

District Care Ltd

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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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our visit to the service office on 5 June 2019, there were 44 people using the regulated personal care service.

People's experience of using this service:

The service was led by a highly motivated and compassionate registered manager who continued to strive to continuously improve the service and provide high quality care to people at all times. This was evident in the improvements the service had made since our last inspection to ensure people received high quality care at all times.

There was an extremely open culture in the service. People using the service, their representatives and staff were asked for their views about the service and these were valued and used in the ongoing improvement in the service.

The service had systems to continuously monitor, assess and improve the service provided.

People who used the service told us they were happy with the service they received. People were central to the care they received and were always consulted about their care needs and encouraged to make their own decisions.

People received personalised care, which was tailored to meet their individual needs.

There was a system in place to support people at the end of their life, when this care and support was required.

People shared very good relationships with their care workers.

People were supported by care workers who were skilled, highly motivated and caring.

The service had a system to ensure all care visits were completed. The systems for recruiting staff were safe.

Care workers supported people to keep safe, and acted when necessary to prevent any harm or abuse. Where required, people received safe support with their medicines. There were systems to reduce the risks of cross infection.

Staff were responsive in identifying and reviewing changes to support good health. Where people required support with their dietary needs, there were systems in place to do this effectively.

There was a complaints procedure in place. People's concerns were responded to promptly and used to drive improvement.

Rating at last inspection: The service was rated good at their previous inspection of 12 October 2016, which was published 6 December 2016.

Why we inspected: This inspection took place as part of our planned programme of comprehensive inspections.

Follow up: We will continue to monitor this service according to our inspection schedule.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

Details are in our Well-Led findings below.

District Care Ltd

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our visit to the service office on 5 June 2019, there were 60 people using the service, 44 of these people using the regulated personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to provide the information we needed for our inspection.

What we did: Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return (PIR). This information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from members of the public and external agencies.

Inspection site visit activity started on 5 June 2019 and ended on 7 June 2019. On 5 June 2019 we visited the office location. We spoke with the registered manager, a senior care coordinator, a care coordinator and three care workers. We also spoke with the service's trainer on the telephone. We reviewed feedback sent to the service on 3, 4 and 5 June 2019 for our attention, from two social care professionals and four people's

relatives.

We looked at records relating to eight people's care including care plans, risk assessments and medicines records, and staff training records. We also looked at audits and systems in place to check on the quality of service provided.

On 6 June 2019 we spoke with eight people who used the service and six people's relatives on the telephone. On 7 June 2019 we spoke with three people who used the service and two people's relatives on the telephone.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

This key question was rated good at the service's previous inspection of 12 October 2016. At this inspection, people continued to receive a safe service.

Systems and processes to safeguard people from the risk of abuse

- People using the service knew who to contact if they felt unsafe. People told us that they felt safe with their care workers. One person said, "They lock my house up [when they left their care visit]. I do feel safe."
- Care workers continued to receive training in safeguarding and understood how to recognise and protect people from abuse.
- Since our last inspection the service had developed a safeguarding champion role which was undertaken by a staff member. We spoke with them and they told us that their responsibilities included taking a lead on reporting safeguarding concerns to and liaising with the local authority when concerns had been identified by care workers. They also acted as a central point for care workers for advice.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risk assessments continued to demonstrate that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.
- Since our last inspection a document had been introduced and provided to people who used the service. This explained how people could keep themselves safe, such as with gas safety, and telephone scams. One person's relative said, "We have the safeguarding information here which tells us that if there are any bruises or concerns they let you know which is very good they have to follow things up, I know what to do if I am worried too."
- Feedback from a social care professional told us how they and the service had worked together effectively in reducing the risks to a person to help them to remain at home.

Staffing and recruitment

- The registered manager told us that no care visits had been missed, this was confirmed by people who used the service and auditing records which we reviewed.
- The registered manager and office team were also trained to provide care. They undertook care visits where required, such as if there had been short term sickness.
- Care workers continued to be recruited safely to ensure they were suitable to work with people.
- To support ongoing recruitment, staff were offered an incentive when they recommended a friend to work

in the service.

