

Respect Our Elders Limited

Home Instead Senior Care - Shrewsbury, Ludlow and Oswestry

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Home Instead Senior Care Shrewsbury, Ludlow and Oswestry is a domiciliary care service. The service provides personal care to people with a wide range of needs living in their own homes. At the time of the inspection, the service was supporting 42 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's feedback about their experiences of using the service was overwhelmingly positive. People told us caregivers were exceptionally caring, thoughtful and they received a truly personalised service that exceeded their expectations. Caregivers and people they supported had built positive caring relationships based on respect for people's individuality, independence and dignity.

The provider placed people at the centre of the service and consulted with them in all aspects of their care. People were empowered to take control of their care package and the support they needed to live the life of their choosing.

The service was flexible. People were regularly involved in reviewing the care and support provided to them and care packages were adapted to meet changes in people's needs and choices. Communication between the service and people who received support was excellent.

Caregivers were exceptionally well supported, highly motivated, well-trained and committed to making a difference in the quality of life for people they supported. Caregivers were provided with ongoing training to ensure their skills and knowledge were up to date and in line with best practice. People told us they had every confidence in the staff team.

The registered manager fostered an open and supportive culture, focussed on delivering the best possible service for people the service supported. The management team were excellent role models in the delivery of high-quality care and support. Their positive leadership style focussed on independence and empowerment for people who used the service and caregivers alike.

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

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

Rating at last inspection

The last rating for this service was good (report published 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Home Instead Senior Care - Shrewsbury, Ludlow and Oswestry

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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 homes. Not everyone using Home Instead Senior Care Shrewsbury, Ludlow and Oswestry received personal care support. CQC only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 August 2018 and ended on 17 September 2019. We visited the office

location on 21 and 22 August 2019 and telephoned people up until 17 September to gain their feedback about the service.

What we did before the inspection

We reviewed all the information we had received about the service and previous inspection reports. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two people's relatives about their experience of the care provided when we visited them in their homes. We also spoke with a further three people's relatives over the telephone and received feedback from a healthcare professional. We spoke with eight members of staff including the registered manager, head of caregiver experience and caregivers.

We reviewed a range of records. This included four people's care records and medication records. We also checked a variety of records related to the management of the service, including policies and procedures, audits and monitoring systems.

After the inspection

We continued to seek feedback from people who used the service to gain information about their experiences of receiving a service from Home Instead Senior Care Shrewsbury, Ludlow and Oswestry.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were upheld. The provider had effective safeguarding systems and caregivers had a very good understanding of what to do to keep people safe. People and their relatives provided consistently positive feedback about the safety of the service. One person told us, "They make sure [family member] is safe. They're conscientious, I know I can rely on them."

Assessing risk, safety monitoring and management

- The provider had systems to keep people safe and caregivers understood how to manage risks. Senior staff completed and regularly reviewed risk assessments to help ensure risks were lessened. Caregivers followed information in people's care plans to help keep them safe.
- The service was creative in the way it managed risks to people's safety whilst considering the person's needs and wishes. For example, one person liked to leave their keys in the inside lock of their door. This posed a problem in terms of access if the person was unable to answer the door for any reason and in terms of security as caregivers were not able to lock the door on leaving. The service worked with the person and their family to install a two-way locking mechanism. This made a big difference to the person as it enabled them to leave their keys in the lock as they wished to do and alleviated their anxiety, whilst caregivers were still able to lock and unlock the door.
- The provider had a business continuity plan which guided staff on what to do in an emergency, in order to keep the business running and ensure people's needs continued to be met safely.

Staffing and recruitment

- The service was staffed to ensure people's needs could be met in a person-centred way. The service was described as consistent and reliable, which people told us what a major factor in rating the service so highly.
- People always received their calls from caregivers when they should. Caregivers told us the minimum call time of one hour and sensible allowances for travelling time meant they were never late for people's scheduled calls. The registered manager confirmed they would not take on a package of care if they did not have the caregivers to cover it.
- Caregivers were recruited safely. They confirmed the registered manager checked their suitability for the role before they were employed.

