

Care By Us Ltd

# Care By Us – North London & West Hertfordshire

## Inspection report

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13 June 2016

16 July 2016

17 July 2016

20 July 2016

22 July 2016

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 10 and 13 June 2016 and 16,17, 20 and 22 July 2016 . On 13 June 2016 we visited the office of Care by Us North Hertfordshire, Essex and North London and then contacted people and relatives for feedback about the service they received. We also visited people in their own homes during the inspection.

Care by Us is a large organisation which offers different types of services in East, West and North Hertfordshire, Essex and North London operated from two main locations. This inspection covered the services provided in West Hertfordshire and North London reaching out to approximately 600 people.

The services the provider offered to people included, domiciliary care, flexi care scheme, live in type of services, specialist care from home services, respite care, parent support and supported living. The provider also provided a `Local Links` service which offered specialised transport with staff support for people with mobility difficulties to access the community. This service was free of charge and run through the provider`s own charity organisation.

The provider had specialist staff teams trained to offer a wide range of care and support for people with complex health and social care needs. These included, end of life care, people with behaviour which could challenge other, people living with learning disabilities, dementia and other illnesses which required staff to be knowledgeable about, such as epilepsy, diabetes and eating disorders.

There was a long standing registered manager in post who was also one of the owners of the company. 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 involved in developing their own care plan based on their needs and wishes. Before people started using the service staff met them for an initial personal and risk assessment where they decided and agreed their care and support plan. Staff captured in care plan people`s wishes, what dignity and respect meant for people and gave people choices and control over the support they required and wanted. People gave their written consent to the care and support delivered by staff and participated in regular reviews about their care needs.

People told us staff were respectful and offered care and support in a caring and compassionate way. The care and support offered to people met their needs and made people feel safe. Staff showed a caring attitude when talking about people and were able to tell us how they delivered individualised care which met people`s needs.

People told us they felt staff were knowledgeable and knew how to deliver care and support in an effective and safe way. They praised staff responsiveness to their needs and the provider's approach to provide equipment, mobility aids and specialist support to enable them to live independently in their own homes for as long as possible.

Staff had comprehensive induction training when they started working for the provider and they attended regular refresher training sessions. The registered manager identified and offered specialist training for staff to develop and take on the roles of champions in the areas of their interest. The champions held the highest qualification in their subject areas and actively trained and coached staff. As a result staff acquired knowledge and skills to meet people's needs effectively.

The provider created opportunities for staff to progress in their career within the company which led to a high retention of permanently employed staff group. People benefitted from consistent care and support from staff who were long standing and knowledgeable in how to meet people's needs effectively. The provider had a robust call monitoring system in place which they checked daily and implemented measures to improve call response times when they identified late or very occasionally missed calls.

We found that the provider acted as a role model for staff in creating a caring culture throughout the service by putting people first. People relied on their services and trusted that they could turn to the staff for any help they needed even outside their agreed care contract. The provider understood how much people wished to be cared for in their own homes and they went over and beyond their lines of duty to help people achieve this

The provider successfully supported people to overcome the risk of social isolation. They organised regular events at their own cost to bring people together and encouraged social interaction.

The provider worked closely with commissioners and local authorities from their catchment area to develop new services in response to the needs of people in the community. This had a positive impact by helping people remain in their own home as long as possible with the support from Care by Us staff and in preventing unnecessary hospital admissions.

When people started using the service and were experiencing problems or were unhappy with the care and support received from staff, had weekly well-being visits from a senior staff member. This was provided free of charge and was used by the provider as an opportunity to monitor the service provision and enable people to easily feedback their experience about the service and identify ways to improve. The provider offered this service until people were happy with the support they received.

People received comprehensive information in a service user guide that explained how to complain and who to complain to and offered an overview of the services provided, offices opening hours and responsible staff contact details for each department within the service. The provider appropriately logged and responded to complaints. They investigated each complaint and if improvements were needed these were implemented and shared with the staff team.

The provider developed a recruitment strategy and aimed to recruit staff living within the area of the people they were supporting. In areas where they were short of care staff the provider offered relocation packages to their existing staff to ensure they were able to deliver a continuous quality care service to people. This was particularly important in the more rural areas of the counties they operated in. Care by Us were considered by the local authority in Hertfordshire a reliable and well performing partner the lead provider in offering

care and support to people living in remote rural areas.

The provider mentored and shared best practice ideas with other providers of similar services in their catchment area. They were dedicated to improve the quality of care people received in their own homes in the counties they operated in often offering training for staff working for other providers.

## 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 delivered care to people safely.

People had their medicines administered by staff who had been trained in the safe administration of medicines and had their competencies regularly checked by managers.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Risks associated with the support people received were assessed effectively mitigated and regularly reviewed.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people`s needs at all times.

### Is the service effective?

Outstanding ☆

The service was very effective.

People received support from staff who were appropriately trained and were able to meet people`s needs effectively.

Staff felt supported by managers, they had regular one to one meetings with the registered manager where they had the opportunity to discuss development opportunities.

People were offered the support they needed to eat a healthy balanced diet.

Staff worked collaboratively and contacted health care professionals if people`s health declined.

### Is the service caring?

Outstanding ☆

The service was very caring.

People spoke highly of the staff and developed positive relationships with the staff who supported them.

People were encouraged to be autonomous and were in control of the support and care they needed.