Using medicines safely

- When people required support with their medicines, they continued to receive them as required.
- People's records identified the support they required with their medicines and guided care workers how this was to be provided safely.
- Care workers received training in supporting people with their medicines in a safe manner. Their competency was checked and they were observed by a senior staff member to ensure they were supporting people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Care workers had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment (PPE), such as disposable gloves and aprons was provided for care workers to use to reduce the risks of cross infection. One person's relative said that the care workers, "Follow all hygiene standards."
- Care workers were observed in their usual work practice by a senior staff member to check they were undertaking good infection control procedures when supporting people.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service.
- Reflective and review accounts had been introduced since our last inspection, which identified what went well with specific incidents and audits, what the service could have done better and actions put in place to learn and drive improvement.
- Learning from incidents were shared with care workers in team meetings and work in case studies, which were discussed and used to drive ongoing improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

This key question was rated good at the service's previous inspection of 12 October 2016. At this inspection, people continued to receive an effective service.

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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.
- Where people had specific care needs and/or conditions, staff were provided with information to ensure that they understood these needs and how they were met.
- Since our last inspection one page dementia profiles had been introduced. These were kept in people's care records and provided guidance for care workers how to work with the individual.

Staff support: induction, training, skills and experience

- People were supported by skilled and trained care workers. One person said, "They all work very hard." Another person commented, "They are always very happy when they come in and do the job well I'm pleased with them."
- Care workers were provided with the training that they needed to meet people's needs effectively. This included training in people's specific needs, such dementia, the use of equipment to assist people to eat, and equality and diversity. In addition, as part of ongoing training and support, care workers were provided with case studies which looked at challenges which may be in place in meeting people's diverse needs and to help reflective practice.
- New care workers received a robust induction which included training, competency checks and shadowing more experienced colleagues during their probation period. Care workers did not work alone until they and their colleagues who undertook shadow shifts with them felt they were competent in their role. This prepared new care workers to carry out their role effectively.
- The service had a staff member who was responsible for training care workers. They worked with the registered manager to continuously seek ways of improving the training provided. This included introducing reflection and review of roles and training in equality and diversity which challenged perceptions of individuals.
- Care workers were supported to undertake qualifications relevant to their role. This included health and social care qualifications and the Care Certificate, which is a set of standards that care workers should be working to.
- Care workers were provided with one to one supervision meetings. These provided care workers with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Care workers told us that they felt supported and had received the training they needed to meet people's needs effectively. One care worker said, "I have never been anywhere and thought I am not trained for that."

Another care worker commented, "We do all sorts of training, they tell us if we think of anything we would like to do to mention it and they will put it in place."

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration.
- Since our last inspection 'eat well plates' documentation had been introduced in care records to support staff to promote healthy eating. This included information about people's likes and dislikes and the types of food groups these belonged to.

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

- People said, if required, care workers supported them to arrange health care appointments. One person's relative told us, "If there has been the odd issue health wise always contact me so I am fully aware, they or me get in touch with the doctor, they got the community nurse in yesterday."
- One person's relative told us how the care team had worked together to support the person to access equipment they needed. They said, "We all work together. We had a lot of people in to help it was all bewildering at first, but they and we worked together, and it is going well."
- One care worker told us, "If I report anything about clients [wellbeing], they [registered manager and office staff] are on it straight away. They will send in a nurse or doctor. They support my decision making. When I needed to call an ambulance, they supported me and talked through what I needed to do, like stay with the person."
- The registered manager told us how they had worked with other professionals including social and health care professionals to ensure people received a consistent and effective service. This also included assisting people to access equipment, such as alarms which alerted relatives if their family member tried to stand unaided, where they were at risk of falling.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- People told us that their care workers asked for their consent before providing any care. One person said, "Do what they need to do, never do anything without my say so."
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Care workers received training in the MCA and understood the importance of asking for people's consent when providing care.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

This key question was rated good at the service's previous inspection of 12 October 2016. At this inspection, people continued to receive a caring service.