Using medicines safely

- Medicines were managed safely and properly. Where people were supported with medicines, we saw they were managed in line with national guidance. People were supported to manage their own medicines for as long as they were able. People and their relatives were happy with the support they received with medicines.

Preventing and controlling infection

- People were protected against the risks of infection. Caregivers completed training in infection prevention and control and senior staff regularly monitored staff practice.

Learning lessons when things go wrong

- The provider had systems to learn lessons and make improvements when something went wrong. Staff reported any accidents or incidents to the office. The registered manager reviewed these individually and to identify and trends or themes. Any lessons learned were shared with the staff team to reduce the risk of similar incidents happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Caregivers were competent, knowledgeable and had completed training which enabled them to carry out their roles effectively. New staff completed a thorough induction and were provided with ongoing training to further enhance their skills. Training topics included medical conditions, equipment, practical personal care and a programme designed to improve caregivers' appreciation of ageing and frailty and the impact that can have on people's abilities. We received very positive feedback from people about how well trained the staff team were. One person commented, "They have outstanding carers. They all give 100%. I have nothing but praise for them. If something needs to be done, it's done and it's great to know it's dealt with."
- Caregivers received training that was tailored to people's individual needs, so they could be met safely and effectively. New caregivers shadowed experienced staff when being introduced to a new client. Only when the client and the caregiver were happy and confident in each other would they work together. For example, where people had complex moving and handling needs and needed to trust the caregiver with their safety, caregivers received personal training sessions with the client. Only when they were confident and competent, and the client was happy, was the caregiver 'signed off' as competent and able to support the person.
- Caregivers received an outstanding level of support to enable them to carry out their role effectively. Staff told us they felt exceptionally well supported and valued for their contribution. A caregiver told us, "Support is excellent. Induction and shadowing make sure you're confident and competent before you work on your own. We can always ask for training or support. We know there's always a port of call here [at the office]."
- The service had introduced awards for caregiver of the quarter and caregiver of the year. These awards recognised staff who had made outstanding contributions to the service during the period. Caregivers told us they really liked the awards and felt it was a good way of recognising colleagues who had been exceptional in their work. One caregiver commented, "Not only do we cater for the needs of the clients, they [management] are really thoughtful with us as well."
- The registered manager had appointed a 'Head of Caregiver Experience'. The purpose for the role was for the person to ensure caregiver welfare and to continually review the overall experience of caregivers. This had resulted in very good levels of staff morale and better staff retention, which, in turn made for a more positive experience for people as they were receiving care and support from a consistent staff team staff who were highly motivated to carry out their roles effectively.

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

- The service supported people to ensure they ate and drank enough to meet their needs. Senior staff assessed people's nutritional needs and preferences and recorded these in people's written support plans to guide caregivers. People were happy with the support they received around meal preparation. Caregivers

clearly knew people's needs and preferences very well, including, for example, where one person liked to buy loose-leaf tea from and that one person needed support to monitor best before dates.

- Caregivers received enhanced training to enable them to meet people's nutritional needs effectively. Those we spoke with told us they felt the training helped them to better understand people's needs, to encourage healthy eating and the specialised support people may require if they experienced difficulties with swallowing. Caregivers told us they had seen the benefit of this training. They were able to prepare foods that looked more colourful and appetising, which is important for people who are living with a dementia. They were able to provide people with the support they needed, including varying the way they encouraged the person to eat and drink to maintain their health.

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

- The service worked effectively with other agencies. A professional we spoke with gave very positive feedback about the service and described the service as 'gold standard'. The service worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Senior staff incorporated professional guidance into people's support plans so caregivers had information to meet people's healthcare needs effectively.

- People received the healthcare they needed, and the service helped to prevent unnecessary admissions to hospital. Caregivers knew the people they supported very well and received extensive training on recognising changes in people's health, well-being or behaviours. This enabled them to seek advice and treatment in a timely manner. A caregiver told us, "Consistency is really important. Because we know clients well, we can see any changes and get help if we need to."

- Caregivers helped people to live healthier lives. They encouraged people to eat healthy foods and to drink sufficient amounts to remain hydrated. They also encouraged and enabled people to socialise and to spend time in the wider community, which helped people to maintain good mental and social health.

