Holmleigh Care Homes Limited

Care at Home (Swindon)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Good** ●
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

We inspected Care at Home (Swindon) on the 23 and 30 September 2016. The inspection was announced. Care at Home (Swindon) is a domiciliary care service that provides support to people in their own homes. The service also runs a supported living service that provides personal care and support to people in order to promote their independence. In supported living services personal care is regulated by the Care Quality Commission (CQC), but the accommodation is not. The service covers the Swindon area and currently provides outreach support to 65 people living in their own homes and 24 people across 11 supported living properties.

There was an experienced and committed registered manager in post whose aim was to find ways to enable staff to provide safe and responsive care to people that use the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager placed safety at the forefront of everything. Robust systems and processes were in place to ensure people's safety. The provider had also put in place extra support in the way of implementing various innovative and proactive measures. For example, regularly changing key pad codes and putting up posters for people that did not want 'Trick or Treat' visits around Halloween. The registered manager and care workers knew what to do if they suspected someone was being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in adult social care. The registered manager ensured medications were safely managed. They liaised with individual professionals to ensure the effective management of this and to reduce anxieties of people. People received their medicines as prescribed.

People received outstandingly effective care as staff were trained, experienced and supported to offer care to people over and above expectations of their role. Staff had received a wide range of training so that they had a good understanding of how to meet people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were clear about the importance of gaining consent from people. People told us their wishes and decisions were respected.

Staff made sure if people became unwell, they were supported to access healthcare professionals for treatment and advice about their health and welfare. They did this in partnership with people and provided full information for people to help them understand their health needs.

People received compassionate care and respect from staff that valued them as individuals. Relatives described staff as excellent and who went out of their way to support people to achieve their expressed wishes. Staff were respectful of people's privacy and dignity.

People's dietary needs were monitored and referrals to professionals such as a dietician were made when appropriate.

People received a good level of care that was responsive to their individual preferences and needs. The provider had a strong commitment to ensuring people in the service received individual person centred care. Documentation was meaningful to the person and provided a personal glimpse of the person and the life they wanted to live and their history. People and their relatives described a staff team that were able to support individuals in a caring and effective way.

Management and staff understood the importance of responding to and resolving concerns quickly. People felt confident they could raise any concerns to the management.

The service was well led by a management team committed to providing an excellent service to both people receiving domiciliary care and those in supported living accommodation. Staff told us that the management led by example and was supportive and easy to talk to. The management was responsible for monitoring the quality and safety of the service, and had done so consistently.

The service asked people for their views about the day to day care they received through surveys and reviews held every six months. People's thoughts and expectations led improvement to the service they received. This meant the registered manager acted on feedback received to continuously improve the service. The provider's outlook was reflected in the way this service was run and they included the people who used the service in decisions about how the organisation was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was very safe.

Innovative systems and processes were in place to protect people and to maximise people's safety.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People had the support needed to manage their medicines and received their medicines as prescribed.

There were enough staff employed to ensure people received care and support that meet their needs.

Is the service effective?

Outstanding ☆

The service was outstandingly effective.

People were supported by staff that were skilled and knowledgeable in their roles.

Staff went out of their way to ensure people's health needs were met over and above what the service offered.

Staff received appropriate training and supervision to care for people.

People were supported with nutrition and staff responded when people's health needs changed.

People were supported to make decisions in relation to their care and support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff with sound values and there was a culture of individualised care with staff going the extra mile to achieve this.

People's rights to privacy and to be treated with dignity were respected and people were encouraged to make choices and decisions about the way they lived.

People were supported to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People's individual wishes and preferences had been listened to and respected.

People were empowered to be involved in the planning and review of their care.

Staff recognised the importance of making sure people did not become socially isolated.

People and their relatives felt comfortable to raise concerns and knew how to do so.

Is the service well-led?

Good

The service was well-led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

People were placed at the heart of shaping the service and their views were valued and acted on.

There were effective systems in place to monitor and continuously improve the quality of the service.

Care at Home (Swindon)

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 30 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed the information we held about the service and the service provider. We asked professionals who worked closely with Care at Home (Swindon) for feedback to obtain their views of the service.

