

Home Instead UK Limited

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Inspection report

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Tel: 01606800101

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Home Instead UK is a care service providing personal care and support for people living in their own homes. At the time of inspection, the service provided support for 96 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. At the time of this inspection, 32 people received personal care.

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

Feedback from people, their relatives and friends were that staff members genuinely cared about people, were exceptionally compassionate and put themselves out to ensure people received the care and support they needed. People and their family members told us about, and we saw examples of, how this approach had led staff to provide support that at times exceeded people's expectations. People's relatives told us that they felt included and supported emotionally by the approach from staff and the quality of the care provided for their family members. They praised the kindness and creativeness of the staff team.

People told us that all staff were respectful of them, their family life and their home. They adapted their approach in each person's home, to ensure that they met the person's preferences and actively searched for opportunities to promote people's dignity. People's autonomy was promoted and respected and they were supported to remain as independent as possible. The service provided for people was adapted as much as possible to meet people's needs, often in a creative and insightful way. A culture of flexibility was embedded within the service.

People and their relatives told us that staff were not only respectful of their physical home; but also, of their privacy and family dynamics. One family member told us about the staff who visit their home, "He helps us feel comfortable; he always comes in with a smile... a breath of fresh air." Another family member told us, "They are very thorough and perceptive... [they] analyse our needs at the time... I feel comfortable with them in my house."

The culture within the service was progressive, dynamic, open and reflective. Every area of people's care and support showed evidence of thoughtfulness, kindness, learning and ongoing improvements. There was a clear focus on providing the best possible support for people, that was absolutely reliable, safe and centred on their choices and preferences. Everybody's feedback reflected this.

The service was safe. People told us that the calls they received were extremely reliable. The service had enough staff, and the schedules of people's visits were planned so they had sufficient travel time between visits to ensure that they were not rushed. There was a series of audits and unannounced spot checks. These ensured that the support people received was in accordance with what they needed and had been agreed. Staff also received training and regular refreshers on safeguarding; and there were effective systems in place

to help senior staff identify and reduce any risks in people's support.

People and their family members told us that staff were very skilled and competent. Staff told us that they received exceptional support that enabled and inspired them to be effective in their role. One staff member told us, "I'm encouraged to grow. I feel supported in my role and this has promoted my confidence." The effectiveness of staff training was constantly assessed.

Everybody we spoke with told us that all staff were excellent at listening to their views and ensuring that they were supported to make their own decisions. One person told us, "I felt listened to and respected and [after speaking up] everything ended up fine."

The principles of the MCA were applied in a meaningful way within every aspect of people's care and support. 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. We saw that on occasions staff had provided exceptional support when acting in a person's best interests.

Each person had an individual care plan that contained all the details that the person wished to share about their care and support needs, daily routines and information about them as a person. People and their relatives told us that they were involved in or consulted about their care plans and reviewing the effectiveness of their care and support. Supporting people to maintain important relationships was a central part of people's support. Some people told us that they had been supported to reengage in their local community. Staff were matched with people who they supported. The matching was based on the person's wishes, staff personalities and what had worked previously.

People were supported to remain as healthy as possible. Any guidance and advice from healthcare professionals was recorded as part of people's care plans. Family members told us that staff are very observant and vigilant in identifying any changes that may indicate a person may need to see a medical professional. One person's family told us, "The carers see her every day; they are perceptive and know her well, we rely on them to spot things and we go to them for advice."

The service was well led. The process for supporting people with complaints or concerns was open, honest and responsive. People told us they felt comfortable raising a concern. The manager had oversight of a system that recorded and acted upon any accident, incident or near miss; and any actions identified to prevent further occurrences were acted upon. They also set a positive example and showed a genuine interest in people, their family and friends; and they had a detailed plan of ongoing improvements of the service.

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 (published 5 July 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 exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

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 well-led.

Details are in our well-Led findings below.

Good ●

Home Instead UK 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. 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

This inspection was completed 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.

The manager of the service had recently changed. Following our inspection, the new manager became registered with the Care Quality Commission. This meant that at the time of our inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 January 2020 and ended on 5 February 2020. We visited the office location on 30 January 2020.