- The service provided people and their families with information to help maintain and improve health and wellbeing. This included leaflets containing details about aspects of health and wellbeing and support organisations which people may find useful.

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

- Senior staff worked with people to assess their needs and preferences, to ensure the service could meet them effectively. The care and support people needed and wanted from the service was identified, discussed and agreed. Senior staff met with people regularly to ensure the package of care continued to meet their needs, in line with legislation and best practice.

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

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

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

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

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

- The service was working within the principals of the MCA. People told us and records we reviewed confirmed people were involved in decisions and agreed to their planned care and support. People or, where appropriate, others acting on their behalf had signed to give consent.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by caregivers who were highly motivated and committed to making a difference for people they supported. The provider followed recruitment processes which ensured only candidates whose values aligned with the service's ethos of caring and compassion were employed. People spoke extremely highly of the service they received and described all staff, caregivers and office staff, as exceptionally caring. Comments we received included, "They're exceptionally good from all aspects, from the manager down. I've met them all, they're not just some anonymous franchisees. They've all met [family member] and seen the environment so they're all very much aware of her needs." A caregiver told us, "I think we all love the job. We know we are really making a difference. Making connections with people and their families, building trust and making sure people are supported safely and their needs are met." This supported people to remain in their own homes.
- People had very positive caring relationships with caregivers who supported them. The provider supported this by using a process of matching caregivers with people who used the service, based upon mutual interests and history. Some people wanted to bake, do crafts or tend to their gardens. Caregivers with these interests and skills were matched with people accordingly. For example, caregivers had supported one person who had not baked for years, to bake a Christmas cake for their family. They supported another person to make Christmas cards for their family and to bake cookies for the children in their family. This had helped people to reminisce and to realise they were still capable of doing things they had enjoyed earlier in life, which had a positive impact on their wellbeing.
- People spoke very positively about the matching process used by the service and how this led to a highly personalised service. Comments included, "Staff are all well matched. They all seem to enjoy their job and want to do it – they want to help. All the ladies I've had, we've just fitted in together, even though they're all really different." And, "We wouldn't go anywhere else. We've heard about other services from friends and we have the best." A caregiver told us the company really prided itself on making sure people were supported by the right caregiver, "It's a great place to work. They try and match staff to clients, so you have things in common, so we can have conversations or do activities you both get something out of."
- Feedback about caregivers was very complimentary. People told us the service was very thoughtful and considerate, and caregivers provided a high-quality service, showing real empathy for people they supported. People told us that sometimes it was the small things and actions that made a difference. Comments included, "The people they are makes them outstanding. They are very caring and brilliant with my [family member]. He loves them to bits. They obviously love what they are doing." And, "They do go the extra mile and they're very professional. All the things you look for in a service like this." And, "We get on well. They're very caring and their work is excellent. They're efficient and they're attentive with me all the while."

Another person told us, "They bake [family member] a cake and bring it with. Little things like that make all the difference."

- Caregivers respected each person as an individual and valued their uniqueness, regardless of people's backgrounds or other characteristics. Staff assessed people's cultural, spiritual and social needs as part of the care planning process and worked with people to decide how caregivers could support them with these needs. For example, supporting people out into the community, to maintain social links. Caregivers and the registered manager told us, and policies supported, people were treated equally. The service aimed to achieve the best possible outcome for people they supported, regardless of any of their characteristics or history.

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

- People were actively encouraged to take control of their packages of care and support. Clients able to change calls, even at short notice, to have support in the community rather than at home, for example. People were encouraged supported to be involved in planning what care and support they wanted and how they wanted caregivers to deliver it. For example, one person who did not have any immediate family, and whose closest relation did not live locally, had one very close friend who they depended upon for reassurance and confidence to make decisions. The initial care consultation was held with the person and, at the person's request, their friend. Follow up calls and visits also included their friend to support them with decisions. Any communication was directed through the person's friend at their request.

