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Duchy Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 9 and 10 April 2018 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in December 2015 when it was found to be meeting the regulations and was rated as 'Good' overall.

Duchy Care provides personal care to people who live in their own homes in the Newquay and surrounding areas of Cornwall. At the time of our inspection the team of 22 care staff were providing support to approximately 43 predominantly older people.

There was a registered manager in post. 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.

Everyone told us staff were kind, caring and compassionate while also being respectful of people's privacy and dignity. Comments included, "People that work for Duchy are worth their weight in gold"; "I can't speak too highly of them"; "Nothing is too much trouble for them"; "They are respectful of my dignity; I don't see how they could be more respectful" and "I think they are marvellous."

People were supported by a stable staff team who knew people well and had received training specific to their needs. People told us they were introduced to new staff before they supported them in their home and although they had experienced changes in the staff team over time people were positive about the quality of service they received. People said they had built up positive relationships with staff. Comments included, "I get a variety of carers; I'm fine with that"; "I get different carers, they are all very respectful" and "My carers were changing but they are going to give me a regular carer."

The staff team comprised of male and female carers of differing ages, from 23 years to retirement age. People told us they could request a male or female carer according to their preference and wherever possible, this would be accommodated. People's preferences in relation to the gender and age of their care workers were respected during the visit planning process.

The service's visit schedules were well organised and at the time of our inspection visit there were a sufficient number of staff available to provide people's care visits in accordance with their preferences. This meant people received home visits at their preferred time. People told us staff were never rushed and were kind and respectful in their approach. People also confirmed they had not experienced any missed calls, received their visits as scheduled and were informed if there were any significant delays that would impact on them. We reviewed service rotas which demonstrated that visits were generally provided as scheduled. Staff were provided with appropriate travel time and consistently provided the care visits of the correct visit length.

Care records were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. They provided clear direction for staff about the appropriate support required. Risk assessments clearly identified any issues and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with the necessary training to do their job, which had been refreshed regularly. Staff told us they were provided with appropriate training to meet people's needs. We spoke with an external training consultant who had experience of how the service trained staff. Their comments included, "I have been involved as a training advisor with Duchy Care for over two and a half years. The registered manager takes great pride in ensuring staff are well trained. Staff are provided with a very good foundation of training and lots of support to help them progress. The registered manager recognises when a staff member has particular strengths and will actively promote this. For example, recently a staff member showed great understanding, interest and empathy for people with dementia.[registered manager's name] has promoted this person as the dementia champion for the company."

The service's systems for the induction of new members of staff were effective and complied with the requirements of the Care Certificate. Training was provided in accordance with the 15 fundamental standards. Staff said they were encouraged to attend training to develop their skills, and their career. Comments included, "I have recently completed my care certificate and found the whole induction proved comprehensive and informative", "We have a mixture of hands on training like first aid and safe manual handling and e-learning courses which are refreshed regularly" and "We have recently had a new training room opened. It's a good space for team meetings, training and a quiet space where we can sit and complete on-line training courses."

Staff told us they felt well supported by the registered manager and senior staff. Staff had received appropriate training and supervision. All staff received an appraisal of their work. Staff comments included, "I am well supported. [Registered manager's] door is always open and she actively wants to know what is going on with clients so we provide feedback on a daily basis" and "I've worked here for a number of years now. It is a really supportive workplace. I travel quite a way to get here and I do that because I love my job. It's very worthwhile." The registered manager recognised the staff team for their work and had begun a 'Duchy Care annual awards' celebration to celebrate the hard work of staff throughout the year.

Staff had been recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "The best thing about my job is feeling like I'm making a difference to people's lives; helping people to live as independently as possible and stay at home as they wish."

People said they were involved in decisions about their care and staff encouraged and empowered them to achieve their goals. For example, one person had set a personal goal to keep fit and regularly use the gym and go swimming. As well as supporting the person with personal care tasks, carers who enjoyed being active supported the person to fulfil their goals and socialise in the local community. Another person told us, "I want to continue to do as much for myself for as long as I am able and they are very encouraging of me."

Duchy Care worked effectively with other health and social care services to ensure people's care needs were met; and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. During the inspection we saw a situation where a person needed to go into hospital. Staff were thorough in their assessment of the situation, reassuring to the person about what was taking place and stayed with the person until emergency medical professionals had taken charge of the situation.