What we did before the inspection

Before the inspection we reviewed information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider was also asked to complete a 'provider information return' prior to this inspection. This gives some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and used all of this information to plan our

inspection.

During the inspection we spoke with ten members of staff including the nominated individual, business manager and service manager. We spoke with five people who received personal care and six friends and relatives. We also looked at care records belonging to six people receiving support, recruitment records for two members of staff and other records relating to the management and quality monitoring of the service.

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. Any information that may indicate a person was vulnerable to abuse was quickly acted upon. There was a system that ensured necessary action had been taken and all relevant parties had been informed. This information was reviewed by the manager in a timely manner to see if any learning or changes could be made to help people remain safe.
- All staff received training to ensure they understood their responsibilities in safeguarding people from the risk of abuse. Staff told us they felt confident that if they raised a concern it would be addressed.

Assessing risk, safety monitoring and management

- Risks were effectively monitored and managed. People told us the service provided for them was extremely reliable. There was an electronic system which alerted a staff member if a care giver visiting a person's home were 15 minutes late. Action was then taken to explore what went wrong and ensure that the person was safe and kept informed.
- Staff schedules of people's visits were planned to include travel time, so they were not rushed and stayed with people for the full time planned. Staff were made aware of any upcoming bad weather or traffic problems and if needed, extra help was provided to keep people's calls reliable.
- Staff received unannounced spot checks. These ensured they stayed for the allocated time and provided good quality care that met people's preferences and matched what was outlined in their care plans.
- Staff working from people's homes, were supported by a 24hour on-call system. Both people cared for and staff praised the responsiveness and caring approach of the staff team who provided this service.
- There was an effective system in place to help senior staff identify risks in people's support. If any risks were identified, a risk assessment was completed, and action was taken to minimise risks and ensure that staff had the necessary information to help people stay safe. Risks were managed in a way that respected people's choice, freedom and independence.

Staffing and recruitment

- The recruitment of new staff was safe. New staff told us, and records showed that the provider had a thorough recruitment process that helped ensure that new staff members were suitable for the role. This included an interview focusing on the applicant's experience, skills and approach towards people.
- There were enough staff to provide a very reliable service that met people's needs.

Using medicines safely

- People's medication was administered safely. Each person had a medication care plan which gave guidance for staff and accurate records were kept of medication administered to people.

- Staff received training in administering medication safely. There were regular checks on the competency of staff and checks on the safety of the medication systems.

Preventing and controlling infection

- The risk of infection was well managed. Staff received training, guidance and equipment that helped them to control the spread of any infections.

Learning lessons when things go wrong

- Accidents and incidents were well managed. There was a system for recording any accident, incident or near miss, these also included any concerns raised by care givers, people supported and their families. These 'events' were assigned to the staff member who is in the best position to act upon them. They remained open on the system until they had been resolved and acted upon. Any learning or actions taken to prevent future occurrences were acted upon.
- The manager had oversight of this system and regularly checked the response to events to assess the safety and quality of the service, to help ensure people were as safe as possible.

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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs, choices and preferences were assessed in a very effective, personalised and sensitive manner. The assessment process was respectful and kind. It was designed to ask people open ended questions, to avoid putting people on the spot and ensure they only gave the information that they felt comfortable sharing. For example, people were not asked their sexual orientation. Instead they were asked, "What relationships have been important in your life?" A senior staff member told us this "took people's feelings into account" and meant that people only shared the information they felt comfortable giving.
- For each person and their family, the assessment process was personalised and adapted to their situation and needs. It was recognised that some people may find the process uncomfortable, so steps were taken, and adaptations made to ensure people were as comfortable as possible. People and their families praised this process and told us they really benefitted from this approach. One relative told us, "The assessment process was so reassuring, during a difficult time." Another person's relative had written about the assessment, "Your professionalism, courtesy and consideration were much appreciated."
- The assessment process had been continuously improved and developed using people's previous experiences, the research of other organisations and current best practise. There was a focus on what people can do for themselves, what they may need minimal support with or how technology can help people remain independent.
- People's assessments were reviewed within 24 hours of their support starting, to make sure they were happy, and their needs were met. The assessment process was reviewed and responded to people's need for independence, changing needs, circumstances and wellbeing. For some people a part of their support package was flexible and could be changed at short notice, to support them when most needed and they would be most helpful.