People were supported to retain and regain their independence and live in their own homes for as long it was possible.

People were treated with dignity and respect and their privacy was maintained.

The staff helped people who had complex behaviour, health and social care needs to achieved positive outcomes and live independently.

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

**Outstanding** ☆

The service was very responsive.

People received care and support tailored to their individual needs and preferences.

The service was very flexible and staff adapted the support they provided to constantly meet people`s changing needs.

People were aware of how to make a complaint. Complaints were investigated and outcomes were shared with staff for lessons to be learned and sustain the changes implemented to improve the service.

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

**Outstanding** ☆

The service was always very well-led.

The manager had a clear vision about the service they provided and promoted an open and transparent culture.

There were robust and effective systems in place to monitor the quality of the support provided and to drive improvement.

The manager sent regular surveys to people, relatives and staff to gather feedback on the service and promptly implemented improvements where these were needed.

The provider had a very close working relationship with local councils and commissioning teams for local authorities in the area they operated in. They developed new services for people living in their own homes to prevent hospital admissions.

The local council's social and health commissioning team considered Care by Us a leading provider in community services

and referred other providers of similar services to be mentored by the provider to improve their services.

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# Care By Us – North London & West Hertfordshire

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The location was inspected by one inspector, however visits and phone calls to people who used the service and relatives were done by a team of inspectors and two experts by experience. The expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Following the inspection on 13 June we visited people in their own homes to ask for feedback about the services they received. We also contacted people and relatives by phone. We asked social care professionals and commissioners for their feedback about the provider and the services they deliver.

We visited and talked to 26 people using the service and 10 relatives. In addition we talked to 12 staff members, managers of different departments in the service, the registered manager and the nominated individual. Five social care professionals and commissioners gave us feedback about the services offered by Care by Us in the community.

We looked at documents relating to 20 people and other documents and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.



# Is the service safe?

## Our findings

People who used the service told us that staff helped them in a way which made them feel safe and comfortable. One person told us, "Yes, I feel very safe with them." Another person said, "Some [staff] have got keys and let themselves in but I feel safe, and I'm always up when they come."

Staff were aware of their responsibilities in protecting people against the risk of avoidable harm and abuse. Staff told us that safeguarding people from all forms of abuse was an important part of their role. They said the regular safeguarding training and updates they received helped them be competent in understanding how to keep people safe. Staff gave us several examples when they reported concerns to their manager and the local safeguarding authority and discussed ways to keep people safe. For example staff told us about a person they were asked to provide support for by the commissioners from the local authority. The person was living alone in a large house in a remote rural area without any close family support. Staff found one day whilst visiting that the person was confused and their behaviour had changed. This put them at risk of being lost and in danger if they left their home. Staff reported this to health and social care professionals, however the provider had placed staff to continuously support the person over 24 hours period to ensure the risks were immediately mitigated. The support from the provider was maintained over several weeks and enabled the person to remain safely in their own home as they wished.

Staff were knowledgeable about risks involved in supporting people in their own homes. One staff member told us, "We know about the risks before we go to a person's home to offer care. They always have a risk assessment before we commence the care. We are always checking for risks and update care plans." Staff told us they assessed risks to people's well-being and risks for themselves whilst in people's homes. However staff said they would always discuss any risks with the person as well as how to manage the risks to ensure people were in control of their life and had their wishes respected. One staff member said, "We discuss with people if we feel there is a risk of any sort and we will give them options in how to manage these. Ultimately the decision is theirs and we will respect their choices."

Risk assessments were comprehensive and identified the risks to people's well-being and gave guidance for staff in how to mitigate these. For example staff had guidance in how to manage risks in case people were at high risk of falls. Staff told us they looked for removing obstacles or any items from the person's way and reminded them to use their mobility aid. They also involved occupational health therapists and physiotherapist in people's care if people's mobility declined.

Staff were supported by the provider and the registered manager to positively manage risks for people which led to people being able to live in their own homes longer and stay safe. For example staff told us about a person who contracted Care by Us to support them with regular visits due to them being frail. They discussed their wishes with staff when they signed the care agreement. Their wish was to remain in their own home and be cared for until their death. The person had no relatives and over time they lost their capacity to make certain decisions which put them at risk when they were alone in their own home. The provider respected the person's previously expressed wishes and increased the support provided for the person and staff presence mitigated the risk for the person and enabled them to remain safely in their own

home.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The provider had a constant recruitment drive due to the vast number of people using their services. Candidates were interviewed and all necessary pre-employment and identity checks were done before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available to meet people's individual needs.

We asked people if staff arrived and spent the agreed time with them to offer the care and support they needed. Very few people told us that there had previously been occasions when staff were a little late and they were not always notified. The provider had identified this issue from the surveys they carried out and addressed it by employing and developing a planning team. This team was responsible for organising a team of staff who worked in the same area covered each other's visits when one of them was absent. This gave people the opportunity to get to know the small staff team and related better to them. They also established a fast response team with staff in standby to reach people in case they noticed the staff doing the visits was delayed. We checked the weekly visits analysis the provider carried out. This evidenced that over a period of two weeks five percent of the calls were registered late with an average of one and a half minute. This demonstrated that the strategies put in place by the provider were effective.