We spoke with the registered manager, supported living manager, a care co-ordinator and four care staff. We reviewed a range of records including care records for eight people consisting of care plans, risks assessments, medicine administration record (MAR) sheets, and other records relating to care for the people. We also looked at records relating to the management of the service and five staff files. We spoke with eight people who use the service and seven relatives by telephone.

Outstanding ☆

Is the service safe?

Our findings

People we spoke with consistently told us that they felt safe using this service. The service had ensured that they had gone the 'extra mile' to ensure the safety of people was paramount, often implementing innovative processes to reassure people and keep them safe.

We had feedback from a professional stating, "I believe that Care at Home provide excellent and safe care to their service users, I have worked alongside this agency with various services users where other agencies had failed due to lack of understanding of the needs of the particular person or their situation, Care at Home have excelled at working safely with those clients".

An example of the service thinking innovatively about people's safety was contacting people and their relatives to see if they wanted to a "No trick or treating please" poster put up in their homes. For some people, 'trick or treating' can be an intimidating experience and it had been recognised by the service as something they could help with. They printed posters and staff would put them up during the day on Halloween and remove them the next day if this was something people wanted. This meant people had an extra layer of security from unwanted callers to the house.

We also saw the registered manager had implemented a system to ensure that people's key pad codes were changed regularly. It was recognised that when staff leave they would have this information and therefore it was important to ensure the codes were changed to maximise security. Therefore, the registered manager wrote to people to suggest people did this themselves or ask staff to assist.

The service was signed up to safety alerts from NHS England and acted upon any alert that was relevant to people using the service. For example, after receiving an alert about E45 cream, they contacted people and their families. This was because of the risk to smokers and those sitting near an open fire. The cream contained paraffin and could present with fire risks. The registered manager arranged risk assessments for all concerned and discussed with people the possibility of requesting the creams to be changed by the GP.

People were protected as staff had the skills to recognise when people were unsafe. For example, one person smoked in bed, and staff would often find burn marks in the mattress and advise the person about the risks. The person's need changed and the district nurse arranged for a new mattress to be delivered. Staff were present when the new mattress was delivered. The delivery men made a comment to the staff and said "Don't let [person] smoke on that they will go up in a puff!" The staff immediately contacted the registered manager who took appropriate action. They found out that air filled mattresses shouldn't be used if people smoked in their bed. The registered manager contacted the district nurses immediately and the mattress was replaced the following morning. The swift action from the staff meant the person was protected from a significant fire risk.

People's care records included up to date risk assessments and management plans. When people had behaviours that may be seen as challenging to themselves or others, staff had the training to manage these situations. Where needed, people had a positive behaviour support plan in place describing the behaviour

and advising pro-active strategies for each situation. A positive behaviour support plan helps staff to understand what actions are needed to support the person and to minimise the behaviours escalating. The plan stated when the behaviours were likely to occur, for example, when a person was tired or angry. It listed strategies to use, such as to use certain phrases and reassurance. This meant the person was supported safely and helped to minimise any harm to the person or others. People's risk assessments were audited monthly and updated as needed.

Where risks had been identified in relation to activities, staff had worked with people to enable to the person to undertake the activity, whilst trying to reduce the risks to a safe level. Staff displayed qualities of empathy and an attitude of encouraging people to challenge themselves, recognising and respecting their lifestyle choices. For example, we saw one person had worked with staff to reduce their consumption of alcohol. We spoke with the person who confirmed that their health had improved and for the first time they had some savings. They expressed appreciation for the support they received to help achieve this.

People received their medicines safely and the registered manager RM was very proactive in ensuring that this was done as safely as possible. For example, one person would often refuse medication and personal care, but was prone to urine infections. It was noticed that the person had the symptoms of a urine infection. The GP was asked to visit and the registered manager called him to ask if there was any chance the medicines could be given all in one go. This was because the person often agreed at lunchtime but would refuse medicines for the rest of the day. Trying to administer as many medications when the person agreed increased the possibility of ensuring the medicines were taken helping the person's condition and avoiding hospital admission. The GP discussed this with the person and it was agreed that the medicines could be given all together at any opportunity. We saw this agreement in the person's records. Since this has been in place, staff had seen an improvement in the person's well-being and they are engaging more with the staff.

