

SDS CARE Limited

# Lutterworth and Rugby

## Inspection report

Suite 7, Snapethorpe House  
Rugby Road  
Lutterworth  
Leicestershire  
LE17 4HN

Tel: 01455247100

Website: [www.homeinstead.co.uk/rugby](http://www.homeinstead.co.uk/rugby)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 30 March 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

`Lutterworth and Rugby' is a home care agency supporting people who live in their own homes in the Lutterworth and Rugby area. At the time of our inspection 43 people used the service. Of those 19 received personal care; the others received support which we do not regulate.

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.

People were cared for and supported by staff who had excellent training and support to ensure that they understood their needs and how to meet them in the best ways. The training was innovative and staff were supported to put their training into practice. People using the service and their relatives spoke about the effectiveness of staff in consistently complimentary and positive terms. Staff were also supported through supervision and appraisal and they valued the support they received, including support to study for further qualifications.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff made special efforts to support people to have meals they enjoyed. They also supported people to access health services when they needed them. They had training about people's medical conditions and were able to recognise if a person's health deteriorated. When people needed it they took appropriate swift action to support the person to access health services. People and their relatives told us that they received care and support that had a significant positive impact on their lives.

People using the service and their relatives told us consistently that they held staff in high regard. The registered manager `matched' staff with people using the service which meant people were supported by staff who naturally empathised with them. Staff were caring and knowledgeable about people's needs. People were consistently supported by the same staff who had developed caring relationships with them.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. They told us the information was clear and easy to understand.

People told us they were always treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. People told us they had never had a reason to raise a concern. When people expressed preferences about their care and support these were acted upon by the service.

People who used the service were consistently safe. They were supported and cared for by staff who had been recruited under highly robust recruitment procedures that ensured only staff who were suited to work at the service were employed. The recruitment procedure placed great emphasis on kindness and compassion and people were not recruited unless they displayed those characteristics. Staff understood and discharged their responsibilities for protecting people from abuse and avoidable harm. They advised people about how to keep safe in their homes.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. This meant that home care visits were consistently made at times that people expected. Staff arranging home care visits were knowledgeable about people's needs and ensured that people were supported by care workers with the right skills and knowledge.

People were helped to receive the medicines that they needed by staff who were trained in this area. Staff also advised people about the safe storage of medicines. They reported any concerns about this to the registered manager who took prompt and effective action to support people to make keep their medicines in a safe and secure place.

The registered manager and staff were consistently highly regarded by people using the service, their relatives. The service played a role in the local community and collaborated with other services to raise awareness of dementia. The service had won awards and recognition from outside bodies.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve people's experience of the service. The registered manager's aim was to have as near a perfect service as possible for people currently receiving care and support before expanding the service to provide care and support for more people.

## 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.

Staff understood and consistently discharged their responsibilities for protecting people from abuse and avoidable harm. They advised people how to be safe where they lived.

Staff underwent a very robust recruitment process that ensured as far as possible that only people who met the provider's expectations were recruited. Suitably skilled and knowledgeable staff were deployed to consistently meet the needs of people using the service.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

### Is the service effective?

Outstanding ☆

The service was effective.

Staff were supported through consistently effective supervision, appraisal and training and were supported to study for further qualifications in health and social care. They unanimously agreed that they received exceptional support from the registered manager and training manager. Their training fully prepared them to meet the needs of the people they supported because it included 'real life' scenarios and taught them about medical conditions people lived with.

Staff discharged their responsibilities under the Mental Capacity Act 2005 and ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their meals, making a special effort to ensure that people had meals they enjoyed.

Staff supported people with their health needs because they understood health and medical conditions people lived with. They supported people to achieve health goals that were very

important to them. People using the service consistently rated the quality of their care and support they experienced as excellent.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people they supported. The registered manager carefully matched care workers with people using the service. Care workers made special efforts, sometimes beyond their contractual responsibilities, to fulfil people's needs. This was consistently appreciated by people and helped them feel they mattered and made a difference to their lives.