The provider demonstrated to us how they constantly monitored and reviewed their staffing levels. For example, when we visited the office in June, they were already in the process of contingency planning for Christmas staffing. They told us, "Christmas holidays planning started in January, we need to limit and manage the holiday's staff take which is explained to them at interview and agreed. We have a summer resilience plan, we recruit a number of additional staff above our required hours to support the main stream rota, so at the moment we are beginning the induction for the summer staff, and then will do it all over again. The planning for staffing is never ending but is necessary because we learn something new every year."

People told us staff supported them to take their medicines, and where people were able to take their own medication staff always reminded them. People's relatives told us they felt medicines were handled and managed safely by staff. One person told us, "I do all the medicines myself and ask the carers to get the medicines ready for me." One relative told us, "It's all kept in a box in the main room; they [staff] got their chart where they take off what they give. I usually get the prescriptions and they [staff] tell me when they're getting low."

## Is the service effective?

### Our findings

People who used the service and their relatives were very positive about the staff who provided care and support. One person told us, "Oh yes, they know what to do. If I wanted anything else done I'd ask them, but I like to be independent." Another person said, "They help me to get things going. I'm very happy with them."

Staff told us they had comprehensive induction training when they joined the service which prepared them to carry out their roles effectively. In addition they had more in-depth training about complex conditions people using the service were living with. For example staff learnt about epilepsy, behaviours which could challenge others, Parkinson's disease, multiple sclerosis as well as other subjects relevant to their roles. During this induction, those staff for which English was not their first language were supported to develop their language skills. For example, the provider gave specialist dictionaries that gave definitions of both medical and social care needs to all the staff who needed it to better understand people's requests and their condition.

Following induction newly employed staff worked alongside a more experienced staff member until they were confident in working alone. One person told us, "I get a lot of trainees and after a couple of weeks they're learning. They're always accompanied by a more qualified carer." At the end of their induction staff obtained the 'Care Certificate' qualification. One staff member told us, "The training we get is very good. The trainers are so good; they make sure we understood everything before we leave the room." Another staff member said, "I really enjoyed my induction training. It gave me confidence and knowledge to care for people. We are offered so much training."

People and their relatives told us they felt staff were knowledgeable and skilled in looking after people. One person said, "Staff knows exactly how to use the equipment I need. They do it so skilfully. They must be well trained." One relative told us, "Staff is skilled and knowledgeable. [Relative] needs to use a hoist to transfer and staff are so good in doing this smoothly and make [person] feel safe."

The registered manager identified and offered specialist training for staff to develop and take on the roles of champions in the areas of their interest. The champions held the highest qualification in their subject areas and actively trained and coached staff. As a result staff acquired knowledge and skills to meet people's needs effectively. For example there were two medicines champions, a safeguarding champion, a dignity champion and a dementia champion. They actively supported staff to follow best practice when offering care and support and to develop their professional skills. One staff member told us, "I started as a carer, then when I was comfortable with that I was given the chance to step up to a more specialist role, with the right training, and now I work in the specialist care at home service, so I feel that Care by Us has developed me above and beyond." As a result of the comprehensive training people were supported by staff who were knowledgeable and competent. This enabled people to experience good outcomes and receive care and support that enabled them to remain longer in their own homes in line with their wishes.

We found that with the help of the champions who were regularly working with staff, checked their

competencies and promoted best practice the quality of the care provided to people improved. For example we found staff were knowledgeable and followed best practice when administering people`s medicines. They told us the champions had identified areas where they had to improve when dealing with people`s medicines and these were actioned. For example staff knew people who had time specific medicines and they ensured they were always in time to administer these to people. We also found staff knowledgeable about the principles of good dementia care. One staff member told us, "We learn so much every day. We always have the Champions to ask if we are unsure about anything. We did learn from day one to listen to the people we care for even if they are confused if we listen properly we can understand them." This meant that staff working for Care by Us was knowledgeable and skilled to meet people`s needs and influence positively people`s quality of life. One person told us, "I can honestly say that if they [staff] would not come to help me I would be in a different place by now. I am very happy."

The provider offered the opportunity for staff working for other providers of similar services in West Hertfordshire to access their training programme. The registered manager set up an outreach programme to all domiciliary care providers in West Hertfordshire with a view to co-operating on recruitment and training to ensure staff who worked in this area was sufficiently skilled and knowledgeable to offer a high quality service to people. We saw that other providers welcome the offer of induction training for their newly employed staff.

Every staff member we spoke to was happy and praised the support from their managers, registered manager and provider. They told us they considered the provider and registered manager their role model and were inspired by the interest they showed towards them and towards people who used the service. One staff member told us, "When I applied for this job I left a message late in the evening to express my interest. Ten minutes later I got a call back. [Provider`s name] was on the phone and asked if I can come for an interview." They continued, "I am so inspired by their [provider] passion and the support they gave us [staff] is extraordinary." Another staff member told us, "It's like having the whole team with you when you are in someone's house supporting you, no matter what comes up, what the problem may be there is someone who has your back day or night."

Staff told us they had regular one to one meeting with their managers; however they were contacted almost daily over the phone by a manager just to check if they needed anything. One staff member told us, "We have regular one to ones but we don't have to wait to raise anything until then. The managers call us almost daily just to see if we are doing okay." Another staff member said, "Supervision meetings are regular and I use them to discuss development opportunities for me. I can raise issues I have daily, so no need to discuss in meetings." This meant that the provider recognised the importance of a good support network for staff who were delivering care in people`s own homes. Staff felt supported and confident and able to deliver the desired outcome for people using the service.