Ensuring people are well treated and supported; equality and diversity

- People told us that their care workers treated them with respect. One person said, "Every day they come, they are cheerful." Another person commented, "I am really happy with the carers coming in, they are all pleasant and no one is ever nasty."
- People's relatives told us that they felt that their family members were treated with care and compassion by care workers. One person's relative said, "We are very pleased they never come without a cheerful hello morning and afternoon." They explained how a care worker had gone over and above to assist with something in their home.
- Feedback received from a person's relative stated, "We cannot praise their commitment and dedication enough. They go above and beyond the call of duty, always willing to go the extra mile for the family. They have an outstanding team of carers who are kind compassionate and friendly."
- One person's relative told us about the positive relationships their family member had with their care workers and how they made them feel valued, "[Family member] gets on really well with them," they added that one care worker told their family member they were their, "Favourite customer. They all have a chat but this one they really chat they have a cup of tea and biscuit when the [care worker] leaves they say make sure you have got the biscuits in, they do have a good old talk."
- Feedback from a social care professional stated, "I have found District Care to be genuinely caring and to have great knowledge and understanding of [person's] needs and [their] wishes."
- All of the staff spoken with talked about people in a compassionate manner. They knew the people they cared for well.
- Each Christmas people who used the service were provided with a gift, which was District Care merchandise, such as a soup mug and a scarf. The registered manager told us that each year a new piece of merchandise was made.

Supporting people to express their views and be involved in making decisions about their care

- One person said that their care workers, "Know what I want and always ask me before they do anything and when they leave ask is there anything else I need." Another person commented, "If I need anything changed they do it, listen to me about how I am."
- One person's relative told us how they and their family member were consulted about the care provided and their views were acted upon. They said, "We all work together, District Care, [other relative] and I for my [family member] and [their] care."
- People's care records evidenced that people made decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person's relative told us how their family members privacy was respected when they were being supported with their personal care needs. They said, "They spend a lot of time with [family member's] care and doors closed."
- People told us that they felt that the care workers respected their independence and dignity. One person said, "They let me do what I can," they explained the parts of their personal care that they did independently and where care workers were needed to help them. They added that they contributed to their care plan, "Asked what help I needed, and I told them I try to keep my independence as much as possible."
- One person's relative told us that their family member's care workers supported their family member with their dignity, "One thing I am very very happy about is how they look after [family member's] personal hygiene, always clean strip washed and smartly dressed in clothes."
- Personal records of people using the service and staff were securely stored.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

This key question was rated good at the service's previous inspection of 12 October 2016. At this inspection, people continued to receive a responsive service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
The provision of accessible information

- People told us they were happy with the care they received, which met their individual needs and preferences. One person said, "I know they are coming I look forward to seeing them, they come and have a chat with me as we are going along, they don't rush me, they know when I am having problems and never say they need to go somewhere else, they stay with me as long as I need them." Another person commented, "Absolutely brilliant, would not have anyone else, I get what I am paying for value for money. I am very pleased they do everything they can to help me."
- One person told us about their condition and how the care workers supported them, "They do understand how it affects me, they help me with my exercises ... and understand if I don't fancy it, say I'm not doing it and they understand."
- One person's relative told us how the service had responded to their family member, including being, "Very flexible," and visiting their family member when they had called for assistance, "Not had to wait until the morning, they respond more than happy. They are not just in and out if I am here at lunch and have cooked something and [family member] is eating the carers have got half an hour but they say no rush take your time we will work it out. Very good attitude."
- People's care records demonstrated their involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care workers how people's individual needs were to be met.
- Information was provided to care workers relating to people's specific health conditions and the care plans identified how people's conditions affected their daily living.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. One care worker shared an example with us about how they communicated effectively with a person who had limited speech. This included showing people their choices and understanding what they had chosen.
- The registered manager told us how they provided a flexible service and supported changing people's care visit times, for example if they had an appointment to attend. This was confirmed in the feedback received from a person's relative who said, "The service was also flexible both ways as we required changes so that [family member's] life was enhanced."
- A member of staff took the lead of a dementia champion. We spoke with the champion who told us that dementia days were held which assisted care workers to understand dementia more and to have empathy when in, "Their [people living with dementia] shoes." One page dementia profiles guided staff to the how dementia effected each person, potential distress triggers and how to reduce the risks of anxiety.