Care records demonstrated staff shared information effectively with professionals and involved them appropriately. Healthcare professionals told us, "They are good at seeking advice when needed and keeping us informed of changes in people's needs" and "I have always found them to be very good, [manager] is always friendly and will try to help in taking service users that I will call her about. The feedback I have had from service users is always positive and if there are any issues staff are good at listening and putting things right. Happy to recommend Duchy Care as a provider" and "I have no concerns about Duchy Care. They are always very helpful; they act on any instructions we provide and they are good at identifying and alerting us to any concerns with people they visit. I would say they provide a good service to people."

The service acted to ensure people's needs were recognised by health professionals. For example, we heard the deputy manager contact health care professionals and family to arrange a medical appointment for a person because a carer had shared concerns that the person had a sore ear because of an ill-fitting hearing aid.

Management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People told us they understood how to report any concerns or complaints about the service. People said if they had a complaint they would 'call the manager'. Where a complaint had been received these were recorded and resolved in a timely manner. Records showed the minority who had raised concerns with management were happy with how the service had addressed and resolved their concerns.

The service had a contingency plan in place to manage any emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. Staff were on call outside of office hours from 6.30am to 11pm and carried details of the roster and relevant contact details with them. The service provided people with information packs containing details of their agreed care and also telephone numbers for the service. This meant people could ring outside of office hours if they had a query. People confirmed they could contact someone from the agency when they needed to.

The management team had a clear set of values which was also apparent in our discussions with staff. The deputy manager said, "[Registered manager's name] is a supportive manager and provides good leadership and support to the staff team." Staff told us, "We are a close team and we all support each other." All staff felt that the registered provider was approachable and motivating. People and relatives were positive about the management of the service. Comments included, "I've always been able to speak to a manager when I've needed to. I think they are well managed", "I would say it's well managed, yes."

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. These included regular spot checks on staff performance and record checks to ensure care plans were up to date. The service did not comprehensively audit personal finance systems when staff had gone shopping for people. Although records of money spent and returned were recorded, these were not audited against receipts and there was no signature from the person whose money it was to indicate that they had received the correct change. We spoke with the deputy manager about this and to the registered provider

after the inspection. They confirmed that the system would be changed to ensure a monthly audit of financial spends would be introduced.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Duchy Care

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 unannounced inspection took place on 9 and 10 April 2018. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

Before the inspection visit we contacted 14 external health care professionals who were familiar with how the service was run. During the inspection we spoke with the deputy manager, 21 people who used the service, three relatives and six staff members. We also accompanied staff to visit with four people who received a service and spoke with them about their experience.

We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

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Is the service safe?

Our findings

We spoke with 21 people who received a service from Duchy Care. People told us they felt the service was safe. Comments included, "I feel very safe with the staff. They've kept me safe really and helped me to stay in my home because previously I'd had a number of bad falls"; "I'm so grateful that they come in to observe and make sure I'm safe. They are all very kind" and "I do feel safe with them."

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. Risk assessments included environmental risks such as the risk of trips and falls and specific assessments such as risks to the integrity of a person's skin.

We reviewed one person's risk assessment and noted the service had assessed the risk of manoeuvring a commode between rooms while supporting the person. The risk assessment had not recorded the safety risk of the equipment not having a place for the person to place their feet while in transit. Instead it recommended the equipment was pulled backwards until the person could lift their legs. We discussed the potential discomfort and safety issues of using the equipment without foot plates/levers with the person's key worker. They explained that due to physical limitations regarding the person's health condition the use of foot plates would not make the person comfortable in transit. We raised our concerns with the deputy manager. They recognised this was not safe practice and immediately contacted an occupational therapist to request a reassessment of the person's mobility needs and ordered replacement equipment.

It is recommended that the service review the risk assessment process in relation to assessing the safety of mobilising moving people while using equipment.

Care records detailed whether people needed assistance with their medicines or whether they wished to take responsibility for their prescribed medicines. The service had a medicines policy that gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed the assistance that had been given. All staff had received training on the safe administration of medicines.