The provider encouraged staff to develop and progress in their career within the company. Staff confirmed that they were encouraged to progress in their chosen fields such as senior care staff or management training. One staff member told us, "My passion is end of life care so they [Provider] arranged me training in this with one of the local hospices." We found that 130 care staff were undertaking national vocational qualification training. Five staff were studying for the Level 5 Health and Social Care qualification in view of taking up manager positions for the different types of service the provider offered to people. This meant that staff were motivated to stay and work for the provider longer which gave continuity in the care and support people received.

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 were supported by staff to take informed decisions about their care and support. People told us staff always asked for their consent before they attempted to offer care and support. One person told us, "Staff is really good. They always ask if it is ok to do this or that. I am very happy and I feel listened to." Another person told us, "I was asked to agree to the care I receive. It is all good and they [staff] ask me every day if it is ok. I have no complaints at all."

Staff demonstrated a good knowledge when we asked them about the five principles of the Mental Capacity Act. They told us what actions they would take in case they felt a person may lack capacity. They gave us numerous examples of when they initiated best interest processes where they involved social and health care professionals to ensure the care and support of people who lacked capacity received was in their best interest. For example staff told us about a person who they were supporting. Over time the person has lost their capacity to sign and pay for the support they were having from staff. The provider contacted the relevant authorities to start the process of appointing a legal representative for the person, however in the meantime at their own cost they increased the support the person received and enabled them to remain in their own homes. One staff member said, "In this company its ` not about the money it is about helping people to achieve what they want to achieve. Even if somebody lacks capacity for certain things they are able to tell us if they want or not to live in their own home."

There was a strong emphasis on the importance of eating and drinking well. Staff told us if people needed this support they always encouraged people to choose healthy options. One person told us, "They always make sure I've got lots of water, I drink a lot." Another person told us, "The thing that sticks in my mind is when staff encouraged me to take the stuff I had to take to put weight on, and they were very encouraging and helpful." Other peoples` comments included, "They [staff] get me up, wash me and get my breakfast ready. They come in the evening and cook my meal for me.", "They always make me a cup of tea. It is a very good service.", "I am very pleased with the care, and wouldn't you [member of the inspection team] be if they made you cheesecakes!"

Staff were knowledgeable about people`s nutritional needs and different types of diets people had. They gave us examples when they involved GP, dieticians, speech and language therapists when working with people and their diets. We found examples when people were supported to lose significant amounts of weight and improve their health and fitness levels including lowering of their cholesterol. People were supported to attend weight loss sessions and activities to promote healthy lifestyle like, arm chair exercises, swimming, football, forest walking, horse riding and dancing clubs to support a healthier lifestyle.

The provider included cooking lessons part of the induction training for newly employed staff and they learned basic cooking skills and how to promote healthy eating for people they were supporting.

Staff told us that for people living with dementia they used coloured plates and prepared brightly coloured foods for people to easily distinguish food on their plate. Staff told us they chopped food up as finger foods as they realised that sometimes when a person's eye sight was poor they ate much better, if they could easily pick food from the plate. This was an innovative approach from staff to promote a good food intake which enabled people to keep in good health and live in their own homes independently.

People told us staff were proactive in promoting their health and well-being. One person said, "I told them [staff] once I had a problem. They were on the phone to my GP straight away. They got advice and helped me feeling better." Another person told us, "They [staff] will do anything I need them to. They will take me to appointments, sort out my medication. I cannot ask for more."

Staff told us they had people's health and wellbeing at heart at all times. They supported people with their appointments, liaised with their GP's and district nurses team. We saw when we visited a person after the inspection staff were supporting them and called emergency services. They stayed with the person until they were taken to hospital and informed family members so they could meet them there. This meant that staff promoted people's wellbeing and offered not just physical support they looked after the person's psychological needs as well.

Staff offered enabling care and support to people recently discharged from hospital and for people with temporary health conditions to prevent hospitalisation. They liaised with GP's, health and social care professionals like physiotherapists until people regained their independence. One health care professional told us, "In collaboration with a multidisciplinary team, Care by Us assisted in the design and development of a three week programme to discharge patients experiencing an episode of delirium. The major role they played was in developing their workforce, in conjunction with geriatrician based training, to provide the right levels of support and care to facilitate maximised recovery potential in the patient's home. More recently they helped to shape our Health to Home project providing short term interventions which help reduce the levels of stranded patients across the acute and community trust bed base."

## Is the service caring?

### Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. People told us they liked staff coming in their homes and they developed long standing trusting relationships. One person told us, "I am so grateful for everything they do. I know them well and they know me. We have a very good relationship and I trust them." Another person told us, "They could not be nicer. They are very kind and so gentle. I love when they come and sit with me for a cup of tea and we have a chat."

We found that the provider acted as a role model for staff in creating a caring culture throughout the service by putting people first. People relied on their services and trusted that they could turn to the staff for any help they needed even outside their agreed care contract. The provider understood how much people wished to be cared for in their own homes and they went over and beyond their lines of duty to help people achieve this. We found many examples where the provider had helped people, often at their own cost, by arranging services or assistance to help people continue being able to receive care at home. They arranged emergency plumbers; gas specialists; electricians and window replacements, helped re home animals after people could no longer look after them anymore; purchasing microwaves, kettles, heaters. They also worked with several people who had a tendency to hoard items and self-neglect to help them clear their properties and enable them to live there longer. This showed how the provider considered people's holistic needs, had their best interest at heart and were able to provide care and support in a way that made a clear difference to people's lives.