People were involved in planning their care and support. They felt strongly that the information they were given was easy to understand. Relatives of people using the service complimented the provider about the quality of information they were given.

People using the service and relatives consistently referred to staff as being kind and compassionate.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was always centred on their personal individual needs. People told us that the care they received had a significant positive impact on their lives.

People were supported to maintain their interests and hobbies and to participate in events in their local community. They were supported to attend social events organised by the service which enhanced their social lives.

People knew how to raise complaints. They emphasised to us that they had never had cause to raise a complaint, but they felt comfortable about contacting the registered manager if they needed to. People's views were valued by the service and were used to drive continuous improvement.

### Is the service well-led?

Outstanding ☆

The service was consistently well led.

The registered manager and staff shared the same vision of

providing the best possible care to people using the service. The service played an active role in the local community and collaborated with other organisations in the area, often involving people using the service in events they organised.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously. People and relatives were unanimous in their praise of how the service performed.

The service played a role in the community by raising public awareness of dementia. This included collaborating with other organisations. The service earned recognition for being a high quality service and won awards. Feedback about the service to internet based information forums was unanimously positive.

The service had robust arrangements for monitoring the quality of the service that were used to drive continual improvement. Under the direction of the registered manager who led by example and showed innovation, the staff provided a high quality service.

# Lutterworth and Rugby

## 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 30 March 2016 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an 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 some key information about the service, what the service does well and what improvements they plan to make. Before we visited the office on 30 March 2016 we carried out a questionnaire survey of ten people using the service, ten relatives, 29 staff and 12 health and social care professionals who were involved in providing care for people using the service. We received responses from six people who used the service, one relative, and eight staff but no health or social care professionals.

On the day of the inspection we spoke with nine people who received personal care and a relative of another person receiving personal care. We looked at six people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at four staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff who were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, a training manager, a care manager, a home care visit coordinator and two care workers.

## Is the service safe?

### Our findings

All nine people we spoke with told us they felt safe from abuse and harm. They gave a variety of reasons why they felt safe. Some said it was because of the quality of the care workers. A person told us, "I can't fault them" and another said, "They keep me safe, they are very supportive". People also told us that they felt safe because of the skills and behaviour of the care workers who supported them. A person told us, "They are very good and patient" and another person said, "The staff are very nice and look after me". What people told us about feeling safe reflected what people told us in the questionnaire survey, when all respondents strongly agreed with a statement that they were kept safe from abuse or harm. A person who had used a different home care agency in the past told us, "Previous carers not a patch on this lot".

The registered manager made exceptional efforts to advise people how to stay safe in their homes. For example, the registered manager and office based staff contacted people to warn them about 'telephone scams' and cold calls that were known to be active in the area and which were known to be a concern to vulnerable people. The registered manager had raised this issue with their local member of parliament and championed this aspect of safety of vulnerable people. They supported people to obtain technology to block cold calls and supplied them with local authority 'no cold callers' stickers. They also advised people using the service to ask care workers to show their identification badges to help them to get into the habit of asking for identification from all 'business' visitors to their homes. The registered manager worked with the local fire and rescue service to provide free smoke alarm tests and free smoke alarm installation for people who didn't have an alarm.

Some people using the service had 'key safes' with unique combination numbers for authorised visitors. The registered manager advised people to avoid placing the 'key safe' in conspicuous places where unauthorised person could identify that a vulnerable person might be living in a property. When person's regular care worker left the service, the 'key safe' combination was changed so that care workers no longer authorised to enter people's homes could not do so without being invited in.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated when we spoke with them that they retained what they had been taught at the training. Staff told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously. We saw evidence of that. After a care worker reported that a person had furniture they relied on had broken action was taken to help the person arrange a repair.

The provider had policies that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. The latter included a 'personal boundaries' policy. This explained that the relationships staff developed with people using the service had to be in the context of a professional relationship and not one where over familiarity may make a person using the service uncomfortable. The provider also had a policy which forbade staff accepting presents or gifts from people or entering into private care arrangements. These policies protected people from financial abuse. Every person using the service we spoke with and every person who responded to our questionnaire told us they knew



how to report any concerns about their safety and welfare.