Staff had the ability to recognise when people were unsafe. For example, a person had been prescribed paracetamol by another health professional and this had been left beside their regular medication. The regular medications were prepared by the pharmacy and put in sealed packs with the days of the week listed on them. This helped the person to take the right medicines at the right time. Staff noticed the paracetamol and when they checked the regular medication pack they found this also contained paracetamol and called the office. The GP was contacted who had no knowledge of this being prescribed nor did the pharmacy that delivered the pre-packed medicines. The GP advised for the extra dose of paracetamol to be stopped. This meant the vigilance of the staff prevented the person from an overdose of paracetamol.

All staff had received medication training and their competence was checked every three months. We saw records which confirmed this was happening. People's ability to manage their own medicines had been assessed. A relative commented, "My [relative] medication is kept in a locked cupboard and the carers supervise [name] to ensure it is taken at the appropriate time". They went on to say that this was something their relative had struggled with prior to moving to supported living. The registered manager ensured there were checks and audits in place to ensure people were taking their medicines as prescribed. Medicine Administration Records (MAR) had been completed accurately and had been audited monthly. 'As needed' (PRN) medication audits were carried out daily to ensure people had 'as needed' medication required.

We were told that if people were not in when expected or did not answer the door, staff always made sure before leaving they located the person's whereabouts to ensure they were safe. They never assumed people had just gone out or were okay. Relatives would be contacted and if necessary hospital admissions checked. On one occasion the fire brigade were contacted to gain access to a property as the staff suspected a person had fallen. This meant people were assured that if they became unwell the necessary people would be

alerted so they could help.

Staff had a good awareness of the different types of abuse and knew how to recognise signs of harm. They were clear about their responsibilities to report issues if they suspected harm or poor practice. Staff told us, and records confirmed staff had received training in protecting safeguarding vulnerable adults. Staff were able to explain the actions they would take and who they would report concerns to in order to protect people. Staff were confident that the manager would take action if they reported any concerns. One staff member said, "I have no concerns for people's safety, we always report appropriately".

The registered manager had a good understanding of safeguarding vulnerable people. We saw the registered manager had taken appropriate action when concerns were raised and liaised with the local authority to ensure the safety and welfare of the people involved. We reviewed safeguarding information that had been sent to the Care Quality Commission and they had appropriately notified us. We saw the whistleblowing policy which stated clearly what process should be followed and provided external sources of advice and who to report the concerns to if they felt they could not do so internally. Staff we spoke with were aware of these procedures.

People felt there were enough competent staff to support them and they knew when to expect care and visits. One person said, "I receive a weekly sheet with times and carers on". Another person when asked whether they knew the names of the carers who will visit during the week and at what time they said "Yes, I have a sheet given me weekly so I know who is coming and when." The person went on to say the weekly sheet gave them confidence and knowing the time of their visits allowed them to plan their days.

Accident and incident management was effective. There was guidance for staff about how to manage any situations, for example, seeking medical assistance if needed and how to report incidents to management. Staff also received training to deal with accidents and incidents and we saw accident and incidents had been reported to the relevant bodies appropriately. Body maps of bruises or injuries were regularly reviewed and evaluated and if anything was identified or unusual then safeguarding was notified. We had received a notification about any unusual bruising pattern on a person and saw it was dealt with appropriately to ensure the person's safety was considered.

Appropriate checks were undertaken before staff started work. Staff files included evidence appropriate pre-employment checks had been carried out. A Disclosure and Barring Service (DBS) check had been completed to ensure that staff were of good character and suitable to work with vulnerable people. Staff had been equipped with personal alarms to ensure they were safe whilst lone working

Policies and procedures were in place to manage risks to the service and untoward events or emergencies. We saw a business continuity plan which reflected the service had arrangements in place to cover visits to people if, for example, there was severe weather. People in supported living had a crisis management plan in place stating what would happen in the case of fire or flooding. Fire drills were carried out so that staff and people using the service understood how to respond in the event of a fire. Where hoists were used in people's homes, people said the carers came in pairs and they felt safe when the hoist was being used.