People, relatives and social care professionals we spoke with told us staff were exceptional in enabling people to remain independent. One person told us, "I came out of hospital and they came and sorted everything out. I needed [equipment] they phoned the office and it was there. I am able now to be independent with my toileting needs." Another person said, "When they came first time I could hardly do anything. Now they helped me learn how to get in and out the shower and be safe, how to dress myself and I can do things for myself. Very good service."

A social care professional told us, "Their services [Staff from Care by Us] enable people to be independent, they link with other organisations to give everyone a choice and the feedback from people is consistently excellent." They gave us examples when the enabling service provided by staff from Care by Us promoted independence for people and had a positive impact and outcome on people's life and well-being. For example, staff from Care by Us supported several people to be discharged from hospital with a very large care package to start with, but with a focus on people's personal goals they enabled people to manage their personal care needs, prepare their own meals and also socialise independently. Social care professionals told us this had a positive impact on people's life and as their care needs reduced more funds became available to support other people with greater needs.

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service, relatives, health care professionals involved in the service and from records seen. The care plans contained information about preferences for care support including



the gender of care support workers and how people wished to be cared for. Care plans seen described how people communicated their needs. Daily communication records demonstrated a very kind and sensitive approach from the care staff in the care delivery and support. The provider told us that they prided themselves on the provision of innovative care and that the care provision was wholly dependent on relationships built on trust and care. Our observations and discussions with people confirmed this approach across the service.

People and staff had clearly developed close and trusting relationships. People and relatives we spoke with were all positive about the staff who provided their care and told us they were friendly, knew them and their needs well, and that they felt at ease in the presence. One person told us, "They treat me like a friend, they ask me if they can do anything else, always use my first name, they talk with me and we chat together, they're really nice, nothing is too much of a problem for them." A second person said, "They are polite and caring wonderful people. They cheer me up when they come."

People told us staff were attentive and protected their privacy, dignity and respected their preference regarding the gender of staff looking after them. One person told us, "The girls are lovely and they'll do whatever I ask them. I won't have men. I said before they started that I only wanted women and they have only sent women." Another person told us, "They're very respectful. When I first started my [relative] didn't like a male carer washing me, and they respected that."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up people during personal care support and providing personal support in private. Staff told us how they gave people time to participate in their care themselves where they were able, and when providing people with personal care encouraged people to carry out even small tasks that were important to them such as washing or combing their hair.

People had confidence in staff and told us they were trusting that staff would maintain confidentiality about their personal information and care. One person said, "Absolutely, it's just a general feeling that I can talk to them about anything – I feel comfortable. I know it's not going to go anywhere else." Another person told us, "Well I know that they don't give away anything they shouldn't or anything personal." This meant that people felt able to build trusting and meaningful relationships with staff and this made them feel valued and safe.

People who received a service from Care by Us, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "[Name of staff member] from Care by Us came and discussed it [care needs], they [staff] did suggest three times a day but we have chosen to have mornings and evenings." One relative told us, "Yes, it was the senior management who came to discuss the care plan and care needs. I was there; it was very professional and very understanding of my [relative] needs."

People told us staff listened to their views and took into account their preferences when delivering care and support. One person said, "They [staff] do listen, it does help because they're so kind, they understand. I cannot say a bad word about any of them – they understand how I feel about my hygiene and all that." Another person said, "Yes, I do stipulate that I have to have someone over twenty-five who can drive. We go out quite a lot, shopping, into the countryside, visit my family, lunches, and I have a very good rapport with both of them [staff]."

Staff were highly motivated to offer care that was kind and compassionate with a strong, visible person-



centred culture. One staff member told us, "This is a very rewarding job; people rely on us to enable them to live in their own homes for as long as possible. We do everything possible and impossible to make sure we can achieve this." Another staff member said, "Care comes first in this company. That is why I work here. We are motivated by [provider`s name] to put people first." They continued to say. "So many times [provider`s name] led by example and demonstrated what `care` really means. They [provider] even care for people when they are not getting paid for it. I just think this is inspiring."

## Is the service responsive?

### Our findings

People told us the care and support they received was responsive to their needs, and they or their rightful representative were involved in regular reviews of their care needs. One person told us, "Yes, my [family member] arranged it all [care plan and review meeting] and got everything sorted out, and we are pleased with the care that we're getting." Another person told us, "My [family member] will sort things out for me; we see the carers sometimes and discusses things."

All people we spoke with were positive about the care they received and people were very involved with their day to day care. One person who lived in a flexi care facility run by the provider told us, "They [staff] do care for me as I like it. They ask me `is there anything you need` and when I need help they can provide it." They continued, "I am a private person and I like to stay in my flat but when I come down I feel so welcomed that I get emotional because I'm not used to it. I find it lovely; I wish there were lots of places like this." One relative told us, "They [staff] support my [person] to be independent. They encourage them to do things for themselves. They will always respond to [person`s] need for help in things they cannot do. I am very happy with the service. I have no worries since Care by Us took over [person`s] care." Every person and relative we spoke with told us the care received from staff was very responsive and adapted to individual needs. People felt that because of the care and support they received they were able to remain independent in their own homes and be safe. One person told us, "They [staff] are marvellous they help me exactly with what I need help. Because of them I am able to stay in my home and I don't want to go anywhere else. They are angels to me."