People were supported to be as independent as they wanted to be. People told us they received the support they wanted and needed and that they were supported to do as much for themselves as they could. A person told us, "They help me decide what I need". Relatives felt strongly that the care and support that their family members received helped them to be as independent as they could be.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. Risks were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility, their dietary needs, health and care routines. The ratings were 'good', 'fair' or 'poor' which were ratings that care workers and people using the service understood. Care workers referred to people's risk assessments to read how people could be supported safely. A person who had lost confidence to go out of their home was supported to build up their confidence. They told us, "They (care workers) encourage me to go out". Risk assessments associated with people's home environment were also carried out to help care workers manage those risks and to keep care workers safe.

The provider had procedures for staff to report incidents and accidents that occurred or were in connection with home care visits. Staff were aware of those procedures. No accidents or incidents had occurred so none were reported.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. The provider was able to guarantee that people would receive home care visits at times they wanted. Since the service began operating in January 2015 not a single scheduled home care visit had been missed. Any person who required the support of two care workers always had that support. A 'log-in system' was used to monitor punctuality of calls and this showed that all home care visits were made within 15 minutes of times that had been agreed with people using the service. People we spoke with told us that they received home care visits at times they expected.

The registered manager operated robust recruitment procedures. A recruitment panel only employed people who passed a 'mum's test' which meant they had to be confident they would allow a person to look after their parents. This included requiring job applicants to provide three employer references and three personal references. Applicants had to provide an employment history and explain any gaps in employment. Other checks included Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with vulnerable people. This meant their suitability had been assessed and only people with 'pass' scores were offered employment. We found that all the required pre-employment checks were carried out before new staff were allowed to start work. People using the service could be confident that the provider took every reasonable step to ensure that only staff suited to work for the service were employed. That is because the provider's recruitment procedures reduced the risk of unsuitable staff being recruited to a minimum.

Most people using the service did not require support with their medicines other than to be prompted or reminded to take their medicines. Care workers recorded whether a person had taken their medicines. All staff had training in the safe management of medicines. This meant that where a person required more than prompting with their medicines there were enough care workers who were suitably skilled to provide that support. Where people required that additional support, care workers were instructed and trained to remove medicines from 'blister packs', hand them to people and observe and record whether the person had taken the medicine. The registered manager reviewed care worker's competence to support people with their medicines once a year. Care workers advised people about safe storage of medicines. Concerns

about how people stored their medicines were reported to the registered manager who visited people to advise them about safe storage.

# Is the service effective?

## Our findings

People using the service consistently told us they felt that staff had the right skills and knowledge to meet their individual needs and preferences. One person told us, "They are very well qualified". In our survey everyone who responded strongly agreed that care and support workers had the skills and knowledge to give them the care and support they needed. One person said 'I have to say that we have been delighted, even awestruck, by the quality of care'.

People were supported by staff who were exceptionally well trained and supported. Before they worked with people staff had an induction that fully prepared them for their role and which was tailored to the people they were to support and their needs. They told us that this induction had enabled them to meet people's choices and preferences as well as their needs. One care worker said that the induction was "Absolutely fantastic. It is very thorough. It taught me not only how to do things but why I had to do them. What came across so strongly was that everything we did was to improve the lives of people we made visits to".

Induction training included supporting new staff to achieve the national Care Certificate. Care workers needed to successfully demonstrate that they had they were providing compassionate, safe and high quality care and support and that they had the skills, knowledge and behaviours to continue to support people of this high standard.

The further training care workers received was innovative. It included practical real life understanding of the needs people they were supporting had. For example, care staff underwent 'sensory tests' during which they wore clothing and equipment that gave them experience of what it was like to have limited mobility and impaired sight and hearing. Training on the use of equipment to assist people with their mobility included care workers themselves being hoisted and transferred from bed to chair or assisted to walk. In this way staff were able to gain personal insight into how their care would be experienced by the people they supported.