Staff support: induction, training, skills and experience

- Staff described receiving outstanding support, that enabled them to provide people with the best possible care and support. One staff member said, "I'm encouraged to grow. I feel supported in my role and this has promoted my confidence." Staff described their training as being effective, interactive and engaging. They also told us that training was adapted to ensure it met their needs and learning style. One senior staff member told us, "We will not miss out on a great potential staff member, because they need some support."
- The organisation had a strong focus on the needs of staff providing care, including their need for security and their emotional needs. 'Five care giver needs' had been identified and the provider explicitly stated how they ensured that these were met. One senior staff told us that staff are in the best position to care for others when they themselves are well supported. People's feedback reflected this; they told us that staff were

always upbeat and ready to support them. For example, one person told us, "They [staff] are always good fun. One person's relative said about their carer, "They make us feel comfortable; they bring a smile in."

- Alongside core training, staff received training in small groups that was specific to the needs of people they were caring for. Some staff attended conferences on developing best practice and exploring new ideas in specific areas of social care; which had led to recent improvements training. For example, training in effective ways in how to best respond to a choking incident, a link between oral care and chest infections and learning how people can be exploited by scams in their homes. New practical equipment had been sourced to make training more effective, such as a full-sized model of a person that simulated a choking incident and anti-bacterial toothbrushes given to all staff to remind them to encourage people to replace their toothbrush regularly. This approach helped ensure that staff applied the training they received when caring for people.

- People and their family members told us that this targeted training had ensured that staff were very skilled and competent. One person's relative told us, "The carers are perceptive and know her well, we rely on them to spot things and we now go to them for advice." People were involved in the final stages of staff training in introducing them to their home and showing them their preferred routines. Staff received intensive support during their first year. This included a detailed first-year personal development plan for each staff member that ensured that they always received the support they needed to provide the best care for people.

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.

- In every aspect of people's care and support, the principles of the MCA were applied in a meaningful and effective way. This involved, when appropriate supporting the whole person and not solely focusing on people's care and support needs. Staff actively encouraged and promoted people to make as many decisions as possible for themselves; and when making key decisions we saw that people received thoughtful, effective support and staff worked really closely in partnership with others to help ensure that people had all the support and information they needed to make the best decisions for themselves.

- Staff had provided exceptional support when supporting people to make decisions. For example, one person expressed to staff that they wanted to do something that contradicted their long standing and strongly held beliefs. Making this decision was causing the person some upset. Staff took the person's concern very seriously, showed empathy with their difficulties and provided them with the best possible support. They consulted the person's friends who also had the same faith; and using the best interest decision making process, together they were able to support the person to make the best decision for them, with the understanding and support of their religious community. Staff showed discretion and respect for both the person's current decision and their strongly-held beliefs, with kindness and creativity. One of the person's friends told us, "They [carers] have a lovely relationship and a good rapport... they have worked with us brilliantly, I have absolute confidence in them."

Adapting the service to meet people's needs

- The service provided for people was often adapted in creative ways to ensure it meet their needs. People and their families told us that they received a very flexible and responsive service. For example, some people had flexible hours that could be quickly changed. One person's family member told us, "We have a flexible package which can change to meet our needs. This is very useful and has worked very well."
- At times the service was adapted to people's changing needs on the day. For example, one person became very anxious first thing in the morning, yet they needed their visit to be later in the day. They had strategies to help them manage their anxiety, however if these did not work, it was arranged that they can ring the on-call phone if they felt like they needed reassurance or possibly a quick visit. The person told us, "I can be anxious in the morning. I can call for additional emotional support and reassurance. It helps to speak to someone on the phone. It's reassures me to know I can call somebody, and they are always so nice."
- The service made use of technology to help people. For example, some people had been supported to use an adapted computer tablet, so they were able to talk with family, friends and office staff face to face.