Outstanding ☆

Is the service effective?

Our findings

People's feedback about the effectiveness of the service was consistently exemplary and people described it as outstanding. A professional commented, "I have worked with them taking on a few new cases and ending their involvement in couple other cases. We worked really well together and they still maintained really good ethics of respecting the clients, maintaining their dignity and not getting drawn into unnecessary feuds. In all honesty, when I have rather difficult / tricky situations I ring Care at Home, because I know they are pretty good and would give anything a really good go and they are also very honest to say when enough is enough. I do not have any concerns in regards to this care company; I think they are one of the really good ones that go that extra 1½ miles".

A relative said, "I've only got good things to say about the service. We are thrilled with what the carers did today". They went on to describe a medical problem and said "I felt spooked but the carers were so calm and efficient". They went on to describe the carers got them to call the district nurse for an urgent visit and concluded by saying "I was so impressed, I'm going to ring the [registered manager] to say how well the situation was handled."

We asked people about their views on how well trained the staff were. We had comments such as, "They (the staff) are always going for training. I laugh and say what more training?" The provider's induction and training covered areas such as safeguarding, whistleblowing, diabetes, dementia awareness and the Mental Capacity Act 2005. Additional training was arranged where needed such as catheter care and end of life care. This enabled staff to develop the skills they needed to carry out their roles and responsibilities.

Records showed staff had received all necessary training. Emphasis was placed on developing staff and their skills to match people's needs. Staff attended specialist training to meet the needs such as dialysis training, which supported a person to stay at home and prevent hospital admissions. Staff had also attended training with the district nurses to support them with identifying urine tract infections, which prevented hospital admissions and out of hours call outs.

A staff member told us "Yes, I feel the training is appropriate and helps in my work". Staff were given the opportunity to develop their own knowledge by signing up to undertake national care qualifications and progressing further to them to take on more responsibility within their current roles and to promote their personal development within the industry.

Staff were well supported from induction through to their ongoing employment. We spoke with the registered manager who explained how when she started in care work she had been sent out alone on her second day with no training how to use a hoist. She explained how terrible this made her feel and she has always vowed that she would not want any care workers to be in a similar position. Therefore staff were supported as long as they needed before working alone.

All new staff were expected to complete the Care Certificate or equivalent induction training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily

working life. This supported staff to gain the skills and knowledge to carry out their roles and responsibilities.

Staff told us, and records showed they had regular meetings with their managers and a yearly appraisal. New staff had monthly meetings for the first six months and then meetings every 10 weeks with their manager. During these meetings they discussed knowledge, for example around safeguarding and whistleblowing. The meetings with their managers also gave staff an opportunity to discuss the people they were supporting and to reflect on their practice. For example, where issues were raised we saw that these were followed through and addressed and discussed within the next meeting. We also saw evidence that discussions about training needs had taken place and the training had been attended. Staff had their overall performance over the past year reviewed with an annual appraisal. These identified objectives for the following year to develop staff practice and improve the support people received. We saw one of the objectives was to complete a care qualification.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). All staff had received training on MCA. The 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. The service had a very good system in place to ensure people's capacity to make decisions was undertaken in line with the principles. We saw a form stating 'Day to day decisions" which led staff to work through the correct stages of the capacity assessment for specific decisions. One person declined personal care, but this posed a risk to their skin integrity and a risk of infection. Staff had assessed the person's capacity to understand the potential risks associated with refusing personal care and identified they were not able to understand and weigh up the risks associated with this decision. A best interest decision had been made and documented for this person to receive personal care to maintain their health.

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. In community services, such as Care At Home (Swindon), the service provider must work with the body that has commissioned the service in applying to the Court of Protection for authorisation to deprive a person of their liberty and what this refers to. The manager had a good understanding of DoLs and when this should be applied to the people who used the service. However, no-one met the criteria for a DoLs in the service.

