

Southern Housing Group Limited

Southern Housing Group

DCA

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Southern Housing Group DCA is a domiciliary care agency providing personal care to people in their own homes including a group of people living in an extra care housing facility. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was providing personal care to 42 people.

People's experience of using this service and what we found

People were very positive about all aspects of the service. All the people we spoke with praised the staff for their caring, kind and respectful attitudes and confirmed their preferences were listened to and respected.

The service was exceptionally well run. The provider, management team and staff shared the visions and values of the service and these were embedded within service delivery. There were robust systems to assess the quality of the service provided.

The service was committed to ensuring that there was equality and inclusion across the workforce and for the people who used the service. People were fully included in everything in relation to the service and encouraged and supported to be actively involved in the development of the service. The service was driven to help prevent social isolation for people living in the community and strong links with external organisations had been developed to benefit people.

The provider and registered manager were fully committed to ensuring the service continually improved and was proactive in implementing change. There was a very strong emphasis on continuous improvement and lessons learnt from incidents and people's feedback were used to improve the service further.

Staff worked in partnership with external health and social care professionals to ensure they supported people well. Professionals all spoke highly of the service and the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received effective training that gave them the skills to support people with their needs. Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively. They had an excellent understanding of managing risks and supported people to reach their full potential through consistent, personalised care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Southern Housing Group

DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We

used all of this information to plan our inspection.

During the inspection we gathered information from 12 people who used the service. We also spoke with the operations manager, the registered manager, the deputy manager, and four members of care staff. We viewed six people's care records and three staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures, records of accidents, incidents and complaints, audits and quality assurance reports.

After the inspection

We received feedback from four health and social care professionals. We reviewed training data, quality assurance records and additional supporting information provided by the management team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Effective safeguarding systems continued to be in place.
- Staff were knowledgeable in recognising signs of potential abuse, had received safeguarding training and understood the relevant reporting procedures. A staff member said, "I would report any concerns on to the manager, I am confident the management would do something about it. If I needed to, I would contact the police or social services myself."
- People said they felt safe with every aspect of the service and the care they received. People's comments included; "They make me feel safe, especially when they take me out shopping, I feel secure having the help", "Very much so, they are very good, sound and knowledgeable", "I feel safe with them coming in my home" and "Yes, absolutely [safe]."
- There were processes in place for investigating any safeguarding incidents. Where safeguarding concerns had been highlighted, they had been fully investigated and actions taken where required.

Assessing risk, safety monitoring and management

- Each person had a thorough risk assessment in place to help ensure they were kept safe. Risk assessments viewed contained clear, detailed information about individual risks to people and how these risks should be managed and mitigated.
- Risk assessments were reviewed regularly by a member of the management team and updated, where required to ensure staff had up to date information to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm.
- People's home and environmental risk assessments had been completed by the management team, to promote the safety of both people and staff.
- There was a lone worker system in place to promote staff safety and staff were issued with mobile phones which allowed management to track them using a global positioning system (GPS). These phones also provided staff with secure access to vital information about the people they were supporting.
- The service had an electronic logging in/out system. This meant when staff arrived at a person's home, they were expected to log in and were unable to log out until all the required tasks were completed. This system automatically alerted office and on call staff that care staff had completed their required calls. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe.
- Staffing levels were determined by the number of people using the service and the level of care they

required.

- There was a computerised duty management system, which detailed the staffing requirements for each day.
- Short term staff absences were managed through the use of overtime from existing care staff, as well as additional support provided by office staff and the management team. The service also had a pool of bank staff available when required.
- People spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. Comments included, "They always arrive on time, but if they are going to be a bit late with traffic, they let me know", "They are usually on time, unless there's a traffic hold up, only usually a delay of up to 10 minutes, anymore and they phone" and "They've never been more than a few minutes late."
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- Staff files included full employment histories and records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. DBS checks were renewed every three years to help ensure that staff continued to be suitable for employment. References had also been sought from relevant people to check applicants were of good character.
- Staff confirmed that all recruitment checks were completed before commencing work at the service.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines when they should.
- Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. These records were checked by a member of the management team when they were returned to the office to ensure that the medicine was being given as prescribed.
- People told us they were happy with support they received with their medicines. People's comments included, "They check if I have remembered my medication", "I have a blister pack and they remind me to take them" and "I'm very happy, I would forget [to take my medicine] without the reminder."
- Staff received medicine training during their induction, both face to face and through distance learning. After this training, the registered manager or senior care staff supervised and observed the staff member and completed a 'staff medicines assessment', to ensure staff competency and further training was provided if necessary. Staff's competency to safely administer medicines was regularly reviewed by the management team.
- Care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