- People chose what support they wanted, where and when. People told us the service paid close attention to every minor detail, which meant they received support that was centred around them, their needs, their preferences and their wishes. People told us and records confirmed they were at the centre of developing their written plans of care. One person told us, "[Registered manager] came out and did an assessment and looked all around the house to see if there was anything I needed. I told them exactly what I wanted and that's what I've got." Everyone told us the service they received was led by them. We found some people preferred to stick to a strict routine, whereas other people preferred to take things day by day. Caregivers were all very respectful of this and supported people in the way they wanted. One caregiver told us, "It's completely client-led. They're my boss." For example, one person did not have a routine and liked to please themselves, which staff respected. They also identified the importance of getting up and dressed for good mental health. So the caregiver attending gave her motivation to do so. The person wanted the service to help break the loneliness and enable them to go out. They enjoyed regular outings with their caregiver.

- People were introduced to caregivers, so they could decide whether they wanted them to support them or not. This gave people the opportunity to decide whether they thought caregivers were compatible with their needs, whether the caregiver had the skillset to support them and whether the caregiver could meet their unique requirements. The provider did not take on any package of care unless they had the right caregivers to support people. One person told us, "Staff are introduced before they come for the first time. One shadowed a second time because she wasn't happy with the routine and wanted to get it right. It's much nicer than not knowing the person before they come." This meant people were supported by caregivers who they chose and who they were confident were the right fit to provide the support they wanted. For example, when people had complex moving and handling needs, the person really needed to trust the caregiver with their safety. Equally the caregiver needed to be competent and confident to deliver the support people needed. In these instances, caregivers shadowed and had personal training sessions with the person. Only when the person and caregiver were confident with each other, were they signed off as competent to deliver the care required.

- People were supported by individual caregivers or very small teams, which provided consistency. One person commented, "We went to Home Instead because they don't have a string of different people going in each day. That's really important as dad struggles to remember people. Because they know who's coming, they're very relaxed about it." A healthcare professional told us, "For consistency of the level of care, they

always come out on top. It's gold standard."

- People could contact independent advocacy services if they wanted guidance and support or for an advocate to act on their behalf. The service provided people with contact details. This enabled people to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- Caregivers respected people's privacy and promoted their dignity. People confirmed caregivers always sought consent before carrying out any tasks. They told us caregivers always treated them with respect and respected their human rights.
- Relationships between people who received support and caregivers demonstrated a high regard for people's dignity and respect. People consistently told us caregivers were highly motivated and passionate about the care and support they provided. People and caregivers told us they had built positive, caring relationships, built on trust and respect.
- The service actively promoted people's independence. People told us how their independence had been promoted by the service and the support from caregivers. One person had lost their independence with everyday tasks, such as personal care and mobility, during hospital and residential care placements. They wanted to come home and asked the service to provide support. Caregivers supported her to regain confidence, skills and self esteem to the point where she was able to live again independently. This had a majorly positive impact on the person's quality of life.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- There was a very strong person-centred culture which was built upon positive relationships with people and staff used their initiative to respond and went the extra mile to ensure people's needs and wishes were met. Comments we received included, "It's a really personal service." And, "We set and drew up a plan of care. That's what staff follow. It's a very precise routine and they follow it. We've made a few modifications and they do exactly what I want. If there's any time left, they'll do extras like peel potatoes or do the ironing." Another person told us, "There was an issue this week. I wasn't contactable, so they used their initiative and got another carer in. I thanked them for being so helpful. They're prepared to spend the extra time. They don't just walk away."
- People and, where appropriate, others acting on their behalf were at the heart of the care planning process. People told us they felt consulted and listened to and the service paid exceptional attention to detail and received a service which exceeded their expectations. One person told us, "They go over and above. It's the attention to detail. They tailor the care to what you want, not the way the company does it. They listen to what you want and find the right carer who can deliver, week in, week out." Another person said, "It was a big leap of faith, but it's been a great success. [Family member] is enjoying it. They listen incredibly well to every minor detail and they've chosen staff who have won [family member] over. They're able to provide people who can do a vast range of things, cooking meals, companionship and responding to all the weird little notes I leave. It's all very, very positive." A healthcare professional echoed people's comments, saying, "It's a truly bespoke service."
- People were empowered to have as much control and independence as possible. People we spoke with highlighted the positive impact the service had on them and their loved ones, enabling them to stay in their own homes whilst receiving the support they needed. A healthcare professional told us, "The service is fabulous. They've had a very positive impact on a lot of people, enabling them to stay in their own homes and be as independent as they can. They try to 'dangle the carrot' for people who are resistant. It allows people to continue to grow in the weeks and months ahead." Comments from people included, "I have full confidence in them. As [family member] deteriorates, they know the routine and can build upon it. They don't turn their noses up at anything you want them to do. It's not cheap, but you certainly get what you pay for." Another person told us, "They've had a very positive impact. They make sure [family member]'s personal care is attended to and it's allowed me to go for a break. I have complete faith in them."

