

Bay Care Domiciliary Care Ltd

# The Bay Care Group

## Inspection report

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13 March 2018

19 March 2018

20 March 2018

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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

This announced inspection took place on 12, 13, 19, and 20 March 2018. We visited the office on 12 March 2018 and carried out home visits to people on 13 March 2018. Phone calls to people who used the service and their relatives were made on 19 and 20 March 2018. The service was last inspected in December 2015 and was rated 'good'.

The Bay Care Group is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using The Bay Care Group receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 154 people were receiving personal care from the service. People who use the service live in Torbay, Newton Abbot and the surrounding areas.

The service had a registered manager. 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 management team placed a strong emphasis on providing a high quality service, looked for ways to continually improve, and was an excellent role model for other services. Community professionals were highly complementary about the quality of care provided. Comments included "As a provider they have always demonstrated they are forward thinking, have passion and care about their work", "The staff have a genuinely caring attitude and are willing to work with professionals. I am hugely impressed by their commitment to the person and their family" and "There has been a need for quite a creative and very person-centred approach which Bay Care has achieved. The progress has been significant with really positive outcomes."

The registered manager was the founder and co-chair of the local 'Care Manager's Network. One community professional told us "she's doing a really great job and is very inspiring." The network had received 'Gold' in the Torbay and South Devon NHS Trust Blue Shield Awards for Best Community Partnership. This award was designed to give recognition to hard work and dedication which improves the lives of people who use health and social care services. Staff worked in partnership with healthcare professionals to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes.

People and their relatives told us about the consistently high standards of management and care they received from The Bay Care Group. Comments included "The people who run it now are really on the ball"; "I don't think I could do better anywhere else" and "The best I've ever used."

Staff were highly motivated and were exceptionally kind, caring, and compassionate towards people they supported. Comments included "All the carers are excellent", "We have a good old laugh" and "They look

after me extremely well and instinctively know if I am having a bad day". A relative wrote "She looks after my mum as if it was her own grandmother". There were many examples of staff going over and above and the very positive impact this had on people's lives.

The registered manager told us their focus was on caring and people were put at the centre of the service. The service had introduced 'Operation connect', an initiative to enable staff to engage more with the people they supported. Staff had taken time to gather the outcomes and goals that people wanted to achieve. They then worked with the person to realise those goals. People were invited to take part in the running of the service and were asked for regular feedback. This had resulted in improved outcomes for people.

The service had strong links with the local community and had arranged events that had benefited people who used the service, local people and charities. This had provided opportunities for people in the community to meet and socialise.

People told us they felt safe and comfortable when staff were in their home and when they received care. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care. Staff completed a comprehensive training programme. One staff member said, "The training is exceptional." Where training needs were identified, additional support was provided.

Staff knew people well and were able to tell us how they supported people. Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. The provider had introduced an electronic care planning system. This allowed information to be shared with people, care staff, and office staff in real time. This meant the service was able to respond more rapidly to changes in people's needs. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

Some people did not have capacity to make decisions relating to their care. Mental capacity assessments and best interest decisions had been undertaken in accordance with the principles of the Mental Capacity Act. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

Risks had been assessed for each person and were safely managed. Risk assessments had been carried out in relation to falls, nutrition, skin care, mobility and activities. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed electronic medication administration sheets (eMAR). The computer system alerted staff if all parts of the eMAR had not been completed before the care staff left a visit. This reduced the risk of missed medicines. The service's medication champion carried out practical medicines assessments with each staff member every twelve weeks.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People said "No complaints" and "I have nothing to complain about."

They were confident their concerns would be taken seriously. Where the service had received complaints, these had been resolved to people's satisfaction. One person said "The person I spoke to was very helpful and the complaint got resolved."

Records were well organised and up-to-date. A comprehensive audit system was in place to monitor the quality of the service. Checks to observe staff's competency were carried out on a regular basis.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

There were enough competent staff to carry out people's visits and keep them safe.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

### Is the service effective?

Good ●

The service was effective.

People benefited from effective care because staff were trained and supported to meet their needs.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

### Is the service caring?

Outstanding ☆

The service was very caring.

People valued the relationship they had with care workers and expressed great satisfaction with the compassionate care they received. People were cared for by staff who went 'the extra mile' for them.

The service went above and beyond their role to identify and achieve people's goals and aspirations.

People were supported by caring staff who enabled them to

build and maintain their independence.

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

**Good** ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to give their views and raise concerns and complaints if the need arose.