The provider told us in the provider information request we sent them how people's views and wishes were central to the assessment of their needs. They stated, "It is essential when planning the delivery of care that we understand service users desired outcomes. At assessment the outcome framework is put together with the service user who is best placed to know what they need and how their needs can be most effectively met. We will also take into account the views of all of those people, such as carers and GP's who have an interest in the welfare of our service user. We will then measure and focus on the results achieved and regularly review and reflect" Throughout the inspection our observations and discussions with people and with staff showed this approach was put into practice.

We found people who used the service received excellent personalised care and support. The assessment process and enablement programme related to individual needs and was centred on the person and the outcomes they were seeking. The provider had adopted seven outcomes from the Ageing Well in Hertfordshire strategy and they incorporated these in people's individual care plan. The outcomes of this strategy were: people were enabled to live well, independently and safely, for as long as possible in their own homes, people were treated with dignity and respect, support was offered at the right time, people had choice and control over their lives, people were helped to make informed choices about their end of life care. The outcomes also covered the support offered to family carers to ensure they had their own needs met to maintain their own physical and emotional wellbeing and also the staff supporting people and their families were compassionate, capable and confident in delivering support. We saw numerous examples of how the provider successfully achieved these outcomes for people using their services. One person told us,

"Staff are really good and check if there is anything else I want doing. This was all so new to me [previously used different care provider]. I have admiration for the staff. I can't fault them. They are all amazing. They do their job; they are respectful and encourage me to be more independent. I do feel they changed my life and I can stay in my home which is very important to me."

The care files of people showed that an assessment of their needs was completed by appropriately trained staff at the start of the service, which included specific risk assessments. These were completed in a person-centred way with the full involvement of the person and where necessary with the involvement of their relative or other people important in their lives. One relative told us, "We are very involved in [person`s] care and care planning. They [staff] always ask [person] if they want us in there [reviews] or not. I think this is really good." Before staff first entered the person's home to provide care, they were able to access key information through the electronic care record that provided them with information such as how to enter the home, where the person would be, their care needs and routine and so on. As the relationship grew between the staff and person, so did the knowledge of staff in providing bespoke care to them.

The provider successfully supported people to overcome the risk of social isolation. They organised regular events at their own cost to bring people together and encouraged social interaction. For example there were Halloween parties, Christmas parties, Easter parties, tea parties and special birthday celebrations. There were several outings organised to the sea side, farm days and BBQ`s. People were supported to attend these events. The provider facilitated transport and staff were present to support people. As a result people formed new friendships and were motivated to socialise more. We found that there were small groups of people who were meeting regularly supported by the provider, for example, Borehamwood senior group met weekly to enjoy social interaction. We found that the provider was organising these out of their own initiative and were not contracted or commissioned by local authorities or the people they were supporting. The provider told us that people wish so much to remain in their own homes that they don't realise at times that this could mean social isolation. They organised these events to give people something to look forward to and socialise with other people with similar circumstances.

The provider offered different types of services to people living in the community. For example, live in care services, domiciliary care visits, supported living, specialist care at home service and many others. One social care professional told us, "They [staff from Care by Us] work with our Community Learning Disabilities team to develop and deliver creative and person centred packages of support for people with learning disabilities. I have, on a number of occasions, visited some of their support living service users within their homes and am always struck by how the environment staff create really enable our vulnerable residents to thrive, build on their positive strengths, and support them to be part of the communities in which they live."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. People using the service also commented on how well their individual needs were met. For example people told us their wishes were respected if they expressed a preference for female or male staff members to support them.

The service provided to people was flexible and responsive to people's individual needs and preferences. Staff enabled people to live life as fully as possible. For example staff supported a person with hourly service (continuous 24 hour service) in their own home. The person was left severely disabled following an accident and suffered depression and anxiety. With staff`s dedicated approach the person made significant progress in re-gaining their mobility and being able to walk. Staff supported, motivated and helped them engage in fund raising events for their chosen charity organisation. Their efforts were publicly recognised at Downing Street. Staff continuously supported this person for a period of over ten years and achieved significant

improvements through these years. At present staff were helping the person organising a fundraising event at an Olympic stadium where they were planning to walk the whole course supported by staff.

The provider and management team further provided us with examples of where the service was responsive and adaptable to people's changing needs. They confirmed that people's needs were regularly reviewed and changes were made to people's care package, either increasing the number or range of visits or reducing the support as people's health improved and they became more independent. One person told us, "This service is a god send and I am so pleased I got to use it. They have been with me in my recovery every step of the way and now I can do things on my own I feel like I am me again, and not just a patient in hospital."

The provider worked in partnership with the local council and hospital in developing a Delirium Recovery Pathway (DRP) to support people in their own homes if they developed a period of severe confusion and had episodes of delirium. The registered manager was asked to provide live - in service to people to avoid further deterioration in their cognitive behaviours if they were moved out from their familiar surroundings into hospital. We found that staff successfully provided care and support for people through this pathway and prevent hospital admissions for 50 people in one year. People in hospital were helped by a team of care and support staff who worked collaboratively with health and social care professionals and facilitated safe discharges from hospital. This meant that the service was responsive to the care and support needs of people who wished to be cared for in their own homes.