The training manager evaluated the effectiveness of training by monitoring whether care workers put it into practice. They conducted up to four 'support visits' for all care staff where they observed them provide care. They shared their findings with care workers and where necessary arranged additional training to help them to achieve the high standards expected of them. This follow-up not only ensured that care workers put their learning into practice but they also helped them to further develop their skills in order that they provided the care that people using the service told us was outstanding. One care worker told us that this had, "Made the job so fulfilling for me".

In addition all staff were supported to achieve level 2 qualifications studying under the Qualification and Credit Framework in health and social care. Half of the care workers achieved City and Guilds training about Alzheimer's and the remainder were scheduled to do so by the end of 2016. This approach to training had also ensured that staff could take inventive approaches to engaging with the people they supported. For example, one care worker told us that they would look at what books people had in their homes (with their permission) to help gain insight into their personalities, histories and interests and to provide the

opportunity for conversation that was meaningful.

Engaging with people on their own terms was promoted by the provider to be an essential aspect of care and support and this approach to training actively supported and promoted this. One person had written on a 'comments card' 'Without your help and support we could not have coped'. In the last 12 months, fifteen other people had also provided positive feedback about the service to [homecare.co.uk](http://homecare.co.uk). Every person rated the quality of care as 'excellent'.

The registered manager was a 'dementia champion'. They worked in collaboration with nine other local organisations to raise the profile of dementia in Lutterworth. The training staff received about dementia included learning material from those organisations which added diversity, depth and breadth to their training. The registered manager also provided free dementia training to people with relatives who lived with dementia who were not using the service.

People using the service told us that care workers had excellent communication skills. One told us, "They explain things that I haven't even noticed". A relative told us that care workers were better than they were with their parent. They told us, "He really likes the carers who come. She is better than me dealing with dad". Another relative commented in a letter to the service that staff had 'excellent communication with relatives. I could not be happier with the people looking after my father'.

Care workers were also well supported beyond their training. All told us that they received regular supervision and appraisal from the registered manager which enhanced their skills and learning. They felt the registered manager cared about them. The additional support staff received included Friday afternoon telephone calls from the manager to review how their week had been. The registered manager also operated a reward scheme for care workers which included a 'caregiver of the month' award. A care worker told us, "They leave no stone unturned to support me. It's made it the most enjoyable and fulfilling job I've ever had".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. They periodically reviewed people's mental capacity to make a range of decisions affecting their lives. This meant that they were alert to the possibility that situations may arise when decisions would have to be made in a person's best interests and knew what to do to protect people's human rights. Staff we spoke with had a good understanding of the MCA and its importance. They understood that they could provide care and support to a person using the service only with their consent. All the care plans we looked at contained signed consent of the person using the service and assessments of their mental capacity to make a variety of decisions connected to their care and support.

None of the people using the service had special nutritional needs that required monitoring or support. Staff supported people to be as independent as possible and this was reflected in the fact that people made their own meals. Staff supported some people to make their meals so that they could maintain skills that had been and continued to be important to them. People using the service who had said that they wanted to

lose weight were given advice about healthy eating and staff helped them record their progress. Care workers knew about people's food preferences and this extended to knowing what people regarded as being a special 'treat'. They often telephoned people whilst on their way to visit to ask if they wanted a treat bringing. This was very much valued by people who appreciated care staff making this extra effort on their behalf. The provider also sent people regular newsletters that included advice and guidance on diet and health. The most recent newsletter had included healthy recipes and advice on hydration during warm weather.

People told us that care workers supported them excellently with their health needs and that they understood the medical conditions that they lived with from their point of view. They were also provided with a direct number they could call if they were concerned about their health. Staff would give general advice where and ensure that contact was made with relevant medical professionals such as district nurses and GPs where appropriate. People appreciated this facility and we saw it work well when we were in the office and someone called to talk about pain control.