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

**Outstanding** ☆

The service was very well-led.

People benefited from a provider who had a strong commitment to delivering the highest quality of care.

People received high quality care as the provider had created a positive staff culture. Care workers were proud to work for the service and their contribution was recognised through reward schemes.

People benefited from a service that involved them in the running of the service and used their feedback to drive improvements. The provider was continually striving to improve whilst putting people at the heart of the service.

The provider had strong community links and worked in partnership with other agencies. Their contribution to care had been recognised through the achievement of awards.

# The Bay Care Group

## 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 checked whether the provider was 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 12, 13, 19 and 20 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure we were able to speak with the registered manager.

Inspection site visit activity started on 12 March 2018 and ended on 20 March 2018. It included phone calls and home visits to people who used the service and their relatives. We obtained feedback from healthcare professionals who were involved with the service and met with care staff. We visited the office location on 12 March 2018 to see the registered manager and to review care records and policies and procedures. One adult social care inspector carried out this inspection. Two experts-by-experience were involved in the inspection and made phone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise were people who received personal care in the community, people living with dementia, and people with a range of care needs.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to 50 people receiving a service, 50 relatives, 88 staff, and one community professional to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 10 back from people using the service, and 16 from staff.

We used a range of different methods to help us understand people's experience. We spoke with 13 people who used the service and 14 relatives over the telephone. We met with five people who used the service and one relative during home visits. We spoke with six care staff, and the registered manager. We received

feedback from six community professionals.

We saw a range of records relating to people's care and support and looked at eight people's care records in detail. We also looked at staff recruitment, training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at how the service supported people with their medicines.

## Is the service safe?

### Our findings

Each person told us they felt safe when receiving care. Comments included "I'm in safe hands" and "I feel confident and safe with the carers." People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. Staff had completed safeguarding training and had a good awareness and understanding of abuse and knew how to recognise signs of potential abuse. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. Where staff had raised concerns about the welfare of people, these had been reported to the local safeguarding team and police. The registered manager worked with the safeguarding team to monitor the situation and ensure the people were kept safe.

Risks had been assessed for each person and were safely managed. Risk assessments had been undertaken for each person and included assessments in relation to falls, nutrition, skin care, mobility, and activities. Where one person was at risk of falls, staff were monitoring falls. Staff had completed falls prevention training and the falls team were contacted for advice. This helped reduce the risk of the person having further falls. Risk assessments relating to each person's home environment had been completed. These were accurate, stored securely and available to staff. Staff had completed training in safe working practices such as moving and handling to ensure they could support people to stay safe. The registered manager was trained to show staff how to use moving and handling equipment.

There were enough competent staff to carry out people's visits and keep them safe. The management team were able to provide additional cover when needed. People had a regular staff team. People received a rota each week so they knew who was visiting them and when the visit would take place. Some people said they were not always advised when the staff member who visited them was changed. When there was staff absence, people sometimes had a different staff member. The registered manager told us "we have implemented the paperless system so all staff have clients rotas on their phone. Every carer that visits has access to an up to date accurate rota for the clients and informs clients on each visit who is coming next." We observed staff telling people which staff member would be carrying out their next visit.

We recommend that the service monitors this system and ensures people are made aware of which staff member will visit them.

The provider used a mobile monitoring system which meant staff logged into and out of visits. The system raised an alert at the office if staff were late arriving or leaving a visit. Staff told us they had enough time at each visit to ensure they delivered care safely. Staff said they usually had enough time to travel between visits but this could be affected by traffic and roadworks. Most people told us staff were usually on time. Most people told us they were notified when care staff were going to be late. The registered manager told us they audited late visits and worked closely with staff to encourage them to contact people if they were running behind. Where there had been late visits, this had been due to recent snow and staff having to walk to visits on foot, staff sickness, and a car breakdown. All of these visits had been carried out within an hour after the allocated time and did not put people at risk.

There was an on call telephone number for people and staff to ring when the office was closed. The registered manager told us they had recently changed the on call telephone system. They had introduced a dedicated team of staff who covered the on-call. They told us people had been informed to call the main office number at all times and they will then be diverted to on-call. On-call staff used a laptop computer to monitor the visits in real time.