One social care professional told us, "Care by Us are one of our main "go to" agencies in Hertfordshire and always work with us in an open, cooperative, and responsive way – quickly grasping problems with some of our most vulnerable and complex service users and offering solutions that are focussed on the wellbeing of our service users, always willing and able to go that extra mile to ensure we are providing our service users with the very best quality care."

The majority of people we talked to told us they had no reason to complain about the service they received, however they knew where to find the provider's complaint procedure should they wished to complain. One person told us, "Yes, I've got a telephone number that I can ring, but I've never needed it. If I need an earlier time I'll ring them to ask and they're very helpful." Another person said, "They [staff] are quite good, I've got nothing to complain about."

Some people told us they had complained in the past and the issue they complained about resolved. One person told us, "I did once [complain] and I sat and had a chat with my morning carer, who then had a chat with the manager, and things improved since then."

People we visited had been given a service user guide when they started using the service with information about the services provided by Care by Us including the complaints procedure to enable them to raise concerns or make a complaint. The provider actively engaged and promptly responded to concerns with an initial visit to the person and discussing the areas of concerns face to face. The provider arranged wellbeing visits for people who had reasons to complain to ensure their concerns were resolved and their needs were being met. This approach helped raise confidence in people that they could share their worries and complain and doing so had no negative impact on the service they received.

One social care professional told us, "Complainants are visited within agreed timescales to address and resolve emerging issues. Learning from the outcome of complaints feeds into training, policy updates and procedures where necessary. The provider organises wellbeing visits to ensure the service user settles and is happy."

We saw that following complaints from people in the past regarding visits being late or missed the provider developed 'Fast Response Team' to quickly and easily access people in their catchment area in case the call monitoring system flagged up that the staff visiting people were running late. This had a positive impact on the care people received and reduced the number of missed calls significantly. For example we saw in May 2016 the provider registered zero missed calls and very few late calls. One relative told us, "Once my [relative] called me that they had a fall and I called them [Care by Us] they managed to get to [person's name] in 20 minutes and everything was fine. I thought this was very good." This meant that the fast response team was able to reach out to people in case of emergency outside their agreed visiting times.

One social care professional told us, "Problems, when they arise, are always responded to swiftly, effectively, and in the spirit of transparency and partnership. Care by Us is an organisation we trust to work with our most vulnerable people. "

We found that the provider was not only responsive in meeting people's needs who used their services, they were also contacted by local authority when there was a need for them to urgently take over people's care from a failing provider. We found examples where the provider successfully took over on Christmas Eve the care and support for 80 people. This was managed effectively and people were able to remain in their own homes due to the hard work and commitment from all the management and staff team from Care by Us.

## Is the service well-led?

### Our findings

The majority of people we talked to and visited were extremely satisfied with the service provided. People we spoke with rated the service as very good and outstanding for the care and support they received. They praised the quality of care, the friendly, caring and happy personalities of the staff and their preparedness to go the 'extra mile' to meet their needs. One person told us, "Outstanding [the service] – as simple as that!" Another person said, "They [staff] are so gentle when they get me out of bed, they don't rush me or seem keen to go. I feel like they're looking after me ever so well, Fantastic service!"

There was a strong emphasis on continually striving to improve the services provided to people. The providers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. One staff member told us, "Before I applied for a job at Care by Us I have researched about them and it became obvious they were a caring company. The directors are leading by example and always put the service user first. They listen to us [staff] if we suggest any improvement and it is nice that they never think about the costs if we can improve the life of someone." Another staff member said, "They [providers] are always around to talk to us. They are really focussing on the wellbeing of our clients. We [staff] learn that 'people come first' in our first day of induction."

We spoke with the provider and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on delivering quality services primarily by ensuring people were put first, and supporting staff continually but also that the care was person centred and individuals were central to the work they did. The provider told us, "They [Staff and people] will hopefully say that they come first, that they feel supported by us and feel that we focus all our efforts on delivering good quality care." When we spoke with staff and people, they echoed the vision and values emphasised by the provider. One staff member told us, "I feel we are valued as much as the people we help and that [Provider] does not focus on profits, but on us." Another staff member said, "They [Management team] believe in supporting us to give people the special care they expect, we put people at the heart of what we do, and that's because that's how the company is set up. I love working here, they [provider] have helped me so much."

Staff told us that the day to day leadership in the service was of high quality and promoted an open culture and supportive environment. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. Staff felt proud working for the service and enjoyed coming to work. One staff member said, "You feel you can just chat to them [Management team] about anything and they will listen and be there for you." Another staff member said, "I tell you [inspector] here and now that whenever I need help day or night I can get hold of anyone. I was stuck one night waiting for an ambulance at 12:30 am. [Provider] called me which made such a difference and gave me a real boost because I felt appreciated." Staff we spoke with were able to tell us about other examples where the support and leadership provided had enabled them to feel that they mattered. This clearly had a positive impact on staff morale and motivation to offer the best quality care to people.