Supporting people to live healthier lives, access healthcare services and support

- Staff were diligent in supporting people to be as healthy as possible. Each person had a health plan containing details of their health support needs and what may indicate a change in a person's wellbeing. Some people's staff teams received additional training which gave them some insight into people's illnesses and how to be observant. This information, alongside any guidance from healthcare professionals was recorded as part of people's care plans.
- We saw examples of staff being vigilant and using this information, and effectively using records to ensure that people received necessary support for their physical and mental health as early as possible. One family member told us that their loved one had benefitted from the observations and records of care staff that "help me notice when [name] has become unwell."

Staff working with other agencies to provide consistent, effective, timely care

- Staff had been very responsive and worked very closely and effectively with other organisations when needed to make sure people received the care they needed. People told us examples of when they had used the on-call service and staff had responded and worked in partnership with other services, helping people to remain safe.
- Staff also worked very closely with other organisations involved in people's lives and their community. Information was shared with the local neighbourhood watch scheme and the police community support officer (PCSO) to help keep vulnerable people safe in the community. This included staff helping people to develop strategies to stay safe and ensure they knew who to ask for advice.

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

- People received support to help them maintain a balanced diet. If people needed any support with shopping, planning and preparing meals this was included as part of their care plan. If people were at risk of not eating enough for a balanced diet a record was made of what they were eating and if needed advice was sought from an appropriate medical professional.
- People were involved in food preparation as much as possible; and staff had received training in supporting people to choose and maintain a balanced and healthy diet.

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

- Feedback from people, their relatives and friends were that staff genuinely cared about people, were exceptionally compassionate and put themselves out to ensure that people received the care and support they needed. Care givers received training and ongoing support to help them be effective in building respectful and positive relationships with people. People and their family members told us about and we saw examples of how this approach led care givers to provide support that at times exceeded people's expectations.
- For example, late one night when not receiving care, an emergency situation arose in one person's home which meant that they needed to immediately leave. The person told us they found this distressing. However, two staff were very quickly at the person's home to support them and ensure they were safe. The person's friend told us, "They were on the ball. We couldn't ask for better; they hurried and came to help and made such a difference. I have absolute piece of mind with them. I couldn't think how they could be better. They are very responsive." The person temporarily stayed in a care home; during this time staff visited every day to maintain their relationship with the person until they returned home.
- One person's home was in a flood prone area and access to the home became flooded in autumn 2019. After trying a few different methods to get access; one staff member safely waded through water to ensure that the person had their medication and the support that they needed. This was praised in the local press under the headline, "Caregiver wades through 'waist-high' flood water to help elderly client." The warden of the accommodation told us, "I saw the carer wading through flood water on the CCTV. Health workers could not get in, people's family members could not get in; they go above and beyond... people matter to them."
- Another person told us that one weekend a staff member due to visit them was ill and could not come. Although the service had another staff member available, it was not somebody they were familiar with to help them with their personal care. They told us that a staff member that they were familiar with was participating in a local run; and as soon as they were finished, they came to their home to help them get ready for the day. The person told us, "They put themselves out when there is a need. It shows how much they care for me."
- People's relatives told us that they felt included and supported emotionally by the approach of staff and the quality of the care provided for their family members. One family member praised the kindness and creativeness of staff. They told us that their relative liked to wave staff off at the front door, but at times then went in and left the door open. Rather than discouraging the person from waving them goodbye, staff developed a routine of leaving, parking around the corner for two minutes and then coming back to make sure the door was closed, and the person was safe. The family member told us, "They are brilliant... they're creative in how they engage with my mum... I have confidence in them."