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners. The service then undertook their own assessment to decide whether they could meet the person's care needs within the resources available. The deputy manager told us they had a waiting list of people to support in the community and would only accept new packages when there was capacity to do so.

The service's visit schedules were well organised and at the time of our inspection visit there were a sufficient number of staff available to provide people's care visits in accordance with their preferences. This meant people received home visits at their preferred time. People told us staff were never rushed and stayed for the full time they were due. People also confirmed they were informed if there were any significant delays that would impact them. We reviewed service rotas which demonstrated that visits were generally provided

as scheduled. Staff were provided with appropriate travel time and consistently provided the care visits of the correct visit length.

All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people and their relatives said new carers were normally introduced by a member of staff who they already knew.

Staff were on call outside of office hours and carried details of the roster and relevant contact details with them. The on call rota identified which staff member was on call. The on call cover started at 6.30am so that if a member of staff called in to work at short notice due to ill health people's planned visits would not be affected. The on call manager was also available for staff if there was a query about a care package or advice needed. This meant that staff were available to cover for sickness or emergency situations at short notice. On call staff were able to access call monitoring information from home via smart telephones and were responsible for ensuring all planned visits had been provided at the end of each evening.

The provider had appropriate procedures in place, for use during periods of adverse weather and other emergencies. Four wheel drive vehicles were available for staff transportation. The staff team lived throughout the geographical area covered by the service. There were procedures in place for prioritising care visits based on each person's specific needs during periods of adverse weather. Staff understood these procedures and described how they had worked effectively in the past.

People told us that if they had any concerns about the safety or well-being of a person who received a service from Duchy Care the registered manager would deal with them straight away. People were supported by staff that had received appropriate training and understood how to recognise and report signs of abuse or mistreatment.

Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a regular agenda item at staff meetings. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety.

Where accidents, incidents or near misses had occurred these had been reported to the service managers and documented in the service's accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Relevant recruitment checks including Disclosure and Barring checks (DBS) had been carried out.

Procedures to ensure staff adhered to high hygiene standards were in place. Staff followed good infection control practices and were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons which were colour coded dependent on whether they were used for providing personal care or when staff were preparing food. Staff had received training on infection control and understood their role in preventing the spread of infection. People were supported with their meals and staff had received training in food hygiene.

Is the service effective?

Our findings

People and their relatives consistently told us that care staff were 'caring' and 'helpful' and that staff understood their needs and the support they required. Comments included; "They seem to be well trained"; "They come in fully prepared, they talk, sing and do all the right things" and "I have absolutely no concerns how Duchy Care, care for my partner."

People received care and support from staff that were well trained and supported and knew their needs and preferences well. There was a wide variety of training available to people including person centred planning, health and safety, manual handling, equality and diversity, communication and emergency first aid. Staff told us they felt supported to complete their training. Comments included, "We are well supported to complete our training. You can go into the training room and take advantage of it being quiet in there to get through some work." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example end of life care and Parkinson's disease. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Management recognised the importance of having a competent skilled staff group. People said staff were well trained and understood how to meet their specific care needs. New employees were required to go through an induction programme in order to familiarise themselves with the service policies and procedures and undertake training necessary to do the job. Training was provided in accordance with the 15 fundamental standards. Staff said they were encouraged to attend training to develop their skills, and their career. Comments included, "I have recently completed my care certificate and found the whole induction proved comprehensive and informative", "We have a mixture of hands on training like first aid and safe manual handling and e-learning courses which are refreshed regularly" and "We have recently had a new training room opened. It's a good space for team meetings, training and a quiet space where we can sit and complete on-line training courses."

The service had accessed training companies to provide additional training courses for their staff team. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction. The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. This was monitored using a training report that gave an overview of training completed at the service. We saw from this report that training was up to date for staff.

We spoke with an external training consultant who had experience with how the service trained staff. Their comments included, "I have been involved as a training advisor with Duchy Care for over two and a half years. The registered manager takes great pride in ensuring staff are well trained. Staff are provided with a very good foundation of training and lots of support to help them progress. The registered manager recognises when a staff member has particular strengths and will actively promote this. For example, recently a staff member showed great understanding, interest and empathy for people with dementia.[registered manager's name] has promoted this person as the dementia champion for the company."

