching. People's well-being was promoted by staff who knew and shared similar interests.

People's care and support was based around their personal preferences and interests. The provider spoke passionately about the staff's mind set being as important as their care skill set. The provider used a personality profiling system for all staff to measure their ability to effectively relate, communicate and motivate others. Personal assistant preferences formed part of a person's personal programme. This information was used together with the personality profiling system to match staff to people. A relative told us how their loved one spent many years leading walks for a local ramblers association but due to their health they had to stop this. They said the service were able to send keen walkers to support their loved one which, "Allowed him to feel he was still 'leading walks' and 'planning walks' which gave him something to look forward to. He once said to me that life wouldn't be worth living without the PA visits." Another relative spoke about their personal assistant developing reminiscence and memory books with their loved one. They said, "One of her personal assistants has made memory and garden books which they create together, so many thoughtful things have been done for Mum, it really makes a difference to her wellbeing." A third relative said when talking about the service, "They add so much to the quality of life of a loved one, with each personal assistant carefully chosen for their ability to deal sensitively with the needs of each client."

People were supported to maintain relationships they had with friends and love ones. Most of the people who were supported by the agency lived within their own homes with their loved ones. Some people had family members that lived further away, but they still remained in the person's life and support circle. This person was supported to develop a weekly report which the provider typed up and emailed to the family member. The weekly reports included any information the person wanted to tell their family about. For example, what the person had been doing that week and whether they had visited any local attractions. This contact enabled the person to maintain the relationship with their loved ones and also developed their

skills. A relative told us that the provider had given their loved one the support they required to stay living within their family home, and, they had been able to watch their grandchildren grow up which is how they had wanted to live their life.

Relatives spoke about how the service was responsive to the needs of their loved one and made an enormous contribution to people's wellbeing. One relative said that their personal assistant spoke quietly to their loved one as they had good hearing but didn't like noise. They said, "(Staff name) takes on board our likes and dislikes. She is reliable with time keeping and is always prepared to stay on for extra time or come in earlier if required." Another said, "They take care of her so well, whether it is by massaging her hands and feet, or taking her out in her wheelchair, and she waits for them and looks forward to their company. I would like to stress the word company. They provide just that, companionship, friendship, mental stimulation and so much more."

People were supported to follow their interests and take part in social activities. For example, gardening, manicures, lunch out in the community and reminiscence sessions looking at old photographs. People were also supported to learn and develop new skills and interests, for example, snooker which a relative said their loved one enjoyed and kept "his brain active." Relatives told us that these social activities with their personal assistants had improved the quality of life for their loved ones. One relative said that at the end of their support visit the staff always played a game of scrabble with their loved one which they felt encouraged and increased their sense of well-being.

Systems were in place to ensure people's personal programmes were reviewed with them and their loved one on a regular basis. Reviews were completed by the personal assistants on a monthly basis or more frequently if people's needs changed. They included information about any achievements or concerns over the past month the person or their relative had experienced. Records showed and relatives confirmed that they had been involved in the development and review of their care plans. One relative said the service "Constantly reviews the plan that is in place to ensure it is still in keeping with that person's needs." Prompt action was taken to address any changes in people needs. For example, one person was supported with the transition from being in hospital to moving into a care home. Regular reviews ensured people received the care and support they required which met their personal needs and preferences.

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. The provider had a complaints policy and procedure in place which was available to people and their relatives within the client handbook and detailed on the provider's website. This included the procedure people could follow if they were not happy with the complaint response. We spoke with one person who said, "I can call up and someone will help me if need be." Relatives said they were aware of the complaints procedure and felt confident that any concerns they had would be dealt with by the registered manager or the provider. Staff gave examples of how they would support someone to complain, by talking to the person to try and resolve any issues and then report this to the office. The provider was very proud that the service had not received any formal complaints since the service began in April 2013.

The service had received an extremely large number of compliments from a number of sources including cards, letters and emails over the past 12 months. The provider had completed an analysis of the theme of the 150 compliments they had received from May 2015 until May 2016. These included general thank you for the support the service offered, providing a proactive person centred service, improving the quality of life for people using the service and providing reassurance to the loved ones of people using the service. Comments from a recent survey to people and their relatives included the following comments, 'No Place Like Home provide a truly exceptional service.' Another read, 'My wife and I both rely heavily on your personal assistants who are an unfailing source of sound advice and practical help.' A third read, 'You are

one of the very few organisations that understand the needs of both clients and client's family and can offer active support.'

The provider actively built links with other local health care providers to share best practice among providers within the local community. The provider was the founder and is the chair of a local Dementia Action Alliance group for Faversham which works with other health and social care professionals as well as other public, private and voluntary bodies, including dementia day care centres in order to gain a better understanding of the needs of people living with dementia. The provider also delivers a free dementia workshop for family carers offering support and guidance. Relatives told us they had found the support offered by the service 'invaluable'. A specialist dementia trainer said, "I believe that No Place Like Home works well with over agencies and involves the local community and other dementia specialists to enhance the work that they are already doing." The provider is an active volunteer with Alzheimer's Society as a Dementia Friends Champion providing awareness-raising sessions to the public and local businesses. The provider was asked to make a film for NHS Choices talking about what to look for when seeking quality care at home. This helped the agency to remain part of their local community whilst raising awareness about people living with dementia. The provider's goal was to improve the overall quality of dementia support that was available to people within their local community. This was achieved by raising awareness to people within the local community through information sessions and local events. People were still able to be part of their local community. For example, accessing the local dementia friendly coffee shops.