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken if events such as severe weather conditions and staff shortages affected the visiting schedule. Visits to people who may be at risk were prioritised. All visits were carried out to people with high dependency needs. Prior to the recent severe weather conditions of snow and ice, letters were sent to people advising them of what would happen. When the snow arrived, staff phoned people every three hours to ensure they were safe and warm. Staff walked to get to people and the manager sourced volunteers who provided transport in 4 x 4 vehicles. Staff were told to keep safe and buy hot drinks and food, which would be paid for by the service. One staff member said "they had a really good contingency plan". One person told us "We have had two batches of snow recently and they have taken great care to arrange for someone local to come up here".

Recruitment practices ensured the right staff were recruited to support people to stay safe. New staff's information was entered and scanned onto the computer system. The system would not allow staff to commence work on the rota until all checks had been completed. We saw that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), and confirmation of their identity. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

People were supported safely with their medicines and told us they were happy with the support they received. People were able to manage their own medicines if they wanted to and if they had been assessed as safe to do so. The service had a medication champion who trained and supported staff to ensure medicines were safely administered. The champion carried out practical medicines assessments with each staff member every 12 weeks. If any issues were identified, they supported staff with additional training and carried out a further assessment within 30 days. The registered manager told us the introduction of the electronic medication administration sheets (eMAR) had reduced the risk of missed medicines. The computer system alerted staff if all parts of the eMAR had not been completed before the care staff left a visit. There had been an issue with one person's medicines on discharge from hospital. Following this, a hospital discharge form had been introduced for medicines. Staff spoke with staff on the ward and checked people's current medicines before they left the hospital.

Each person told us staff did all they could to prevent and control infection. Good infection control practices were followed. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves, aprons, and alcohol gel and they told us these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

## Is the service effective?

### Our findings

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. One staff member said, "The training is exceptional." Staff completed their induction training before going out to work in the community. The induction programme for new staff included fifteen training courses which were carried out over 12 weeks. For example, fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. Staff who were new to working in care completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Accredited trainers provided in-house training to ensure staff had the knowledge and skills they needed. Training was also available online and through workbooks.

Where training needs were identified, additional support was provided. For example, staff had completed questionnaires about living with dementia. This highlighted some areas for development. Following this, staff had completed a training course with the 'Torbay Dementia Action Alliance'. The alliance was launched by a local person who was diagnosed with dementia. The purpose of the alliance and the 'Purple Angel Dementia Campaign' is to raise awareness and create dementia friendly communities, give hope to and empower people with dementia. Three people we spoke with said they felt some new staff needed more training. One person identified bed making, another person said showering, and the third person said making a pot of tea. We spoke with the registered manager who told us they would follow up on raised issues and always provided additional support at visits if this was identified as a need.

New staff worked alongside experienced senior care staff to observe how people had their care delivered. Staff were supported, observed and assessed each week for their first six weeks. This helped to ensure staff were competent to work on their own. Experienced staff had completed training which was up-to-date in areas relating to care practice, people's needs and health and safety. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care.

Staff told us they met regularly with their supervisor to talk about their job role and discuss any issues they may have. Records confirmed this. Staff told us they felt well supported and they could come into the office at any time and speak with managers. One staff member said "They've supported us every step of the way and they've helped me progress."

Staff supported some people with their meals. Staff told us they always offered people a choice of their preferred foods and we observed staff offering a choice of dishes during our home visits. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Most people, or their relatives, who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, one relative told us

staff would ring the GP to arrange an appointment and support the person to attend the appointment.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (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 registered manager and staff had a good awareness of the MCA and consent to care and treatment.

Where people lacked capacity to make decisions, relatives held power of attorney for health and welfare. Copies of the power of attorney document were held in the care plan. This meant they could make decisions about their relative's care. The relatives had been involved in the care planning process. The registered manager had paperwork to evidence mental capacity assessments and best interest decisions had been undertaken in accordance with the principles of the MCA.

Care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

## Is the service caring?

### Our findings

Without exception, people were keen to tell us how the staff treated them with kindness and respect. Comments included "All the carers are excellent", "One of my carers is amazing, she's incredibly kind and caring, nothing is too much trouble. A couple of the new ones are like that and will go the extra mile" and "we have a good old laugh." There were numerous compliments and comments on quality assurance questionnaires that showed the caring nature of the staff. People had written "Of all the carers I have had, they are all excellent" and "They look after me extremely well and instinctively know if I am having a bad day". A relative had written "she looks after my mum as if it was her own grandmother".

Community professionals had written "on every occasion I have met your staff I am very impressed with their clear, caring attitude and willingness to do anything to help" and "The staff have a genuinely caring attitude and are willing to work with professionals. I am hugely impressed by their commitment to the person and their family."