People told us that the support they received had helped them to maintain and improve their health. They also said that at times when their health had deteriorated they had been helped to receive medical and nursing care at home rather than in hospital.

People were confident that they were supported by care workers who are alert to changes in their needs and who respond appropriately to ensure they received the right support from health professionals when it was needed. Care workers were unanimous in recommending the service to members of their own family.

# Is the service caring?

## Our findings

The registered manager and care manager instilled a caring and compassionate culture within the service. This began during the recruitment process for new staff when people wishing to join the service were not recruited unless they had demonstrated they had characteristics of empathy and compassion at an assessment meeting with registered manager. Only people judged to have those characteristics were invited to make a formal application to work for the service. The culture was reinforced during induction training and post-induction training that staff received and was under-pinned by the policies and procedures that all staff had access to.

Care workers were able to develop caring relationships with people. People appreciated this and it helped them feel that they mattered. The registered manager matched care workers with people using the service based on their interests and other characteristics including age social background. For example, if a care worker had the same interests or hobbies as a person using the service; or if a person requested a care worker in a particular age group or gender or a person with knowledge of the local community and history, the registered manager 'matched' them. A care worker told us they had an engineering background and that the person they had been matched with had been an engineer. They told us the professional history they shared with the person enhanced the caring experience because they were able to talk with the person about something the person and they were knowledgeable about.

Care workers supported people to recover skills they and their relatives thought they had lost. A care worker told us that a relative was upset that their loved one had lost the ability to write their name. The care worker recalled how their training had encouraged them to support people to improve their lives. They put this into practice and showed the person how to write letters then words until the person was able to write their name unaided.

People using the service told us they were introduced to care workers before they were supported by them. This gave them an opportunity to decide if they wanted to be supported by that particular care worker. A person told us, "They always introduce new carers to me". Another told us, "The manager does the introductions of new people. That's very helpful". Other comments from people included, "They bring them along to introduce them" and "They always introduce them. They come with [staff] from the office".

People told us they were able to develop a caring relationship with staff because they were cared for and supported consistently by a dedicated core team of care workers. Comments from people included, "I don't have many new carers. Had the current one for six months now", "I've had the same carer since I started last August", "I always know who is coming" and "I've had them quite a while very few changes. I know them all".

Care workers received training about building relationships with people they supported. They understood the needs, preferences, likes and dislikes of people using the service. People felt that they mattered and were respected because the care staff knew and treated people as individuals. Care workers were motivated by the leadership of the registered manager and quality of training to provide support that was kind and

compassionate.

The provider did all they could to help people feel they mattered to the service. For example, they ensured that people received visits at times they wanted from the care workers they wanted. This was an important factor in helping people using the service and staff to develop a caring relationship. We saw that people trusted the service when a person telephoned the office to ask for advice about what they should do because they felt unwell. The care coordinator responded promptly with kindness and helped arrange for a doctor to visit the person. Staff also helped people in ways beyond those they were contracted to. For example, the registered manager arranged for a person to receive support to redecorate their lounge. They did so after identifying the person was unhappy with their home environment. As another example of this a person using the service told us that a care worker stayed with them to offer emotional support after their pet had died. They appreciated the compassion that the care worker had shown them. They said, "[Care worker] stayed with me, it was very kind of them". We also heard that some people sometimes liked to have fish and chips on a Friday. Care workers would telephone those people on the way to a home care visit to ask if they wanted fish and chips bringing to them.

Every person using the service who responded felt strongly that care workers were caring and kind. People we spoke with made comments that included "I'm so impressed with them", "Nice? Of course they are, very nice". People told us that care worker's helped lift their mood if they felt unhappy. A person told us, "They are very jolly, they cheer me up when I am down". Another person told us that care workers showed a desire to help them. A person told us, "They are always asking me if I want any more doing" and another said, "They are always doing extra for me". Other people told us that care workers did "more than enough". People's comments and survey responses were consistently positive about how kind and caring staff were. We found that people benefitted from good caring relationships with staff which helped them feel that they mattered and which enhanced their lives.