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were met. Staff assessed people's communication needs as part of the care planning process and ensured they could be met by the service, for example by providing schedules or newsletter in large print. People's needs were recorded and could be shared with other agencies when necessary.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints would be dealt with appropriately. The registered manager told us they used complaints or concerns positively, as a learning opportunity to make improvements for people who used the service. The service had not received any complaints in the last 12 months.
- People told us they had no cause for complaint and were more than satisfied with the service. They told us if they did ever have cause for complaint, they were sure they could speak with anyone at the office and confident any issues would be resolved swiftly.

End of life care and support

- Staff understood the importance of supporting people to have a comfortable, pain-free and peaceful end of life. The registered manager was an accredited trainer for end of life training and planned to roll out training to the staff team. Staff who supported people at the end of their life had received nationally recognised training to ensure they had the knowledge and skills to support people sensitively and effectively.
- The provider shared parts of their end of life training with wider audiences, to raise awareness. They used their monthly newsletters, video and social media to share information about end of life care and support with clients, people's families and the general public.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People had great confidence in the service and the care and support provided. Each person we spoke with told us they received a highly personalised service and could not think of any improvements that could be made to the care and support they received. Everyone we spoke with told us they would recommend the service to others. People's care plans reflected the care and support people wanted, along with detail about how they wished for it to be provided. This ensured people's preferences and routines were respected by caregivers. A healthcare professional praised how bespoke the service was and said, "The feedback I've had from people is that there has never been a gripe. I would want them for myself. They provide a service they wouldn't not provide for themselves and family. There should be more of them. If they were all like Home Instead it would be marvellous!" One person jokingly told us, "I'd give them nine out of ten. If it was cheaper, I'd give them ten out of ten." People told us their caregivers always showed up on time, did exactly what they wanted them to and respected their wishes. This showed the service provided high-quality, person-centred care which people could rely upon.
- The service worked in partnership with other organisations to ensure people's needs were met consistently. They followed best practice guidance to ensure people were safe and received a high-quality service. The service had liaised with healthcare professionals to ensure timely referrals had been made where necessary and people received any additional support they needed. Where people's changing healthcare needs meant the service provided needed to be adapted, we saw this was done in consultation with the appropriate professionals. For example, the registered manager found that sometimes the three-monthly scheduled visits were not frequent enough to keep up to date with people's continually changing needs. With one client who had complex needs they appointed a caregiver who visited the client most frequently and was most familiar with the client's routine as the team leader. The team leader kept up excellent communication with the registered manager, detailing changes and updates to the client's needs and medication requirements to ensure the person's plan of care was kept current. The team leader ensured the team were all kept up to date with any changes. In addition, the team leader attended an accredited Train the Trainer programme and qualified as an in-house moving and handling trainer. This meant they were able to keep the staff team's skills up to date, specific for their client. This in turn ensured caregivers were always competent to deliver the level of care and support required safely and effectively.
- The service supported people's families as well as the client themselves in an open and inclusive way. The registered manager had fostered a person-centred culture where people who received a service were fully in control of what support they received, when, where and how. This was clearly understood by staff, which led to people receiving care and support which consistently exceeded their expectations. One person told us,

"They've had a very positive impact on [family member]'s quality of life and a very positive impact on my life too." Another person told us how the caregivers were excellent with their family member and went on to say, "They're also very good with me...very supportive of us all." This showed the service had a positive impact on people they supported and those close to them, by consistently delivering the support people needed and wanted to enable them to remain as independent as possible in their own homes.