Staff told us they felt supported by management and they received regular supervision in the form of spot checks and monthly staff meetings. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. This gave staff the opportunity to discuss working practices and identify any training or support needs.

People's physical, mental health and social needs were holistically assessed before the service accepted the care package. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. Consent to care was sought in line with legislation and appropriately recorded on care plans. People had signed their care plans to indicate they had read and understood their planned care and support.

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example, due to their health care needs, one person required assistance with food preparation and support with eating. This was clearly documented in the person's care plan. Drinks were prepared and left in a place where the person could more easily access them.

The service acted to ensure people's needs were recognised by health professionals. For example, we heard the deputy manager contacted health care professionals and family to arrange a medical appointment for a person. This was because a carer had shared concerns that the person had a sore ear because of how their hearing aid was fitting. The service also worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Staff encouraged people to maintain their health by supporting them to access services from a variety of healthcare professionals including GPs and district nurses. People were supported to attend medical appointments to provide additional support when required.

Health and social care professionals told us staff had the knowledge required to meet the person's care and support needs. A healthcare professional commented, "In my experience they are competent and professional in doing their job. The feedback I have heard from clients has been positive,," "I have always found them very good. They always feedback to our team and keep us appropriately involved" and "I have known them for many years now and would have no problem recommending them."

People told us and we observed that staff asked for consent before delivering care or treatment and their choice to refuse treatment was respected. Care records showed that people signed to give their consent to the care and support provided. Staff understood and upheld the Human Rights principles of fairness, respect, equality, dignity and autonomy and the relevance of these in how staff supported people. From our conversations with staff it was clear they recognised and respected diversity amongst people and did not discriminate in any way.

The registered manager and staff had a clear understanding of the Mental Capacity Act (2005). The 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; and 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. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had the mental capacity to make their own decisions.

The provider was also aware of the Deprivation of Liberty Safeguards (DoLS). 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. No one who received a service from Duchy Care was subject to restrictions under the Court of Protection at the time of inspection.

Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Is the service caring?

Our findings

People told us they were happy with the caring approach from Duchy Care staff. People said they were treated with consideration and respect. Everyone we spoke with complimented staff on the caring and compassionate manner in which they provided support. People told us, "They are all smashing; they bring a smile and a willingness to help me with whatever I need. I can't fault them," "They've been extremely kind to me. They come in to see me four times a day and I'm grateful for that because it allows me to keep my home" and "They are quite a small team and I think I know nearly all of them now. I'd be happy to see any of them. They are very caring."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. We heard a staff member encourage a person to record their war time memories and praised how interesting and important their story was for future generations to know. Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. During our visits to people in their homes we saw the consistently caring and respectful way staff interacted with people.

Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "Everyone is treated as an individual and we recognise that their wishes are the most important thing. We are in their home and we are mindful of that and recognise that people's preferences about how they want things done can change so I'm always checking with people."

People told us they were treated with respect and their privacy was upheld. People's care plans described how they wanted and needed to be supported in order to protect their dignity. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused; "I follow what is in the care plan but sometimes a person may not want a shower that particular day and may want a lie in bed instead. It is their choice" and "I do little things like putting people's clothes that they'll be putting on, on the radiator to warm through. It's nice for them and what I'd do for my own mum."

The staff team comprised of male and female carers of differing ages and genders. The service took note of people's preferences with regard to whether they preferred a male or female carer and tried to accommodate this whenever possible. People told us they enjoyed the variety of personalities of people who supported them. We saw that people were relaxed and enjoyed the company of staff. One person told us how much they had enjoyed a visit the day before to a memory café where they had been accompanied by a staff member. This had meant a lot to the person and they had met an old friend from their school days which had made the trip even more special for them.

People were supported by a stable staff team who knew people well and had received training specific to their needs. People told us they were introduced to new staff before they supported them in their home and although they had experienced changes in the staff team over time people were positive about the quality of service they received. People said they had built up positive relationships with staff. Comments included, "I get a variety of carers; I'm fine with that"; "I get different carers, they are all very respectful" and "My carers

were changing but they are going to give me a regular carer."

Staff recognised the importance of their role in the social networks of the people they supported and told us this allowed the person not to have to keep repeating how they wanted to receive support.