People using the service were involved in decisions about their care and support. People and their relatives felt strongly that they were involved in planning their care. One person told us that their involvement "Couldn't have been better, they sat down with us and explained everything, we felt fully involved". Other people's comments included, "Everything I wanted [in care plan] is done" and "The owner came and sat with me and helped me sort it [care planning]".

People were involved in making decisions when they first began to use the service and again two weeks later when the registered manager visited them to discuss their care and support. At that visit people had opportunities to request changes and comment on their early experience of the service. When people using the service wanted their relatives to be involved in decisions about their care and support the provider ensured that happened. A person told us, "My daughter was involved initially. They sat and talked and explained everything" and another person told us, "They involved my son".

People told us consistently that they felt strongly that the information they received from the service was clear and easy to understand. People had access to information about their care and support in a 'client journal' that contained their care plan and records made by care workers at each homecare visit. The registered manager and office based staff were available to people using the service and relatives to provide additional information if people needed it. This included information about care and support available from the service. It included information about other organisations that could help and information about what it was like to live with certain conditions, for example dementia. A relative wrote to the registered manager to compliment them on the information they made available. They wrote, 'It was great to know how much support advice is out there for families who are needing it but are not sure how to get it.' The provider referred people to specialist charities and other sources of information relevant to the needs of

people using the service. This showed that the provider supported relatives of people using the service to learn more about how they contribute to a person's care and support because they had a better understanding of their family member's condition.

Care workers were not recruited unless they demonstrated compassion and empathy during the recruitment process. The training they received emphasised the importance of treating people with dignity and respect. People told us that they were treated with respect from the first day they began to use the service. They told us this began when they were introduced to the care worker who had been matched with them and they decided if they wanted the care worker to visit them. People unanimously told us care workers and all staff treated them with dignity and respect. When we spoke with people about this aspect of their care and support comments from people included "I'm so impressed with them for the kindness" and "Of course they (staff) are, very nice". The registered manager or care manager ensured that care workers practised dignity and respect when they made support visits to observe them provide care and support.



## Is the service responsive?

### Our findings

People received care and support that was centred on their needs and preferences. People contributed to the assessments of their needs and their care records and plans included details about the care and support people wanted. People's most important and most commonly expressed needs were that care workers visited them at times they expected, that the same care workers came and that they completed all the care routines people required. People told us those things were very important to them and that the provider met them consistently. One person told us, "The carers are always on time. They stay as long as they are needed and more. [Relative] gets continuity that's the important thing". People we spoke with unanimously told us their needs were met, and met in a caring and responsive way. Most told us that care workers did more than they expected of them. One person we spoke with told us, "They overstay a lot of the time"; another said, "Sometimes they stay longer if needed. I couldn't ask for more" and a third said "They clock in and stay longer". Another person told us that the provider understood what was important to them. They said, "I've let it be known I don't want any staff changes. There is a rota, I have the same three". These were examples that people's care and support was planned in partnership with them.

People consistently told us that care workers provided the care and support they needed. Comments included, "My carers are very professional", "Anything I need, they do. It's up to me what they do" and "They always do everything thoroughly". A relative gave an example of care workers making special efforts in supporting people when they told us, "They even check his laundry, can't fault them, fantastic". A reason why staff were able to involve people in making decisions about the care and support was that the registered manager arranged for care workers with particular interests and values to support people with the same characteristics. This matching meant that people using the service were comfortable and at ease with the care workers who supported them. We saw a letter in a file of compliments in which a relative wrote, 'The staff at [Lutterworth and Rugby] go out of their way. There is an attention to detail that is very impressive. No task is too small and staff take the initiative if changes need to be made'. In a [homecare.co.uk](http://homecare.co.uk) survey all 15 people commenting on the service rated the service as providing excellent care.