People's health needs were very closely monitored and people had been referred to the relevant professionals when needed, such as a GP or a district nurse. We saw that people in supported living had input from specialists and were supported to attend appointments. Records also contained the medication people were taking. In the supported living part of the service people had health action plans carried out and these were reviewed every three months. People also had hospital passports in case people were admitted to hospital. The aim of the hospital passport is to assist people with communication difficulties to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff went out of their way to ensure people got the appropriate health support. For example, one person was very down and felt they were unable to carry on. They had expressed this to a member of staff who contacted the manager immediately. They advised staff to sit and talk to the person and try and find out why they were feeling that way. The manager advised the staff member not to leave and called the GP who said they would visit. Although the staff member was willing to wait with the person they asked them to

leave. The manager contacted the person and explained that if she allowed the staff member to leave they must not put themselves at risk by taking their medicines. The manager said she would call every 15 minutes and if the phone wasn't answered they would send the police around to check. The GP called to say they felt the person was okay and would make a referral to the mental health team and safeguarding were notified. It was reported that the person has not made any further comments to staff about ending it all and their mood was much better. The person had said to the registered manager that "I love [staff name] as she saved my life!"

People were appropriately referred to specialists where necessary. For example, one person was having difficulty swallowing fluids. The service referred the person to the Speech and Language Therapist (SALT) and they were given thickener to have in their fluids to prevent the risk of choking. Staff identified another person was noted to be losing weight. The service made a referral to the dietician who visited the next day and the person's food supplements was increased and we saw that the person was maintaining their weight. This demonstrated staff had noted and acted upon their concerns and undertook the relevant liaison with professionals to ensure people were receiving adequate nutrition to keep them well.

Another person who was approaching the end of life was having difficulties in swallowing their medicine. The service asked the person and their family for permission to contact the GP and ask for a medication review as some of the medicines the person was taking was causing them distress. The service contacted the GP who visited the same day and a decision was made to stop all medication and prescribe oral pain relief. The person was much less distressed and agitated. The staff liaised very closely with the district nurse team and kept them updated when the person's pain was increasing, at which time further pain relief was added and eventually the person died very peacefully.

People in supported living had a choice and were involved with choosing and preparing their food where possible. Staff had also received nutritional training and encouraged people to make healthy choices.

A professional commented, "I have worked alongside carers from Care at Home. They appeared very competent and helpful when working with service users. They are all good in letting us know when there are changes with the service user".

Good

Is the service caring?

Our findings

The management and staff demonstrated a compassionate approach and warmth for the people they supported. They showed a commitment to not only keeping people safe, but to ensure people genuinely felt cared for. One person said, "They are all lovely and very caring". Another said, "They always try to do a little extra if they have the time. The carers make me comfortable; they are like friends who help me".

People received care from staff that knew people's likes, preferences and needs and had undergone training in dignity and respect. Many of the staff had worked in the service for some time and so were experienced and knew people well. Staff spoke about and related to people in a way that was warm and caring. We witnessed an interaction between a member of staff and the person they supported. The person was joking with the staff and clearly had a good relationship with them. When the person was asked what they thought of the staff, after making a jokey remark and laughing they went on to say "They listen to me". One person we spoke with who had daily visits said, "I don't know what I'd do without them, I can't use my arms very well. They come to help me have a bath and wash my hair and they dry it nicely. Then they make me a coffee while chatting to me".

Staff demonstrated empathy towards the people they supported. One staff member said a person had experienced a difficult childhood and they had referred the person for psychological support in coming to terms with this. They were able to reflect on how people were coping with lots of issues in their lives that impacted upon them as adults and how important understanding and caring was. A professional commented, "The staff from Care at Home are very courteous even in very tricky or difficult situations. I often refer clients to them where interventions from other agencies have broken down due to various reasons".

One relative talked about the importance of continuity for their relative and said, "We have had a regular carer now for a while which is nice as you build a good relationship between the three of us". They went on to say, "The carers are patient with my [relative], they are kind and treat them with respect". Another relative spoke of themselves feeling supported by staff. They said the support enabled them "To get on with other things in the house while providing [name] with good care and the chance to talk to people other than myself. We are very lucky to have such a good service".