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

- Staff support showed that they cared about people's views. Everybody we spoke with told us that all staff were excellent at listening to their views and ensuring that they were supported to make their own decisions. One person told us about a recent decision they had made; saying, "They listened to me."
- People's views on staff, the quality of their relationships and the quality of support they received were sought in an insightful, open and honest manner. Senior staff were sensitive in quickly resolving any concerns that people may have. People were listened to and supported to explore all their options and choices in both large and smaller everyday matters.
- People told us about examples of when staff had sensed that something was wrong and spent time reassuring them and providing an environment where they felt comfortable expressing themselves in sensitive matters. Carers then treated any confidential and sensitive information people told them with the utmost respect. After being supported to resolve a sensitive issue one person told us, "I felt listened to and respected and [after speaking up] everything ended up fine."
- One person was having difficulty getting to know and build relationships with the staff supporting them. To support the person, the manager asked if they could join them at lunchtime to have their lunch together. For a few weeks the manager had their lunch in the person's home, using this opportunity to get to know them. They were able to help the person and their family feel comfortable having people in their home and used the relationship they had built to introduce new staff to them. The manager also told us that sometimes they introduced new staffs to people in places such as a coffee shop to help them feel more comfortable.
- The provider had asked people the question; 'What matters to them?' People's responses were respectfully displayed in the office and used to help staff focus on listening to people. The provider's conclusion was that what mattered to people being cared for, was in essence the same as what mattered to staff. People spoke about relationships, not losing their skills, gaining new skills and doing things they enjoy as independently as possible.
- After receiving care for the first 24 hours, people received a courtesy call to gain their perspective and views about their first day. This ensured people's care met their needs and expectations and to see if it could be changed or improved in any way.

Respecting and promoting people's privacy, dignity and independence

- People all told us that staff were extremely respectful of them, their family life and their home. They adapted their approach in each person's home, to ensure that they met their preferences.
- People and their relatives told us that care givers were not only respectful of their physical home; but also, of their privacy and family dynamics; and they were thoughtful about when they intervened and took steps to minimise what may be felt as an intrusion into a family home. One family member said about the care staff, "They help us feel comfortable; they always come in with a smile... a breath of fresh air." Another family member told us, "They are very thorough and perceptive... [they] analyse our needs at the time... I feel comfortable with them in my house."
- The care plan system and records kept in a daily journal was adapted for some people who did not want this information recorded in this manner and kept in their home. This showed flexibility and a respect for a person and how they wanted their personal information to be used.
- Staff looked for opportunities to promote people's dignity. For example, one person who received care was a retired police officer. They told staff that they thought the work of the police had changed in the decades since they retired. Support staff used their local connections and arranged for the person to have a tour around the station in which they used to work, sit at their old desk, share stories with police officers and have lunch with the police chief. This support had really dignified the person and recognised their contribution to the area. Their family wrote that they "appreciated that you went the extra mile."
- People's autonomy was promoted and respected and they were supported to remain as independent as

possible. For example, one person told us, "I wanted to take my pills myself. So, staff help me by setting an alarm on my mobile. Other people told us that they really enjoyed being supported to go food shopping rather than having shopping delivered or collected. One person enthusiastically told us about their staff, "She's my mate, she takes me shopping."

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 the same. 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

- People received care that was personalised to them. Each person had an individual care plan that contained all the details that they wished to share about their care and support needs, daily routines and information about them as a person. This information was recorded in a respectful and everyday manner. For example, people's care plans contained key information about milestones in the person's life that they may wish to talk about, which relationships were important to them and information on how they are supported to make choices and what they have consented to.
- In people's care files was a 'what matters to me' document. This contained the most important and detailed information with regard to everyday matters that often made the biggest difference to a person's life.
- People and their relatives told us that they were involved in reviewing the effectiveness of their care and support. One person told us, "We had a review last week, everything was great." Once a review had been completed both people supported, and if appropriate their families and staff were notified of the details of any changes to people's care.

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 service was responsive to people's communication needs. Information was provided for people in a variety of formats to ensure that it was accessible to them and helped them understand their care, make choices and communicate their views.
- Examples included communicating with people in writing, by regular telephone updates and in a pictorial or visual format. Some people had been helped to put together books of pictures of staff members, places they like to visit and things they like to do. Some people used pictures, photographs or digital pictures on an electronic tablet. We saw that these helped people to identify people and places when having conversations with care givers and supported them when making choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Supporting people to maintain important relationships was a central part of the support provided.
- People told us that they had been supported to reengage in their community life. One person had recently

started to attend church again after previously not being able to go. Staff told us that the person loved to sing all the songs. Other people told us they had been supported to attend coffee mornings, tea dances, visit the local village to see the Christmas lights, get involved with local charities and help out in campaigns, go to sherry tasting at a local deli and supported to visit friends and relatives.