People valued their relationships with the staff and we heard of many examples of staff going over and above what was expected of them. For example, at Christmas, staff looked for ways to make sure people were not on their own. Staff came up with the idea of 'Operation shoebox'. They approached local businesses and the community asking for donations. Staff delivered the presents to people who would have been on their own on Christmas Day. Staff told us people really enjoyed this. A staff member told us on their next visit, one person was proudly wearing their new hat and gloves. The service received a letter from the local MP thanking them. In addition, staff volunteered their own time to take three people to the local church for Christmas dinner and delivered fifteen Christmas dinners to people in their homes. One staff member said "It's nice to do a little something to show we think about each person."

When the recent severe weather affected the area, staff walked for miles in the snow to get to people. For example, the registered manager and a staff member walked five miles to get essential medicine to one person. Without this medicine the person would have been in pain and discomfort. They also posted a message on the service's social media site asking if anyone needed food from the shops or a welfare check. This showed staff were thoughtful as they wanted to make sure people didn't have to go without.

The registered manager was clearly committed to promoting a strong, person-centred and caring culture throughout the service. They were motivated and passionate about making a difference to people's lives. This enthusiasm was also shared with staff who spoke about people with affection. The registered manager told us "All staff are trained on person centred care and prompted to value the care time spent with clients." People had a regular staff team who they had built strong relationships with over time. Staff knew people well and were able to discuss people's care needs, preferences and interests in detail.

The service had introduced 'Operation connect' to enable staff to engage more with the people they supported. Staff had taken time to gather the outcomes and goals that people wanted to achieve. For example, one person wanted to fly a kite. The service advertised on social media and a kite was donated. The person went to the beach with staff to fly their kite together. Another person liked gardening. Staff got

some seeds and planted them with the person. The person was then able to watch their plant grow. Several people told us they were learning Italian with some of the care staff who visited them and one person proudly told us some words they had learnt. One person liked to crochet. Staff had supported the person to subscribe to a free knitting magazine and they crocheted together. Other people liked to do crosswords and the service sent them large print crosswords in the post.

Staff told us they were proud to work for The Bay Care Group. One staff member said "We make sure each person receives the best care." Staff sent each person a Birthday card. A staff member told us how one person had cried with happiness as it was the only card they had received in twenty years, apart from one from a relative.

The service anticipated people's needs, recognised distress and discomfort, and offered sensitive and respectful care and support. One person's spouse passed away and they didn't feel able to attend the funeral. Staff spoke with the person and arranged to live stream the funeral to the person via their electronic tablet. One staff member attended the funeral and the other staff member supported the person. This meant the person could feel part of the day which was important to them. Their relative thanked the service for their "outstanding compassion."

Another person who was new to the service had not been out of their house for over a year. This person had a regular staff team who delivered their care and had built a trusting relationship with them. After a period of time, the person decided they would like to go out with the staff. Their wellbeing had benefited as a result of them going out. A community professional told us "there has been a need for quite a creative and very person-centred approach which Bay Care have achieved. The progress has been significant with really positive outcomes." This demonstrated how the service worked with people to develop their trust.

The service placed respect for people's privacy and dignity at the heart of its culture and values. The service had introduced a dignity champion who ensured staff had a good understanding of respecting people's privacy, dignity and rights. The champion carried out privacy and dignity assessments in the community. They contacted people to ask for feedback on care delivery and dignity. The champion supported office staff to ensure staff had the necessary skills and were matched with people to meet their communication needs.

People said "They never make me feel I should be embarrassed about anything" and "They're very respectful and preserve my dignity, they are very gentle." A relative had written "I absolutely trust (staff name) explicitly, always treating him with respect and dignity."

People's independence was promoted and staff told us they encouraged people to do as much for themselves as possible. A community professional told us staff were "focused on enabling as much independence and choice as possible." People told us they liked to be independent and staff respected this, offering help when needed. The dignity champion was working with people to identify ways that independence could be promoted or enhanced. For example, one person wanted to be more independent with their medicines. The service arranged for this person to have an electric time controlled medication dispenser to prompt medication tasks. This meant they no longer needed staff support with this. This person now fully manages their medicines and felt this had enhanced their independence.

Another person could feel anxious and needed support in going out into the local community. They had a dog they had been unable to walk. The service arranged for and funded a staff member to support this person with walking the dog weekly. After a four week period, the person was able to walk the dog independently on the same route.

## Is the service responsive?

### Our findings

People told us the service was personalised and responsive to their care needs. Comments included "They try and tailor the care to the individual. They respect the fact that everybody is different" and "They are very responsive to my needs."