A relative commented they felt their relative "Was well looked after as far as I know. When [name] comes home for a weekend visit, they always look forward to going back". They said their relative liked the carers stating "[Name] just loves them, and talks about them all the time. I have met some of the carers and they are very nice and treat [name] with respect".

People had their privacy and dignity respected. People could request the gender of staff they preferred. Positive comments were made about people's dignity. A person said, "They respect my privacy by drawing the curtains and dignity by not leaving me with wet hair". One relative said, "Yes they do respect his privacy, they close the curtains when they are going to help him shower" and "The carers are very professional but friendly with it, we get on very well with them". Another person said, "They [staff] treat me with dignity and privacy. I'm so lucky with them; my neighbours have had bad experiences with other care agencies, but not

me".

People were encouraged to maintain independence. One person said, "The carers wash my back and feet but I like to do the rest". Another person stated "I've had a problem with my ankle and need to apply a cream to it. Sometimes I can do this myself otherwise the carers will do it for me". This showed carers were aware of promoting independence but recognised that at times help was required. A professional commented, "I remember a particular service user who was cared for in bed. The staff encouraged them to do as much as they could do independently and then provide help in achieving some more difficult tasks (i.e. parts of the body that was difficult to reach).

Staff were respectful of people's confidentiality. One person wanted to speak to us and staff immediately left the room and closed the doors and moved away from the area so the person could speak confidentially.

Good

Is the service responsive?

Our findings

The service was responsive and the team enabled people to live their life as they wished. People had been involved with their initial assessment and discussing how their needs were going to be met. We had a comment from a professional about the services responsiveness; "I remember a particular tricky situation which they managed absolutely fantastically well. I was so grateful also for their intervention on that particular case (after several agencies failed!). They are honest and they communicate well, they have always kept me up to date as necessary on the cases I had shared with them."

People had individual care plans describing what care tasks and support was needed. People had copies of their care plans. One person said "It's available for the staff and me to read at any time" and "I've a care plan, it's in the book". There was also an 'All about me' document. This provided personal information about a person and we saw examples of a person who had travelled a lot in association with their career. It stated the person had a good sense of humour and liked their cat and television. The document also described 'The person who knows me best' and 'I would like you to know'. It also had a section on 'My life so far'. This gave information about a person's childhood, where they came from, what employment they had. It also mentioned whether the person followed any religion and what food and drink was preferred. It mentioned personal preferences in respect of their personal care such as whether they wanted talc or help to get dressed. This assisted staff to ensure they knew as much as possible about the person they were supporting and what was important to them. It also allowed the person to be seen as a whole rather than just care tasks to be completed. We saw that staff had recorded people's support in a daily record. This ensured that staff were carrying out the tasks detailed in people's care plans.

People had their care reviewed every six months and were asked for feedback about the way the service was run. This included checking if people felt staff were competent and had the correct skills to support them. We saw records that showed a person had been involved in a review and that no changes were necessary. There was a comment that the person had commented "All staff have very good skills".

People also received annual questionnaires. We saw responses from both people using the domiciliary care service and those using the supported living service. The overall feedback was that people were clearly happy with the support they received. The feedback had been evaluated and acted upon. For example, the garden at one of the premises had been much improved with flower troughs put in to make the environment nicer. People in supported living also had regular house meetings where they could give their comments about the running of the service. People in supported living had meetings every three months and were asked to put issues on the agenda they wished to discuss.

People were supported to reduce social isolation. Silver Lines leaflets were given to people who were alone or with no family. This was a free phone line for people to call and have a chat if they were lonely.

We saw that people in the supported living service had chosen holidays to go on. When people went on a shared holiday, their individual preferences were respected. For example, one person went on holiday but chose to walk on the beach instead of going to the shows and other events that were on offer. Staff

supported the person to do this to ensure they had the holiday experience they preferred alongside being with other people.

People and their families had sent in compliments and thank you cards and we saw many examples of these.

The service had a complaints policy and procedures in place. There had been few complaints and one of these concerned a complaint from a person about staff parking during their visits. The registered manager had fully responded to the complaint.

Good

Is the service well-led?

Our findings

An experienced registered manager was in place. Records were in excellent order and information in the records was clear, accessible and accurate.