The service worked in partnership with the local authorities and commissioning groups in their catchment area and showed that through consistency and dedication they consistently managed to reach out and

provide care and support for thousands of people. The local authorities considered Care by Us a reliable and well-performing partner in West, East and North Hertfordshire and Essex. One social care professional told us, "Care by Us has been a strategic partner of Hertfordshire County Council in the truest sense. Having started as a small local agency, [provider's names] have grown an organisation that is committed to delivering the highest standards of care for people and working alongside the council to change the nature of domiciliary care in our county. Their services enable people to be independent, they link with other organisations to give everyone a choice and the feedback from people is consistently excellent. Every time I visit their office, their staff are genuinely happy to be there and are proud to work for their organisation. Care by Us occupies a large share of the homecare market in Hertfordshire - and as a council we have certainty that they will continue to deliver for the people who use their services, will work with us as a strategic partner and always be leading the way in their area of expertise."

The registered manager who was one of the providers told us, "All we care about is people. We started this business because of our passion for care. It is important people have the care which enables them to stay and live in their own homes for as long as possible. We make sure we deliver the best possible care to make sure people can do this."

We found that the provider acted as a role model not just for their staff but for other providers who delivered a similar service. They shared their experience and helped smaller provider`s improve their practice and offer better quality care to people they were supporting.

One provider from a similar service told us, "At the time I met [care by us provider`s names] we [other provider] were struggling to meet new demands for our services for both complex and elderly care. They [care by us providers] supported us by sharing their recruitment strategy. We implemented a similar recruitment strategy in 2015 and we have now recruited and retained 25 care workers. This has had a significant impact on us being able to develop our services and offer consistent and quality care to our service users."

Another provider told us, "I met [provider`s names] at a meeting in December 2014 and have kept in touch with them ever since. I had the opportunity to visit their business, during which time they showed me round their premises and offered support. They also offered that my manager and myself can come over to spend time at their office for on-going support. We are a small business and it is extremely valuable to have support from experienced well established care providers like Care By Us Ltd."

One social care professional we spoke with told us they asked the providers from Care by Us to mentor and support a similar organisation which was failing to meet their contract with the local commissioning authorities due to the quality of care they provided to people. They told us, "Care by Us were asked to support the Directors of the company, over a particular weekend. They quickly mobilised a support team to visit the branch and give an overview and report of the situation. Care by Us made thorough recommendations about the basics of the company and what they could do to improve and focus on. With their advice and support, which included training and mentoring for staff, this provider was able to turn their business around. They are now thriving and have increased their business and are one of our main providers in the area."

Another social care professional told us they relied on Care by Us to step in and take over at times from one day to another other services where contracts have either failed, gone into liquidation or who have left the market. The providers were able to step in and successfully prevent people being put at risk due to their service provider`s inability to offer them a service.



The provider established 'Advisory Boards' in both East and West Hertfordshire with representatives of the Clinical Commissioning Group (CCG), acute hospitals, Health Watch, social services, representatives from a local care provider association, local GP'S, other lead care providers and service users. The aims of the advisory boards were to develop integrated working and the delivery of a better, safer community care service throughout Hertfordshire.

The provider used innovative ways of communicating with staff who worked in the community to make sure they were informed of any changes in people's condition and shared views and information about the people they were supporting. For example the provider developed and implemented their own call monitoring system and mobile application designed for their service. This was used by staff to accurately record the time spent in service users' homes ensuring care was being accurately charged, preventing missed visits and supporting lone workers. This application was further developed to contain real time information to alert care workers of changes in care requirements like changes in people's mobility or any medication changes. With people's consent this could be accessed by their relatives for them to see times of completed care calls, tasks and the outcomes of the care delivered. District nurse teams could also link and respond promptly to any instant alerts sent by staff regarding people's pressure areas, nutrition, and other needs. This was an innovative way to engage and work effectively with all the parties involved in the care and support people received in their own homes. As a result people received care which met their needs and promoted their wellbeing.

The provider developed close working relationships with a local hospital in the area. They jointly recruited staff who were initially trained and mentored to learn about their roles and responsibilities by the provider. Staff were offered the opportunity as a career development after they reached a level three national vocational qualification to work for the local hospital. The provider told us, "We work with Watford General Hospital looking at recruiting Health Care Assistants, training them up in the community to level 3 or above [national vocational training], and after 9 – 12 months offering them the possibility to transfer to Watford General Hospital. This is a career development opportunity for the individuals concerned and offers them the chance to move onward and upward into the NHS. From our perspective, even though there is a defined exit for the individual from our company, we hope to be able to attract talent that we would not otherwise have been able to attract had we not been able to offer them this opportunity in the first place."

The registered manager implemented a robust quality assurance model which enabled them to keep a close eye on the quality of the services they provided to people. There were audits done daily and monthly by care staff, managers of different departments, and the providers. These audits included spot checks for care staff, auditing care plans, checking medicines and staff competencies, safeguarding referrals. The data collected fed into a monthly report where the provider monitored their own compliance against their set Key Performance Indicators (KPI's). In addition they used numerous methods to obtain feedback regarding the service levels from the people they supported. This helped them identify any trends in complaints.

We saw people received visits, telephone calls or a postal request for feedback on the service they received. These were analysed and the action points taken and tracked to ensure the necessary changes were made. For example the provider established a fast response team who had seven staff members on standby during the day to pick up and attend to people if their regular staff member had been delayed or in an emergency situation. The provider monitored the impact of the team and due to this being positive was looking into extend this. This demonstrated that the provider promoted a positive and open culture in the service encouraging staff and people to voice their opinion about the service they received on which they always acted upon. They demonstrated a strong commitment to continually improve the service.