The care and support some people experienced made a significant positive difference to their lives. A relative we spoke with told us, "They have really improved his health and wellbeing. He is much better. It's the extra bit they do that makes the difference". A person wrote to the service that, 'Thanks to you I was saved from hospital admission which I wanted to avoid.' Another person made a similar comment. We saw from records we looked at that people received additional homecare visits during periods they were unwell. Those additional visits were made with the express intention of supporting people with their wish to remain in their home rather than go to hospital. A relative of another person wrote to the service that 'Mum has improved immeasurably thanks to [care workers] understanding and effort'. These were outcomes that people did not expect to experience until they began to use the service, but with the support of the registered manager, care workers and the office team they did.

Care workers made written records of their home visits at the end of each visit. We looked at a random selection of six people's notes. We found that the notes were informative because they recorded how people

had been supported with the care routines in their care plans. The notes also provided evidence of how care workers were responsive and attentive to people's needs. The notes provided assurance that care workers supported people in line with their care plans, and sometimes did more. Those records and what people and relatives told us about the care and support provided were entirely compatible and together provided strong evidence about the responsiveness and quality of care people experienced.

The registered manager told us that an important part of the service was to support people with their interests and hobbies. This was achieved by 'matching' care workers and people with the same interests. 'Matched' care workers were able to participate in meaningful and stimulating conversations with people using the service. A person using the service told us, "We enjoy a few laughs" when we asked them about this. The provider also supported people, who wanted, to develop and maintain friendships with other people who used the service. People were supported to attend events organised by charities that specialised in support for older people. The provider arranged social events for people and helped people and their relatives arrange birthday parties. People were supported on trips to the seaside and places on interest. Some people using the service asked the registered manager for support to help them feel they could achieve something. The registered manager arranged for those people to do voluntary work in a local residential care home where they provided companionship and participated in activities. Another person did voluntary work at a local supermarket. This people reported to the registered manager that they enjoyed what they did and that they felt they were contributing to the community. All of these things supported people to lead active lives and to participate in activities in their communities. The provider did what they could to protect people from social isolation.

People's care plans were reviewed every month by the registered manager or a senior care worker. People were involved in the reviews if they wanted to be. Two people we spoke with told us they were involved in reviews. Relatives could be involved in reviews, but only if the person using the service agreed. Two people told us the registered manager respected their views to involve only them in their reviews. Two other people told us that the registered manager arranged for their relatives to be involved because they wanted that.

People using the service had access to a complaints procedure. Information about how to complaint was included in a 'client journal' that every person had in their home. The registered manager told us that no complaints had been made since the service began operating in January 2015. People we spoke with told us they had never had cause to complain about the service. However, they told us they knew how to make a complaint or raise a concern. Most told us they would telephone the registered manager. When they raised concerns the provider responded, for example when a person decided they would like a different care worker this was arranged. The provider also ensured that the request for a change was not related to any concerns about their support or wider conduct.

The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

## Is the service well-led?

### Our findings

Under the direction of the registered manager care workers supported people to receive the care and support they wanted and needed. Staff consistently made special efforts to respond to people's individual preferences. Some people had been supported to overcome significant challenges to improve the quality of their lives. A person was supported to improve their home environment and two people who did not want to go to hospital received additional care so that they could remain safely in their home. Both those people were determined to avoid hospital and they received the support to achieve that aim.

The approach and ethos of the registered manager was borne from their determination to run a service that provided the best quality care and support possible. In their PIR they told us 'Our culture is incredibly important to us'. When we discussed this during our visit they told us, "It starts from the top. I lead by example". That leadership was evident to staff from the moment they joined the service. The registered manager personally vetted people who expressed an interest in joining the service. They invited job applications only from those they believed understood and would share the values of the organisation. A very robust recruitment process was underpinned by an objective of ensuring that only people with genuine and personal reasons for wanting to provide the best care and support for older people were recruited. The registered manager told us, "I apply a 'mum's test' to our recruitment. Unless I am absolutely convinced I would be comfortable with a person looking after my mother or a loved one, I would not employ them."