People we spoke with were confident about the service and how it was managed. They knew the name of the registered manager. A comment was made "[Manager's name] she's very nice". We asked what people would do if they were concerned about something and one person said "I'd ring [registered manager] at the office. Other people we spoke with said the same. One person said, "There is also a carer's line I can ring if I want to leave a message for the carers". They said they found this reassuring. One person spoke about their relative in supported living and said about the staff, "They are approachable, unlike in other homes. I have been in for meetings and can ring if there are any issues and I wouldn't hesitate".

The registered manager felt they needed to "lead by example". She spoke of having admiration for all the staff and understood the challenges they faced on a day to day basis. Staff safety and wellbeing was considered important and staff were encouraged to call in if they identified any potential risks or concerns. Staff were also issued with personal alarms as they often lone worked.

Positive comments were made about the management team. Staff told us they felt fully supported by the management team. Staff we spoke with felt the service was well led and they had a really open and good relationship with their managers. Staff comments included "I feel supported by the manager and also the other [member of staff]. They are always available to help and guide me along the way. I feel that the company does a great job, and wouldn't hesitate to recommend to friends/ family".

Staff enjoyed working for the service. Comments included "Before I worked for Care at Home I worked for another care agency which is where I got my experience from to begin with. However, Care at Home compared to my previous company has taught me correct ways of practice, adequate training and I feel a lot more supported. Within Care at Home I have been able to talk to my manager when I have needed to and I have felt supported within my job role. I know that what is said to my manager will not go any further unless it is needed. I have been able to develop myself as a carer and had the opportunity to carry out [national care qualifications] which makes me feel as though I am a valued member of staff".

Staff were also encouraged to support each other. The registered manager had introduced a system for staff to write complimentary messages and feedback to each other. The messages were displayed on the office wall. Comments included 'Thanks for support whilst shadowing', thanks for picking up calls when a member of staff was ill and compliments about 'great documentation' and 'good observations'. It was reported that staff morale was very good and team work had increased since this was started.

Staff were encouraged to deliver a high quality and professional service. However, the registered manager emphasised that staff needed to be open and not be fearful of reprisal when mistakes were made. When mistakes were made, staff needed to learn from these and improve practice. Support was offered to ensure this happened, for example, further training in medication if errors occurred.

The supported living side of the service was managed by a supported living manager. Their expertise in this area and having experienced senior staff in place within the homes helped to ensure the effectiveness and safety of the service. The registered manager said that staff communicated regularly about the service and kept her updated daily.

The registered manager had a good overview of staff training needs. The provider had a system to monitor when staff training was due. Spot checks and observations were carried out and feedback was given to the staff in a constructive manner. Any improvements needed were discussed with staff straight away. Spot checks were also discussed in supervisions. This meant the registered manager could be confident staff were carrying out their roles safely and responsibly.

Team meetings were held regularly and there were morning and afternoon meetings to ensure all staff could attend. We saw that issues discussed had been safeguarding and learning around pressures sores.

The registered managers told us that they had an internal compliance system used to monitor the quality of the service. Care files had been audited monthly and were noted complete and up to date. The service was also evaluated regularly in the way of monitoring with external checks carried out by the local authority commissioning team. This allowed an independent audit of the service. A representative from the local authority made a comment, "Last monitoring visit, queries were raised and immediately actioned. I have no issues with this agency". All policies were reviewed yearly and updated where needed to reflect current legislation.

The registered manager ensured they were up to date and aware of national trends in home care services. The service was members of the United Kingdom Homecare Association Ltd (UKHCA). UKHCA helps organisations that provide social care (also known as domiciliary care or homecare) to people in their own homes, promoting high standards of care. The National Minimum Data Set for Social Care (NMDS-SC) was kept updated. This helps services to identify future demand in their area. The registered manager attended monthly meetings to discuss the care industry and consider any new legislation. The trainer for the service attended updates and refresher courses to keep knowledge up to date. The registered manager attended forums with other providers and seminars run by Skills for Care. Skills for Care helps create a better-led, more skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations recruit and develop their workforce.