- The registered manager was passionate about supporting people and making a difference to help them remain at home and to retain their independence. For example, one person had lost their independence with everyday tasks, such as personal care and mobility, during hospital and residential care placements. They wanted to come home and asked the service to provide support. Caregivers supported her to regain confidence, skills and self-esteem to the point where she was able to live again independently at home. This had a majorly positive impact on the person's quality of life.
- The registered manager had built a team of dedicated staff who were equally as passionate about making a difference to people's lives. They encouraged and rewarded high performance and encouraged staff to continue to develop and improve the service further, so people received the highest standards of care and support. They had introduced 'Caregiver of the quarter' and 'Caregiver of the year' awards, to recognise staff who had made an outstanding contribution during the period. Staff told us the awards were just one small part of the recognition they received for their work from the management team and told us they felt valued. As a result, staff were highly motivated to deliver the best service they could for people, continually striving to meet and exceed people's expectations.
- The management team were open and transparent. People told us they could approach the registered manager or any member of staff at any time. Office staff and caregivers said the same. They added the registered manager and the management team were always available if they needed support or guidance. This meant people had access to management and were able to make changes, raise concerns and ask for information at any time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was exceptionally well organised. The provider had a clear and supportive staffing structure and staff clearly understood lines of responsibility and accountability. Caregivers told us staff morale was excellent and we found staff turnover was very low. Caregivers told us this was due to the excellent levels of support they received and the positive style of the management team. This helped to ensure the service was reliable, with staff turned up on time and provided the support people had chosen.
- The service followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone who used their service were met. We found the management team had constantly updated themselves regarding current best practice and improved care delivery wherever possible. They were supported by a corporate team who provided regular updates on practice and legislation. The registered manager and staff also attended various forums and events to continue to increase and develop their knowledge, understanding and skills. This meant people were provided with support from caregivers who were following up to date best practice guidance to meet their needs in a safe and effective way.

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

- The service proactively engaged with people they supported, listened to and responded to their views. To ensure people's wishes were continually respected, managers visited people on a regular basis to invite them to comment on the care and support they received. Care was re-arranged based upon people's feedback. People also told us they could approach caregivers or the management team at any time if there was something they wished to change or discuss. The responses to the service's satisfaction survey were

overwhelmingly positive. Responses showed people felt they received an excellent service and would definitely recommend the service to others. People we spoke with confirmed this.

- The registered manager worked hard to establish the company within the local community and had forged links with other organisations. They held public events which benefitted people who used the service and the wider community, helping people to socialise and avoid social isolation, as well as raising money for good causes. The registered manager had worked closely with a local company to provide regular 'sing-a-long' sessions, where people could attend to hear live music and socialise. The events had been very well attended and the registered manager had plans to hold additional events in other areas of the county. The registered manager had also presented information to people at community events, such as dementia awareness and scam awareness, which had helped raise the profile of these important topics within the area.

- Caregivers felt consulted, listened to and were encouraged to contribute suggestions and ideas about how the service was delivered. Caregivers had opportunities at regular team and individual meetings, as well as being able to speak with managers at any time, to share their thoughts.

- The service had carefully considered how they communicated with stakeholders and the public. This helped to ensure they could reach everyone in an easily accessible format, to communicate messages about the company and as a means to continually evaluate the service provided. The service used a variety of means including social media, video, monthly newsletters, emails, letters and face to face meetings.

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. The registered manager continued to look for ways the service could innovate and improve, to ensure people received the best possible care and support which met their diverse needs. This included actively seeking feedback from people, ensuring staff had the training they needed to meet people's needs effectively and ensuring the service stayed up to date with best practice guidance.

- The service used robust and effective tools to assess, monitor and improve the quality of the service provided. This included regular visits to people in their homes, audits of care plans and medicines records, as well as annual surveys, to measure people's satisfaction and any comments about their care or improvements that could be made. The registered manager acted on any shortfalls or trends from audits in order to drive improvements. They regularly reviewed any accidents or incidents to identify trends or themes, to see if lessons could be learned and shared with the staff team to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies and procedures to guide staff when something went wrong. The registered manager was clear about their responsibilities in relation to duty of candour.