Preventing and controlling infection

- The provider had an infection control policy in place and staff undertook training in this area.
- Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

Learning lessons when things go wrong

- An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future occurrences.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team completed assessments which were comprehensive to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed with the person and family members. Following assessment, the service provided a holistic approach towards providing person centred care.
- The service used a rota planning system to record preferences and choices of the people they supported. The use of this system meant staff members could not be allocated to provide care to people if they did not match the person's individual preferences and needs.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life. Where appropriate, there was guidance for staff in people's files which reflected good practice guidance.
- Records were consistent, and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.

Staff support: induction, training, skills and experience

- New staff were required to complete a comprehensive and detailed induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- People who used the service and healthcare and social care professionals described the staff as being well trained. A person told us, "They're well trained, they do all sorts for me." Another person said, "They are good at their job." A social care professional commented, "I breathe a sigh of relief when I hear Southern Housing Group is involved with one of my clients, I know things will get done properly."
- There was an electronic system to record the training that staff had completed and to identify when training needed to be repeated. The records viewed confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way.
- The training staff received included essential training, such as medicines management, safeguarding adults, moving and handling and infection control. Additional training was also readily available to staff to support people's specific needs. A staff member said, "It's a good organisation, they really support staff development." Another staff member said, "The quality of the training is very good."
- Staff received regular supervision sessions with a member of the management team. These provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were managed well. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded.
- If reduced appetite or weight loss was suspected by staff, food and fluid charts were implemented and reviewed to monitor dietary intake. The operations manager told us, "If staff noted concerns in relation to a person's diet they would contact the office and a doctor, or the community nurses would be informed."
- People told us they were happy with the arrangements in place to support them with their meals. One person said, "They make my lunch every day, I'm happy with it." Another person told us, "They prompt me to have a drink and make sure I get enough fluids; I forget sometimes, and it was hot recently."
- Staff had received training in food safety and were aware of safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff were proactive in requesting support from health and social care professionals in a timely way to help achieve good outcomes for people, ensure people received good quality care and promote people to have a good quality of life. For example, the registered manager described a time when the service was supporting a person in the community whose dementia progressed resulting in them becoming unsafe. Senior staff of Southern Housing Group instigated professionals' meetings for this person and were instrumental in future care placements to help ensure they were suitable for the person's needs.
- The service worked well and effectively with external health and social care professionals. This was confirmed by professionals who all spoke highly of the service and the care provided. A social care professional told us, "I have generally found the staff to be helpful and supportive to the people and also to professionals." They added, "This is a vital resource and one which I wish we had more of."
- People had care plans in place, which contained essential information, including information about their general health, current concerns, social information, abilities and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff told us where people's health needs deteriorated, they were able to support people to access medical support, if required. People confirmed this and that they were supported to attend appointments were required. People's comments included, "They're [staff] very supportive, they take me and offer to come with me" and "They phone for me if I need to see the doctor and take me."

Ensuring consent to care and treatment in line with law and guidance

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.

- We checked whether the service was working within the principles of the MCA. From discussions with the management team and staff, they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.
- Proper procedures had been followed when people were not able to make decisions about their care or support to ensure decisions made were in people's best interest.
- People told us they were asked for their consent before care was provided. Evidence of this was further supported within people's care records.
- People's right to decline care was respected. Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "If a person declined care, I would talk to

them about it and explain why they may need the care. I would check their care records to see if care had previously been declined. If they still declined care I would discuss it with my line manager."