- A few people used technology to help maintain relationships; one person had a video link on an electronic tablet so that they were able to chat to their family and friends and another person used pictures on an electronic tablet to decide what social events they wished to return to.

Improving care quality in response to complaints or concerns

- The service was responsive to people's concerns and complaints. The manager kept a record of them, what action had been taken and how the concerned person had been kept involved and communicated with. After a complaint or concern had been investigated the manager looked for learning opportunities and ways in which people's experience could be improved. The process was open, honest and responsive.

- People told us they felt comfortable raising a concern if needed; those who had gave us positive feedback about how this was managed by senior staff. One person told us a concern they had raised "was handled sensitively". They added, "Because of this I'd feel comfortable raising a concern in the future." Another person said, "It was handled very well, and they made me feel comfortable."

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. However, the service had provided this type of support before, had relevant policies in place staff had the relevant skills and experience to provide this support for people when necessary.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a newly appointed manager, who following our inspection was registered with the CQC.
- The culture within the service was positive, dynamic, open and reflective. Every area of people's care and support showed evidence of thoughtfulness and kindness. The manager and staff used opportunities for learning and to make a series of ongoing improvements. There was a clear focus on providing the best possible support for people, that was absolutely reliable, safe and centred on people's choices and preferences. Everybody's feedback reflected this.
- There was a genuine team atmosphere amongst the staff team; and a celebration of each staff member and what they contributed, which was respectful of their diversity. Staff celebrated each other's milestones in a meaningful way. This helped promote a culture of staff helping each other to achieve good outcomes for people.
- Staff told us that managers and office-based staff really supported them in their roles. One staff member told us, "This is a fantastic role, I love it. The guys are amazing... they are here for me; I have never had such positivity in my job before."
- The manager was a positive role model and led by example. They showed a genuine interest in people, their family and friends. We witnessed the positive relationships they had with people, their families and friends. One person told us about the manager, "She knows what she is doing. I like her approach."

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 was candid. Senior staff at the service ensured that they were extremely open and shared information appropriately in a transparent manner. If something had gone wrong, this was thoroughly investigated, if necessary, an apology was given, and people were informed of what action had been taken both in person and in writing. This was followed up by checking if people were satisfied with the response.
- The approach of the manager and other staff had encouraged people to feel comfortable speaking up. The manager had also shared appropriate information with the local authority and the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The service was continually improving. There was a culture amongst all staff of working towards making the care and support provided for people the absolute best that it can be. Staff did not view checks and audits as a negative or tick box exercise. Staff in each area of the service were able to give us examples of

how their checks had led to improvements in people's care. They were enthusiastic about this and told us this had motivated them to remain diligent in their roles.

- The manager led by example and made good use of the information and tools available to them to ensure the safety and quality of the service they were providing. They ensured that they had all the relevant information made available to them to have oversight of the service and worked in partnership with staff members when areas for improvement had been identified. There was a detailed plan for ongoing improvements and refining of the service.

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

- People's feedback was actively encouraged. A culture had been developed where people did not feel awkward or uncomfortable raising a concern or asking for something to be changed. One person told us, "I'm made to feel confident speaking with them."
- The service was adaptable in its style and content when communicating with people and treated them as individuals. An increasing number of people and family members wished to receive their schedule of visits by email. For some other people, staff phoned them each Friday and read next week's schedule to them, or for another person staff arranged fridge magnets of staff pictures on into the right order for the coming week.
- People and their family's feedback were sought in formal and informal ways, from home visits to coffee mornings and quality questionnaires. People told us that the service was very responsive to feedback, their suggestions and when any concerns were raised.

Working in partnership with others

- Staff worked in partnership with others. This approach ensured that the service was embedded into the life of the local community and worked in partnership with people's families, community leaders and health and social work professionals.
- The office base was used as a community hub, with rooms being offered to local community-based organisations.