People's needs were assessed before they started to use the service. Initial information was taken over the phone. Staff met with the person, and their family where appropriate, to ensure the service would be able to meet the person's needs. Staff treated each person as an individual and ensured people were not discriminated against when making care and support decisions. Each person received a welcome pack with information about what they could expect from the service and contact numbers.

A care plan was developed with the person, and their relatives where appropriate. All the care plans contained a good level of detail and covered all aspects of each person's health, personal care needs, risks to their health and wellbeing, cultural needs, and personal preferences. There was information on each person's social background and interests. People told us they could express a preference for a gender of the care staff who supported them and this was respected.

The provider had introduced an electronic care planning system. This allowed information to be shared with people, care staff, and office staff in real time. This meant the service was able to respond rapidly to changes in people's needs. Where concerns were identified, these could be quickly communicated to other health professionals. For example, when staff had concerns about people's skin integrity, they were able to take a photo (with the person's consent) and send this straight to the district nurses.

Staff told us the system worked well as they had up-to-date information before they visited people. One staff member gave us an example of when they phoned through some changes. They told us the care plans were amended before the next visit. One person said "If there are any changes they are very good at adding it or taking it off." An access system was in place for families and advocates to read the care plans, if the person had given consent. A relative said "The care plan is reviewed each time she's discharged from hospital."

The electronic medication administration sheets (MARs) were updated in real time. This meant changes to people's medicines could be updated quickly. When people were prescribed a short course of antibiotics, the system would work out the end date and take the medicine off automatically.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. One person was deaf. Their care plan contained detailed information for staff to follow on how to communicate with them. Staff knew to stand facing the person when communicating. Staff had introduced flash cards to support communication and used sign language and gestures. This support helped ensure people were able to communicate with staff and their needs were met in the way they wanted.

The service had strong links with the community. Staff chose a different charity to support every month. This had resulted in raising money through holding coffee mornings and cupcake days. This provided opportunities for people in the community to meet and socialise. Staff were aware that some people might be at risk of social isolation as they didn't go out. The service had asked local businesses for donations to connect people with the community. For example, one person loved the theatre but had not left their home for twelve months and was nervous. The service asked for a donation of theatre tickets. They arranged for the person to go with a friend. The person really enjoyed the event and has been since without support. People told us staff would stay on and have a chat when they were able to.

People told us the service was flexible, staff always listened to them and did their best to change times to meet their needs. This meant people were able to attend events and appointments. One relative said "They are pretty good. They seem to fit in very well."

People told us the service would respond well to any complaints or concerns they might raise. Comments included "No complaints" and "I have nothing to complain about." They were confident their concerns would be taken seriously. People were given information about how to complain. This included the provider's complaints policy. Where the service had received complaints, these had been resolved to people's satisfaction. One person said "The person I spoke to was very helpful and the complaint got resolved."

People at the end of their lives were supported to have a comfortable, dignified and pain free death. The service had an end of life champion who supported people, their families, and the staff. The champion was working on a programme with the local hospice to build expertise in care for people at the end of their life. Relatives said "The compassion they showed to my father in his last few days was out of this world" and "A big sincere thank you for your compassion and care". People's preferences and choices were discussed with them and their families, where appropriate. The registered manager told us how they had supported people so they could stay in their own home. Where specialist support from the hospice was needed, this was discussed with the person and their family to ensure the person remained comfortable. The service provided a small team of regular staff who had completed end of life training.

## Is the service well-led?

### Our findings

People and their relatives told us about the consistently high standards of management and care they received from The Bay Care Group. Comments included "The people who run it are really on the ball"; "I don't think I could do better anywhere else" and "the best I've ever used."

The service had a registered manager. 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 had extensive experience of working in adult social care. She led a management team who all placed a strong emphasis on providing a high quality service, looked for ways to continually improve, and were an excellent role model for other services.

The service had worked in partnership with GPs, district nurses, occupational therapists, social workers and the local hospice to ensure 'joined up' care was delivered to people. For example, during a home visit we observed care staff sharing information and working with the community nursing team to achieve the best outcomes for one person. This meant people benefited from high quality care and improved outcomes. Feedback from professionals included "As a provider they have always demonstrated they are forward thinking, have passion and care about their work and "the management and culture are very inclusive."