- Feedback received from a health care professional stated, "The carers who support [person] on a daily basis have gone over and beyond what is expected of them." Another social care professional commented about the support provided to the person with their complex needs and said, "Care notes and risk assessments were always kept up to date. Working with District Care and support from [other agencies], we were able to have a positive outcomes in being able to support [person] to remain at home with an increased care package; this was assessed to be the least restrictive option which met [person's] needs, [and] to want to remain living at home."
- Support was provided to people to access local voluntary organisation for a Christmas meal when they were alone. The registered manager or other staff visited people who could not get out.
- The registered manager told us about how they had supported a person who used the service to visit their family member in hospital. This included providing transport because the person would not be able to visit without this assistance.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints and if they had raised concerns they were listened to. One person told us how they had raised a concern with the office staff, "They apologised, and it never happened again. It is the only concern I have had in over a year, so it must be good."
- There had been no formal complaints received in the last 12 months. We saw records of concerns raised by people and these were addressed and responded to promptly and used to drive improvement.
- We saw several compliments received by the service which thanked them for the care and support provided.

End of life care and support

- The registered manager said they provided end of life care when required.
- End of life training had been provided to care workers. The staff member responsible for training told us that further training was being planned for the Summer of 2019 with the input from palliative care specialists.
- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated. Coloured stickers were on the front of people's care records which identified that there had been a decision made by the person not to be resuscitated.
- Since our last inspection a one page end of life document had been introduced. This included guidance for care workers on the care and support people required to keep them comfortable and pain free at the end of their lives.
- An end of life champion worked in the service, they liaised with palliative care specialists and were a central point for care workers to ask for advice and guidance. The staff member told us that as soon as someone required end of life care, they visited them to ensure they had the right equipment and care plan in place. This staff member had achieved a qualification in end of life care.
- Feedback received from a person's relative stated, "We are extremely grateful for the end of life care that [family member] received from District Care so that [family member] could stay at home until [they] passed away. We thoroughly recommend their services."
- Another person's relative commented, "Without the support of District Care team [family member] would not have been able to stay at home and enjoy [their] final years living in [their] home with my [other relative]." They went on to say that the registered manager and another staff member attended the person's funeral and offered support to the family.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

At our last inspection of 12 October 2016, the service was rated good overall and in each of the five key questions. The registered manager and her team had worked to continuously improve the service and were striving to provide people with the best quality care possible. This was demonstrated in the ongoing improvements made since our last inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, the registered manager had continued to look at ways that the service could continuously improve. The registered manager led by example and the staff supported the registered manager's vision in providing an improving service.
- Improvements put in place included the introduction of champions such as safeguarding, end of life and dementia. These staff took a lead in the subjects and could provide guidance for care workers where required. Examples of how this improved the service provided included having a cohesive system for identifying and reporting safeguarding concerns to ensure people were kept safe. In addition the dementia and end of life champions took a lead in ensuring people's records were up to date, care workers understood their individual needs and how they were met and people received high quality care.
- One page profiles had been introduced for people living with dementia and those at the end of their life. These documents provided care workers with guidance on how to ensure people's needs were met. The profiles were person centred and identified how each person wanted their care to be delivered. Therefore they received personalised care which was tailor made to their preferences.
- Eat well plates had been introduced in care records to support staff to promote healthy eating. These records also included people's preferences relating to food and drink.
- Case studies, reflect and review accounts of what went well, what could be improved and action points from what had been learnt had been introduced. This supported the management team to identify where improvements were required and lessons learnt to ensure high quality care was provided at all times.
- Without exception, people were highly complementary about the service. One person said, "Very nice agency to be with, happy with them they are all good can't fault with them at all." One person's relative told us that they were, "Overwhelmingly happy, adorable, conscientious... I recommend them to everyone, consistently respectful." Another relative said, "They are professional I have met all of the [care workers] they are all really good, very good company." Another relative's feedback stated, "I have recommended District Care to others and have praised them on both their care and professionalism."
- The registered manager had a very good oversight of what was happening in the service, and demonstrated an excellent knowledge and commitment to provide high quality care to people using the