- Staff described the process to follow if they were concerned a person was making decisions that were unsafe, which followed to principles of the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the service was acting in accordance with the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team led by example, by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all.
- The service had considered people's human rights and support to maintain their individuality. People's care plans included information of protected characteristics as defined under the Equality Act 2010, such as religion, disability, cultural background and sexual orientation.
- The registered manager told us, "We recognise that we have a broad spectrum of people with diverse needs, so work performance monitoring is undertaken to ensure staff treat people with respect and dignity."
- All the people we spoke with praised the staff for their caring, kind and respectful attitudes. Comments included, "Very caring, they're all lovely, they make me feel like one of the family", "Yes they are [caring], in particular one lady [staff member] whose been so good, soaking my sore feet for me and applying my creams to keep my skin from getting sore", "They [staff] do everything they are asked and happy to do something extra if needed", "I can talk to them and they help me liaise with the management" and "They respect my wishes and do things the way I prefer them."
- People's preferences were listened to and respected. For example, whether they would like male or female staff. People confirmed that they received staff in line with their preferences.
- Staff were enthusiastic about their roles, spoke fondly and respectfully about the people they supported and told us they liked their job. One staff member said, "I love my job, I really enjoy helping people."

Supporting people to express their views and be involved in making decisions about their care

- People continued to be consulted about care and support and contributed to how their care would be delivered. One person said, "I decide what help I have."
- Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People were supported with positive risk taking to help them lead the life they choose.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was to promote dignity and respect in the delivery of care services. To promote this the service had 'dignity champions' in place to help ensure that this is embedded in practice. The

registered manager said, "We monitor the care provided by competency checks to ensure we are providing the best possible care and outcomes for service users."

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. A person said, "They give me a shower, but they always make me feel unembarrassed, being gentle and chatting while its going on." Another person told us, "They pass me my towel and turn away while I cover up."
- Staff understood their responsibilities when respecting people's privacy and described to us in detail how they supported people with personal care and went out of their way to help people retain their dignity.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential and staff had their own password logins to access electronic records.
- People were supported to be as independent as possible. People's comments included, "I can't reach the shower controls, but I can wash my hair, they help me do what I can", "I like to do my own washing, but I can't hang it out or get it back in again, so they do that", "They help me do as much as I can, they encourage me to get up in the morning, otherwise I might not bother" and "They make the lunch, but they let me wheel it through from the kitchen."
- Staff told us that they considered people's independence when providing care. One staff member said, "I encourage people to do what they are able to, I want to help them be independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a genuine person-centred culture, where staff displayed empathy and worked with people and their family members to understand how best to support them. People were put at the centre of everything staff did, to help ensure their needs, wishes and hopes were understood and to help them to lead fulfilled lives.
- The provider and management team were passionate about ensuring that people's individual needs relating to their protected equality characteristics were maintained and understood. Staff had undertaken equality and diversity training and the service had just sourced additional training in this area called, 'Its ok to be you' which explores the principles of not judging people because they are different.
- The service went above and beyond to support people to live how they wanted to. There was a culture which supported people to take positive risks, while helping to ensure people who made life choices that placed them at risk were supported. For example, one person's life choice resulted in the service seeking additional support and input from the fire service and other professionals. This action helped to mitigate some of the risks linked to the person's lifestyle choice. Furthermore, the management team helped a person purchase household essentials, by securing funding from a charity organisation when they had no other means of purchasing these. They also supported this person to access benefits and arranged for them to have a specialist bed to help meet their physical needs.
- Some people who used the service had complex needs. The staff knew people well, understood their needs and had developed strong relationships with people. These relationships enabled staff to recognise and report a decline in a person's health and request early intervention from professionals where required. Professionals confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was driven to help prevent social isolation for people living in the community. The registered manager said, "We want to integrate more community clients to attend activities, outings, lunch club or just for a tea, coffee and a chat. We want them all to feel included in our service and reduce isolation and loneliness to improve their health and wellbeing."
- The provider used all of the resources at their disposal to achieve positive outcomes for people. People living in the community were invited to attend 'lunch club' three times a week, 'tea club' once a week, as well as additional activities which were held at the service's extra care facility. Staff from the service supported people to attend these by arranging and providing transport if required.
- Regular outings and social events were arranged for people living in the community which they were invited to attend.