People told us staff supporting them always responded to any changes in their care needs. One person commented, "They do everything, and a bit more sometimes, they really do care". Staff explained that if a person was not feeling well they always reported this information to the service managers. We saw that this happened as during our visits to people's homes, a situation occurred where a person needed to go to hospital. Staff were thorough in their assessment of the situation, reassuring to the person about what was taking place and stayed with the person until emergency medical professionals had taken charge of the situation.

Staff told us they were able to request additional time to meet people increased needs and that when this was necessary managers would contact their other clients to inform them of any delay.

Staff recognised the importance of enabling and empowering people to make decisions. Staff described how they always offered people choices and provided care in accordance with people's requests. We saw this during our visits to people's homes and staff provided choice with regard to where a person would like to visit for their social time when they usually went out for a coffee, about the meals and drinks people had and about which clothes people chose for the day. This was clearly recorded in people's care plans.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided to them by Duchy Care and confirmed they felt the service was responsive to meeting their needs. Comments included, "I think they do try to maintain high care standards"; "I can't speak too highly of them" and "The two male carers that are sent are fantastic."

The deputy manager and staff were knowledgeable about people's needs and how to respond to them. Staff confirmed they were familiar with people's care plans and these were available in each of the homes they visited. Staff comments included, "The care plans are clear and easy to follow."

People confirmed they were involved in the development and review of their care plans. People told us, "I know it's there and I remember talking to staff about it when they first started to visit. It's there for me to look at if I want. I'm happy with the care they take."

The management team wrote the care plans with input from the person and if they wished, their representative. People's care plans were developed from information provided by the person, the commissioners and family members. This information was combined with details of people's specific needs identified during initial assessment visits. This included specifics of people's communication needs. For example, one person used an alphabet board to communicate and also preferred to feedback to management about the service via email. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

The initial assessment visit was conducted by a member of senior staff, who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support, in accordance with the interim care plan for two weeks. After this period the interim care plan was reviewed in the light of experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. This provided an opportunity to assess that the care plan was working and could meet the person's level of need. For example, one person's plan was increased to support provided by two staff rather than one staff member following the initial interim period because it was recognised their needs were more significant than originally believed. The care plan was then signed by the person to formally record their consent to the care as described.

Care plans were fully reviewed by a keyworker annually, or when a care need had changed. Care plans were detailed and personalised and provided staff with clear guidance on how to meet each person's specific care needs. Care plans included details of people's preferences about how their care should be provided. We saw that some people's needs had lessened as they had become more independent and this had been updated on the plan of support. One person had initially required assistance with personal care and over time was able and willing to do this for themselves, so staff now supported them with domestic tasks and welfare checks to make sure they were coping well.

Each care plan included specific objectives that had been developed with the person in need of support. For

example, for people who had several visits each day, the care plan was written for that time period. One was written for the person's morning routine, the next for lunch and the last one for the evening routine. Each provided details of the care to be given as well as if household tasks were required. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background impacted on who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided; food and drinks the person had, as well as information about any observed changes to the person's care needs. The daily care records were signed by staff and were audited monthly. This confirmed that staff had attended the visits for the agreed duration, and to monitor if changes to the care plans were needed.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. For example, some people had allocated time to be supported to get involved in local community activities like going swimming, going to keep fit activities and enjoying a meal out. One person told us staff supported them with transport to attend weekly church service and this meant a lot to them. The daily records then gave an account of how time was spent with the person and how the person responded to the different activities both in and out of their home.

People told us they understood how to report any concerns or complaints about the service. People reported that if they had concerns these were taken seriously and resolved appropriately by management.

Duchy Care regularly received compliments and thank you cards from people who used the service and their relatives. We read some of these and saw the depth of relationships people had built up with staff and how much people had appreciated the care and support shown to them.

The service completed an annual service user care review satisfaction questionnaire. The last results from May 2017 demonstrated high levels of satisfaction from people and their families about how the service operated with an overall rating of excellent from 85% of people who responded to the survey.

Is the service well-led?

Our findings

People and their relatives told us of the consistently high standards of care and support they received from Duchy Care and said they believed the service was well managed. Comments included, "Communications with management is very good, I'm on first name terms with them"; "I would recommend them [Duchy Care] if somebody asked"; "In my opinion they are a very good and reliable service" and "We get a weekly visit from a senior carer to check on how things are going."