## Is the service well-led?

### Our findings

People and their relatives, staff and health and social care professionals all spoke very highly of the provider and the registered manager. Relatives said, "(Provider) and (registered manager) are hands on, dedicated, caring and professional at all times. They are in my opinion nothing less than superb." Another said, "The ethos of the company filters down from the management team and all staff are well-trained, sensitive to families needs and keen to make a difference in the lives of their clients." A third said, "As leaders of the organisation, (provider) and (registered manager) provide excellent examples of the level of care and professionalism they expect and which they achieve from all their staff." Comments from health and social care professionals included, "(Provider) provides an excellent role and she and her team ensure that staff are well educated/trained and aware for the service they offer." And, "I have deep and sincere respect for No Place Like Home." Another said, "(provider) and (registered manager) promote a culture of openness and are thoroughly approachable."

The registered manager and provider had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The agency had not had any incidents which were notifiable.

The service had clear vision and values which were person-centred and ensured people were at the heart of the service. They were initially developed by the provider when she set up the agency. These values were shared by the registered manager and embedded into the staff's working practice. They included the quality of life for the person receiving the service as being their primary concern, and supporting people to 'make the most of later life.' The aims and objectives were included in the client handbook, statement of purpose, leaflets and employee handbook. These were discussed with people and their representatives prior to the person receiving a service and were available on the provider's website. These were discussed with all staff at the beginning and throughout their employment.

There was a positive, open and inclusive culture within the agency that had the people using the service at the heart of everything they did. Personal assistants were motivated and shared the same passion to provide a quality service to people. They said the provider and registered manager worked well together and kept them fully informed about any changes to the service. Staff felt supported in their role by the provider and the registered manager who were visible and available. They said they received regular support and guidance via supervisions, high performing team meetings and over the phone. Staff said they were aware of their responsibilities to provide quality care and support to people. Staff were given copies of their job descriptions and person specification at the start of their employment. One member of staff said, "We have our handbook and it contains everything." The registered manager used a 'policy of the month' as a way to embed staff's knowledge and understanding. Staff were empowered by the provider to develop their own set of high performing team behaviours that they would fulfil on a daily basis in their role. The behaviours chosen were to be focused, empathic, professional, flexible and perceptive. These were used as a baseline which staff followed and adhered to in their everyday practice. Staff said that they achieved this by treating people as individuals and supporting them to live the life they wanted.

People, their representatives and staff were involved in the development of the service. Systems were in place to regularly monitor the quality of the service that was provided including, spot checks, monthly reviews and surveys. People, their representatives and staff views about the service were sought through annual survey questionnaires. These were written in a way people could understand and be supported to voice their views. The results showed that people were very happy with the support they received. Feedback from the surveys was overwhelmingly positive, with the quality of the service being rated as exceptional and everyone said they would recommend the service to others. One relative commented, 'No Place Like Home provide a truly exceptional service. They have provided excellent, caring, professional care to my father in law. They are attentive to his needs, flexible and innovative in dealing with all issues of his care.'

Feedback from the 2015-2016 staff survey showed that staff felt extremely positive and proud about their experience of working for the agency. All staff reported that they found the work extremely meaningful, that they were listened to and appropriately trained. Staff were asked for their ideas and suggestions to improve the service. Personal assistants who worked a limited number of hours felt that the frequency of supervision every four weeks was too much. As a result a decision was made to increase the frequency for staff working fewer hours to between six and eight weeks. Staff were given the opportunity to develop the service they worked in.

The provider had an audit schedule in place which included audits and spot checks by the registered manager and the provider to discuss people's experience of using the service. Feedback was collated and reported back to the people using the service, which included any action that had been taken by the provider. Observational audits were completed by the registered manager. These included observations of the staff, their performance and the quality of the service being provided to people. Staff were given feedback about how to improve. The registered manager completed monthly audits of people's medicine administration records and people visit record logs. These audits enabled the registered manager to monitor the personal assistants' support and practice, and to keep updated with people's support needs.

The registered manager used various ways to communicate with staff who were working at times, in remote locations within the community. For example, scheduling software was used to send out weekly job sheets to the personal assistants via email. Staff also received 'PA News' this was a newsletter to all staff that followed each 'high performing team meeting'. The provider told us the purpose of the 'PA News' was to keep staff abreast of the latest developments within the organisation, learning and development, compliance information and any awards the company had been given. People were provided with a copy of their rota which included photographs of the staff that would be supporting them. This enabled people to know in advance who would be supporting them and reducing any anxiety this could cause.

The provider and registered manager took part and engaged in organisations and associations to keep updated with the current best practice. For example, Dementia Friends Champion raising awareness and support for people who have dementia. The provider received a recognition award from the Alzheimer's Society for her contribution in raising awareness in the local area. The provider had developed partnerships with external stakeholders to support their goal to improve quality outcomes and services for people. For example, the provider held an awareness session with a local health care trust regarding how to use the assessment process to enhance staff's knowledge and understanding. The provider had signed up to a variety of challenges and accreditations to drive improvement and update their practice. These included, Skills for Care Social Care Commitment, Dignity Champion and Alzheimer's Research UK Champion. People were receiving care and support from staff who were equipped with the skills and knowledge to meet their needs.

No Place Like Home had entered three external awards over the past 12 months which included achieving a

finalist award from Dementia Friendly Kent Awards. This was for the Best Organisational Initiative for the dementia workshops the provider run for family carers. The provider was also a finalist for the best start-up company for the Kent Excellence in Business Awards. The other was for a senior personal assistant who had been nominated for Carer of the year in the Towergate Care Awards.