- The staff became particularly concerned about one person's risk of social isolation and arranged a befriending service for them. This person had also expressed to staff that they would like to, 'go on a swing, as they did when they were a child and have an ice cream on the beach.' This was facilitated by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- The management team was aware of AIS. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- A staff member described the support provided to a person with a visual impairment to help them remain independent. The service worked with a family member and a 'raised dot' system was put in place. This system enabled the person to use these dots as guidance to find things in their home.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care. However, individual end of life care plans had been developed for people, which gave clear information for staff about how to meet their end of life goals and outcomes.
- The registered manager described a time when they did support a person at the end of their life, which included working with healthcare professionals to ensure the person received effective care and supporting the person's loved ones.
- We saw a 'thank you' email from a healthcare professional in relation to this person which stated, 'I would like to thank you and your staff team for the care provided to [person] especially in the last days of her life. I feel your staff went above their duties to provide extra care to [the person] and her husband and enabled her to stay [at home]. You have all worked in a compassionate and professional way.'

Improving care quality in response to complaints or concerns

- No formal complaints had been received by the service in the last 12 months. However, there was a robust system for logging, recording and investigating complaints. Any complaints received would be acted upon immediately, investigated and actions taken where required.
- People confirmed that they knew how to complain and were confident that if they raised a concern or complaint it would be acted on. One person said, "I found one carer not as nice and polite in her manner as others, so I told one of my other carers. Soon after they told me that she had gone from the company." Another person said, "They [care staff] always pass on my concerns and it gets sorted out."
- Staff were aware of their duty to support people to make complaints or raise concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very positive about all aspects of the service. Comments included, "I'm very happy with everything", "It all runs smoothly", "There's always someone available", "Very much so, [recommend the service] they look after me very well" and "It's very good, well worth it, to have peace of mind and be looked after well."
- The provider's ethos, vision and values were very person-centred. These ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve. The service planned and delivered effective, safe and appropriate person-centred care.
- There was a strong recognition that people were treated as individuals by the management team and staff. An example of the management team's approach was training programmes related to equality, diversity and human rights. Staff told us the training provided information and learning in person-centred care, respect and dignity. All staff spoken with demonstrated a clear understanding of treating people with dignity while ensuring their life choices were at the forefront of all care provided.
- There was a strong collaborative working relationship between the provider, management team and staff. Staff were proud to work in the service and were extremely positive about the level of support they received from management and the provider. Staff told us the management team led by example and support from the organisation was excellent. Staff comments included, "There is a very strong management team", "I would recommend the service as a good place to work. This is one of the best care companies I have worked for on the Island, everyone is really supportive" and "The main thing is everyone is so welcoming, we are all equals, and I feel totally valued and respected by the management. They will listen, always resolve any issues, if we have any and take notice of our ideas."
- Professionals were positive about the service, one described the service as 'going above and beyond' to support vulnerable people living in the community. Another said, the service had done a 'wonderful job' in safeguarding and protecting someone from financial abuse. A third told us how the service, "appropriately enables people to live more independently for longer."
- The registered manager had an excellent oversight and knowledge of the service and the wider management team demonstrated an in-depth knowledge of all areas.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Performance management processes were effective, reviewed regularly, and reflected best practice. All learning was shared with staff to enable continuous improvement.