service. The registered manager was supported by a team of staff. These included a senior coordinator and a coordinator. These staff members also shared the registered manager commitment to continuously improve and to provide good quality care at all times.

- The registered manager told us that the provider's director was supportive and could be contacted at any time if support was required.
- The registered manager and all staff spoken with were highly motivated, and shared the same values of putting people using the service first. This was evident in the highly complementary comments received from people using the service, relatives and other professionals.
- A staff member told us, "We go out of our way to help people, go that extra mile, good place to work for. People are safe and have their needs met, you won't find anyone who is not happy. We ensure everything is right for them."
- There was a robust programme of quality assurance checks in place, including care records, attendance to care visits, and medicines. These supported the provider and registered manager to address any shortfalls promptly.
- The registered manager undertook an internal audit, using the key lines of enquiry (KLOES). The audit from March 2019 identified the improvements the registered manager wanted to make, these had been addressed by the time of our inspection. This demonstrated that the ongoing auditing of the service was used to drive ongoing improvement. Audits were also undertaken by a consultant employed by the service. They told us this assisted them to identify any improvements needed in the service provided.
- A quality improvement plan was in place to identify how and when improvements were being made. We saw that when changes had been made this was noted in the plan, this included improvements in the systems to manage medicines, training for care workers in food allergens and exit interviews for leaving care workers to learn from their experiences.
- Care workers were observed in their usual duties, by a senior staff member, to ensure they were working to the standards expected. People were also asked for their views of the support received.
- The registered manager understood their responsibility of the duty of candour.
- Feedback from a social care professional stated that they had liaised regularly with the service to help the person to remain at home and said, "I would certainly recommend District Care as a reliable and competent care agency within the area."

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

- There was an extremely open culture in the service. People were actively engaged in developing the service; through surveys, which were also completed by care workers, and ongoing communication to check they were happy with the service provided. One person's relative said, "We were surprised how good they are, we get several calls and visits to check we are okay and if we want any changes."
- Where comments were received from people and care workers, these were addressed to improve the service. The results from the last survey undertaken by people using the service and care workers were positive. Comments made in the survey completed by people included, "Helpful staff," "Adapt to my needs," "Sometimes a few minutes late but always ring me," and "Carers listen to me never rush me." Comments in care workers surveys included, "Very good manager who understands us and deals with any issues," "District care is an excellent company, they provide care at a high level," and "I feel the company is always finding ways to become the best it can be to provide an outstanding service to customers and to create a great atmosphere for staff to work in."
- People told us they knew who to contact in the office if they needed to and they were listened to. One person's relative said, "In the office I deal with [registered manager] and [senior coordinator], we have a good relationship with them. I ring them, or they ring me." Another person's relative commented, "Very good service. Yes, it is well-led they are always willing to listen."

- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and their relatives, where required, to identify how they wanted their care delivered. This demonstrated that people's preferences and views were valued and used to provide person centred care.
- The registered manager involved care workers in decisions about the service. They did this through meetings and ongoing discussions. Minutes of meetings demonstrated that care workers were kept updated with any changes required and the expectations of their role. Care workers shared experiences and learnt from each other as part of their peer support meetings. This helped to provide people with a consistent service which met their needs.
- Care workers told us they felt listened to and supported. One care worker said, "I have never had a boss like [registered manager]. She is so supportive." Another care worker told us, "I love working here, this is my favourite job. [Registered manager] is supportive, I think she is great and [another member of the office team] any problems they are brilliant."
- Since our last inspection a safety document had been introduced and provided to people who used the service. This explained the types of abuse that could occur, and the actions the service's staff would take if there were concerns and how people could protect themselves, such as with telephone scams and safety in their homes. This demonstrated an ongoing commitment to keep people safe and to share what they could expect from the service.
- Staff were valued, this was demonstrated through the 'employee award' scheme for staff who went over and above their roles. An example of an employee award was shared with us by the registered manager where two staff had covered care visits on foot when there had been bad weather.
- The registered manager told us how they had learned from previous bad weather, and a four by four vehicle had been purchased to support care workers to undertake planned visits.
- Staff were provided with Christmas and birthday cards. In addition, cream teas and barbecues were held at the service's premises. This further demonstrated how the registered manager showed staff they were valued.
- Care workers and senior care workers were encouraged to attend the office every Friday to allow them to raise any concerns they had in their role and concerns about people using the service. This allowed open discussions and problem solving about how they could overcome barriers in providing good quality care.
- A staff member told us that they tried to keep a small team of care workers to visit people to ensure continuity of care. They added that this system improved people's dignity and people had said that they did not like lots of different faces visiting them. This was confirmed by feedback received from a social care professional, "What has helped to maintain [person's] health and wellbeing is the small regular team of carers who know [person] well and who [person] trusts to provide [their] care and support."
- A staff member told us that care workers were not pressured to work out of their preferred times and call them to work on their time off to ensure they were satisfied with the conditions of their work and suitably rested.

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry. This included networking with commissioners and attending meetings and forums when able.
- The National Institute for Health and Care Excellence (NICE) guidelines for better home care for older people was used. This ensured the service kept up to date with, and provided a service to people based on good practice. A staff member told us that local and national guidelines were continually reviewed to ensure that people received care based on good practice.
- There was a commitment to learning and development, training was provided to ensure that care workers had the knowledge of how to deliver high quality care and support.

- The registered manager received professional supervision from a mentor who worked in the industry, which assisted them in reflecting on their performance and areas requiring improvement.
- The service had a staff member who was responsible for training care workers. They worked with the registered manager to continuously improve the training provided to care workers to encourage them to think and challenge the way the service was provided to people. This included introducing reflection and review of the care provided. The training staff member shared examples of the changes in the training provision which demonstrated that the system was creative and innovative.
- A staff member told us that the service was, "Like a big family, we all support each other. No one is afraid to say what we can do better. We all have passion and drive to improve." Another commented, "It is really good working here, an open house. We all help each other and work round each other, help grow as a person including training, I have learnt a lot." This demonstrated the open culture in the service and the commitment to ongoing improvement.
- The registered manager and a senior staff member had signed up to attend a mental health first aid course. This would assist them to support people using the service and staff when required.
- Since our last inspection senior staff had completed a qualification in team leading.

Working in partnership with others

- The registered manager told us how they worked with other professionals well. This included professionals who commissioned care from the service and others involved in people's care.
- Feedback received from a stakeholder was, "[Registered manager] communicates with us and appeared to have ideas on how to continue to improve the service."
- The registered manager was working to develop links in the community. They had an agreement with a nearby church to use their parking facilities, for which the service gave an annual donation. The service also supplied items occasionally for the weekly coffee mornings held at the church.
- The service raised funds for various charities including NSPCC and prostrate charities.
- The service had donated items to a local food bank and also assisted people to access this type of support where needed.
- The service had attended career events at a local college to provide information to students about domiciliary care services.
- The service held dementia friends' events, to which family and friends of people using the service were encouraged to attend. This supported them to learn about and understand their family member's condition and how it affected their daily lives.