There was a registered manager in post. 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 service had clearly displayed their last inspection ratings in the office and supplied a copy to each person who used the service, which was placed at the front of people's care plan which was kept in people's homes.

There was a management structure in the service which provided clear lines of responsibility and accountability. As well as the registered provider, who was also the registered manager, there was also a deputy manager and senior staff team responsible for undertaking the supervision of care staff. Staff and people who used the service told us the registered provider showed effective leadership. People said the service was organised and well managed. Staff felt that as the managers undertook care visits in the community themselves when this was required, this gave them a better understanding of their role and how they needed support.

The registered manager recognised the staff team for their work and had begun a 'Duchy Care annual awards' celebration to celebrate the hard work of staff throughout the year. The awards evening recognised staff who had successfully completed their care apprenticeship qualifications as well as 'the best carer of the year' award, as voted for by peers for their professionalism, team spirit, quality care and kindness.

The management team had resourced external trainers to provide both mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the relevant areas of care. Information provided by the registered manager about staff training stated, "I work directly with staff; promote from within and involve them in care planning, risk assessing and I value their opinion. I get to know their individual learning styles and aim to get the best out of them all. I champion my experienced team members and involve them in meetings and planning. Everyone is an individual and our holistic style of developing a team works for us."

There was an open respectful relationship between staff and the management team. Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people or about the running of the service. For example, staff ID badges were in the process of being changed to a lanyard worn around the neck based on feedback from staff.

Some of the ways the service ensured it was keeping up with good practice was in membership of professional bodies such as Skills for Care; this allowed the service to stay abreast of changes in practice and legislation such as the forthcoming changes to the General Data Protection Regulations (GDPR) which comes into force in May 2018.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us, "The team are very closely knit. We support each other well and there is a great passion for people we support" and "We have a good staff morale here because staff know what they are doing, the training is good, management are supportive and flexible and we all recognise we're here for the people we support to best meet their choices."

The registered provider had a process which encouraged staff to make daily updates with the office to share information about how people were generally. They did this using the call recording system on their smart phones. Staff could also visit the office at the end of each shift. This allowed staff the opportunity to "debrief" so that the management team had up to date information on the current situation for every person they supported. Incident reports were completed using the online recording system. This meant there was no delay in incidents being recorded and appropriately addressed. Staff told us they felt there was 'excellent communication' between staff and management which had only been further strengthened by the introduction of the new recording system which allowed for a quicker response to resolving any issues that arose. For example, where it was identified that a person's health needs had changed the service could be highly responsive in ensuring that more support was provided.

People who used the service and staff told us they felt involved in developing and running the service. People's views were sought and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to.

Staff told us the management team were approachable. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation. Where appropriate, meetings took place with care staff who were supporting people with specific needs. These focused care team meetings enabled staff to share their knowledge and discuss and review any changes to the person's care needs. The team meetings also provided an opportunity to discuss care practice issues, such as safeguarding and mental capacity to ensure that staff all had up to date knowledge.

As stated in the safe domain of this report, the service had a contingency plan in place to manage any emergencies. Risks to people, in the event of an emergency, had been assessed. Staff were on call outside of office hours from 6.30am to 11pm and carried details of the roster and relevant contact details with them. This meant people could ring outside of office hours if they had a query. People confirmed they could contact someone from the agency when they needed to. We read in staff minutes about the hard work staff had carried out to keep the service running during recent adverse weather when remote areas had been difficult to access. The deputy manager told us the registered manager had made her off-road vehicle available in the event that staff were unable to access particularly hilly areas where ice and snow made access difficult.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. These included regular spot checks on staff performance and record checks to ensure care plans were up to date. The service did not comprehensively audit personal finance systems when staff had gone shopping for people. Although records of money spent and returned were recorded, these were not audited

against receipts and there was no signature from the person whose money it was, to indicate that they had received the correct change. We spoke with the deputy manager about this and to the registered provider after the inspection. They confirmed that the system would be changed to ensure a monthly audit of financial spend would be introduced.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were positive about working with the service and how the service sought different ways to improve the quality of the service provided.