People's needs were very well known to the registered manager. They carried out an assessment of every person's needs before they began to use the service and were involved in monthly reviews of people's care plans. They told us, "We would never take a package [a request for care and support] unless we were absolutely confident we could meet a person's needs." That included ensuring that people received home care visits at times they wanted. The registered manager told us, "We guarantee that visit times are exactly as requested by our clients". They had a clear vision about what person centred support meant for each person using the service and they, working with the training manager, ensured that staff were supported to develop skills to be able to meet people's needs. Staff shared the vision. Comments from staff in our survey included, 'I feel very confident that [the service] has the best interests of the service user at heart' and 'It's a very dedicated company who look after the needs of clients and caregiver'. Care workers we spoke with told us the thing that most impressed them about the service was its commitment to support people to live independent lives and to feel valued.

The service had an open and transparent culture, with clear values and vision for the future. This was communicated through policies and procedures, training, supervision meetings and daily dialogue with the registered manager. A care worker told us, "The manager is brilliant". Every member of staff who participated in our survey strongly agreed with the statements that they felt confident about raising any concerns about poor practice. They similarly agreed that the registered manager took their views into account about how the service was organised and how home care visits were planned. Staff could raise concerns through a whistle blowing policy which guaranteed that 'the person reporting an allegation will be given support and afforded protection'.

People using the service and their relatives were confident they could raise any concerns they had without fear of repercussion. All spoke highly of the registered manager and staff. They told us the registered manager was approachable. A person told us, "I have seen the manager. We are like friends". They described the positive differences the service had made to the quality of their lives. They had no reservations about recommending the service to other people. Comments from people included, "I have done [recommended the service], it's very worth recommending" and "Certainly, I would recommend them".

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and staff and a variety of audits. People's views were sought at reviews of their care plans, telephone monitoring calls and during visits the registered manager made to people's homes to observe the care provided by care workers. People's feedback was consistently positive. The service had a 9.9 out of 10 rating in [www.homecare.co.uk](http://www.homecare.co.uk) for the work it does with people using the service. That rating is based on people's feedback to [www.homecare.co.uk](http://www.homecare.co.uk).

Other monitoring and quality assurance activity included audits of care plans and care records, audits of home care visits scheduling, monitoring of punctuality and duration of home care visits, evaluation of staff training and monitoring of care worker's practice. The results of audits were consistently positive but areas of improvement were still identified and acted on promptly. This showed that the provider was not having to react to adverse events but was striving to continually improve people's experience of the service. The registered manager's quality assurance activities were robustly scrutinised by the provider who carried out six monthly audits. This ensured that no 'stone was left unturned' in the service's aim to provide ever better care and support to people using the service as a stepping stone to increasing the number of people who use the service.

The provider used an external agency to monitor the quality of information office staff gave to people about the service when they telephoned. The callers were 'mystery shoppers'. The results of this activity were consistently positive which meant that members of the public could be confident that the information they received was accurate and reliable.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

The service has received recognition for the quality its care. Since it began operating in January 2015 the service has received an award for excellence in providing care services from a national lifestyles magazine. Two care workers were finalists at the Great British Care Awards 2015 and the service were finalists in the Rugby Business Awards 2015. Staff efforts were rewarded through 'Caregiver of the month' awards.

The registered manager made the service a part of the local community in Lutterworth where the office was based and Rugby where several people using the service lived. It was one of nine organisations that made up a 'community hub' with an aim of making Lutterworth a 'dementia friendly' town by working with several local organisations such as churches, colleges and clubs. The service was an active participant of that hub. The registered manager was a dementia champion and had organised four 'dementia open days' in Rugby for relatives of people using the service and the public. At those events they gave free advice and information about dementia. They also engaged the support of a local Member of Parliament by inviting them to see the work the service provided. Through this work the service consolidated itself as a role model for home care agencies.

We found that the service was very well led, innovative and focused on providing the best possible care for

people using the service and employees. A person using the service remarked, "Nothing could be done any better" and staff felt it was an excellent service to work for. The service was forward looking and focused on delivering the highest quality of care for people currently using the service as a foundation for increasing the size of the service.