- The management team were all actively involved in the service and demonstrated a clear passion for delivering high quality care to people in their own homes. They had effective oversight of what was happening in the service, and when asked questions, were able to respond immediately, demonstrating a good knowledge in all areas.
- Governance was well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. For example, quality assurance and service manager inspections were regularly completed to highlight areas for service improvement. Following these action plans were developed and completed actions recorded when changes or best practice has been implemented. Spot checks and competency monitoring of care staff enabled the management team to review staff performance first hand.
- There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify themes or trends, timely investigations, potential learning and continual improvements in safety. For example, quarterly reports, collating incidents/accidents and near misses from across services were provided to managers to review trends/themes and learn from experiences. Changes were then implemented as requested.
- The registered manager said, "We address poor practice as and when it happens, we learn from our mistakes and implement improvement plans" This was evident during the inspection.
- There was a collaborative approach to quality assurance to support continual improvement of the service. Audits were regularly completed by other management staff who did not work directly for the service, but within the organisation. This helped to ensure that audits were fair and effective. The operations manager said this approach to auditing supported the sharing of ideas and good practice between the services run by the provider. All findings from audits were monitored and reviewed by the wider management team and where issues or concerns were highlighted, these were reviewed and discussed. Where previous concerns had been noted, action plans demonstrated that these had been taken seriously and effective actions taken, as required.
- A CQC bi- monthly newsletter had been set up by the management team which staff and people contributed to. The aim of this newsletter was to support all the provider's staff teams to learn more about CQC, to learn from good practices and where things don't go so well. This newsletter was used to update all staff on news, changes to legislation and statutory guidance. It also aimed to encourage staff to voice their opinions on how the service could be developed.
- Members of the management team attended bi-monthly Isle of Wight Care Partnership meetings and quarterly Home Care Forums. These provided the management team the opportunity to learn from and discuss good practice, new or changing legislation and guidance and difficulties within the social care setting.
- The management team was aware of the need to report to CQC, any event which affected the running of the service, such as deaths or specific incidents as they are legally required to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were consistently high levels of constructive engagement with staff and people who used the service. For example, the service had embraced the role of 'Champions' which included both staff and people. The role of 'Champion' is when a staff member or person shares their knowledge in a particular area, such as; infection control, dignity, safeguarding, mental health and communication and shares this knowledge with staff members, other people using the service and professionals. As well as improving people's and staff's understanding of these areas it provided people with a sense of purpose and empowered them to be key contributors to the running of the service.
- Staff used innovative ways of involving people in their care and the running of the service. A new initiative

had recently been set up, called 'Customer Involvement Roles.' These roles were open to all people who used the service to encourage and involve them in shaping the way the service was delivered. One person was the 'care and support staff expert' for the service which meant they were actively involved in the interview process for recruiting new care staff. Another person was the scheme champion who assisted with inspecting the service's registered premises. Both these people had been provided with written guidance about their chosen roles, which had been developed jointly between themselves and the management team. The registered manager said, "This will make a difference to the service, as it will give us service users' perspective of our processes, empower them to shape the business moving forward and help them feel they matter, and their views are important."

- The management team promoted a culture of listening which was open and invited feedback from people, staff and the public. The views of people using the service were the core of quality monitoring and assurance arrangements. The provider and management team were fully committed to ensuring the service continually improved through seeking feedback from people, family members and professionals. Feedback was gained through one to one meetings, group meetings, surveys and individual reviews of people's care. People and their families were given the opportunity to give feedback about the culture, quality and development of the service. People said that they felt listened to by the management team and their views were considered.
- The operations manager told us, "We are introducing new quality assurance surveys to capture the effectiveness of our services. This will help shape services moving forward, and we will take comments and feedback from service users to ensure we are delivering their care effectively." This new system had resulted in feedback being sought from people more frequently, which enabled changes to the service provided in a timelier way.
- Regular staff meetings were organised to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality were discussed. For those staff that could not attend, the information was shared via a newsletter and on the provider's website. This ensured all staff were kept well informed.
- Staff achievements were recognised and celebrated. Staff were made to feel they mattered. There was an annual staff recognition award, awarded to teams and individuals and long service awards. There was an open-door policy and staff were encouraged to talk to the management team about any concerns they may have. The operations manager told us, "We make reasonable adjustments for staff and support them with personal issues through our employee assistance programme and referrals to occupational health. We also have a wellbeing benefits package available to employees."

Working in partnership with others; Community involvement

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences.
- All the professionals spoken with commented on the proactive actions of staff to ensure appropriate and professional involvement for people in a timely way. A professional said, "They share their concerns and have worked with me when trying to manage issues that risk. The staff are always available to discuss referrals, assessments and to attend meetings too." Another professional told us, "We have a very open line of communication, they [staff] always keep in contact and keep me updated. There are never any issues, the service is first rate." A third described the service as "going above and beyond" to help ensure that people got the support they required.
- The service worked in partnership with a number of organisations. Members of the management team were active members of the safeguarding adults board, participated in local provider meetings and liaised with the local authority and the Clinical Commissioning Group (CCG). Their active involvement with these organisations provided them with the opportunity to share knowledge and ideas with others to aid the

delivery of effective care, following up to date guidance and legislation.

- The organisation had developed links with a number of charities to help provide people with obtaining home essentials and prevent social isolation for people living in the community. Links had also been developed with a local collage to provide students with work experience and offer placements for apprentices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the management team who was able to demonstrate that this was followed when required.