The service had clear visions and values that ensured people were at the heart of the service. These visions and values were strongly supported by staff who put them into practice. People were invited to take part in the running of the service by participating in training, being involved in checks on staff within their own home, the client participation group (CPG), and recruitment. This resulted in improved outcomes for people. For example, people and their relatives took part in dementia training. Those that attended benefited from a better understanding of people's needs. As a result of improved understanding of dementia, one family member had arranged for their relative to attend the local memory café and this resulted in improved wellbeing.

The CPG met three times a year at a local hotel to share information, provide updates, and hold discussions. People were able to suggest ideas in an open forum on how the service could improve standards. People agreed the future agendas.

The registered manager told us they had implemented the crime prevention workshops as a result of this group. These workshops included all staff completed training on how to identify and support people who may be at risk from crime. The service sent out 'No Cold Calling' signs to people, with information leaflets on how to deal with cold callers and risky phone calls. This helped to minimise risk of harm and abuse to people.

Where people were unable to attend the CPG meetings, staff held individual meetings with people. Through

these meetings, it was identified that some people could not leave their homes. As a result the service had implemented animal therapy. Staff took a dog to visit and socialise with people who were unable to leave their homes. People had benefited from improved wellbeing.

Staff were highly motivated and proud of the service. Comments included "This is a really, really good company and "This is the best company I've worked for." A new recruitment officer was in post to support with recruitment and retention. They had attended Skills for Care recruitment and retention training. Because of this training, they introduced a motto 'achieve together'. Staff were able to nominate each other every week for their achievements at work. The registered manager said, "All staff have now become fully engaged with this and competitions are run to support positive outcomes for staff and clients." One staff member identified the benefits of this to people using the service and to staff. They said "We've got a better team."

The management team found other ways to show staff they were valued and appreciated them. For example, people and staff were able to nominate staff members who had gone beyond what was expected of them. These staff had been presented with outstanding care worker awards. The service had signed up to an online reward scheme that enabled them to give vouchers, tickets, and discounts to staff. The service organised family fun days with activities and food which gave staff the opportunity to meet up and relax. Staff were asked for feedback by completing questionnaires. The results showed that staff felt valued and positive.

During our inspection, the service received the South Devon 'Silver' Employer of the Year Award. This is a business award for a large employer who can evidence they support their staff to work in a rewarding and fulfilling employment. The service won the award after showing they train, support, and value their staff.

The registered manager had looked for creative ways of communicating with care staff to make sure they knew about changes and kept up-to-date with best practice. For example, staff meetings were held on different days and at different times so that all staff had the opportunity to attend and contribute to the development of the service. Information was posted on the service's social media page so staff knew what was happening.

The service had a strong commitment towards ensuring there was equality and inclusion across the workforce. For example, the registered manager was working with the job centre to get new staff into care. They had sourced funding for the care certificate and diplomas. The service had signed up as a 'Disability Confident Committed' employer and had funding available to make reasonable adjustments for disabled people.

There was a strong emphasis on continuous improvement and sharing information. The registered manager was the founder and co-chair of the local "Care Manager's Network". They organised four meetings and five leadership workshops per year in conjunction with Skills for Care. The meetings focussed on improving the quality of care services across the local area. Speakers from different organisations were invited to participate and encouraged to network with the managers and providers at these meetings. Presentations included "quality matters", the new regulations relating to data protection, best practice updates and updates from local commissioners. The meetings celebrated success, and involve local providers who had been rated as outstanding who are invited to share their experience and the initiatives, which had resulted in the outstanding rating.

One community professional told us "She's [the registered manager] doing a really great job and is very inspiring." The network had received 'Gold' in the Torbay and South Devon NHS Trust Blue Shield Awards for

Best Community Partnership. This award was designed to give recognition to hard work and dedication which improves the lives of people who use health and social care services.

The registered manager was working with the local authority to promote 'Proud to care'. This is an initiative to support providers with recruitment, retention and career pathways. They had also launched the outstanding care awards for Devon and Cornwall. A community professional told us the registered manager was "very proactive in ensuring these are a success." The registered manager accessed professional websites and was a member of the United Kingdom Home Care Association (UKHCA).

A comprehensive audit system was in place to monitor the quality of the service people received. The service sent out surveys each month to gain feedback. During 2017, 781 completed surveys were received. The results rated the service mostly excellent or good. Where issues had been raised, these had been considered and addressed. Information could be quickly updated on the electronic system, which meant staff were able to monitor what was happening for people.

Records were clear, well organised, up-to-date and stored securely. Unannounced checks to observe staff's competency were carried out on a regular basis. The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.