

# Anchusa Care Limited

# Anchusa Care

## Inspection report

Suite D Gloverside  
23-25 Bury Mead Road  
Hitchin  
SG5 1RT

Tel: 01462338343  
Website: [www.anchusacare.co.uk](http://www.anchusacare.co.uk)

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Anchusa Care provides personal care and support to older people living in their own homes both as live in care and domiciliary care visits. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of our inspection 140 people received personal care.

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

People were at the centre of the care provided to them. Staff and people had formed positive relationships that helped achieve positive outcomes for them. People were treated as individuals who mattered to staff. The providers ethos of care supported staff to ensure people and their relatives were looked after in a kind and compassionate manner and treated with dignity and respect. The service had a strong, visible person-centred culture and was exceptional at helping people to live their lives to the fullest.

People and relatives were at the centre of decision making about their care. People and their relatives valued the relationships formed with staff and said this had a huge positive impact on theirs and their relatives' lives.

People told us that they felt safe with staff. Staff understood risks to people's care and what they needed to do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started work checks were undertaken to ensure that they were suitable. There were sufficient numbers of staff employed at the service and systems were in place to ensure there were no missed calls to people. People's medicines were managed in a safe way by staff. Staff followed best practice with regards to infection control.

Staff received a detailed induction before starting work. All staff spoken with said they felt supported, and continuous training supported them to deliver high quality care. Staff competencies were reviewed regularly through spot checks and meetings with their line manager.

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.

People were supported in line with their dietary needs. Staff monitored people's health and immediately referred to the relevant health professionals. Regular reviews were undertaken and any changes to people's needs were actioned by staff.

The provider had a clear and accessible complaints procedure. Some further development was required around end of life care.

Systems were in place which monitored the quality of people's support. The systems were responsive and had led to changes being made during this inspection. The provider was proactive with regard to how people's support could be improved following feedback regarding the quality of care records, call monitoring and consent. Every person, relative and staff member told us the provider was approachable, supportive and that they felt the service was well managed.

#### Rating at last inspection and update

The last rating for this service was outstanding (report published 7 November 2017)

#### Why we inspected

We undertook this inspection following a review of information we hold about the service.

The overall rating for the service has changed to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anchusa Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well Led.

Details are in our Well Led findings below.

Good ●

# Anchusa Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by 1 inspector and 2 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioners and safeguarding team. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information

about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We commenced the inspection on 09 August 2023. On 11 August 2023 we spoke with people and relatives and received email feedback from 5 staff. Between 14 June 2023 and 16 June 2023, we reviewed records relating to people's care and the management of the service. On 17th June 2023 we met with the registered manager to discuss our findings. We then spoke with staff on 06 September 2023 and reviewed further records we had requested and concluded the inspection on the 08 September 2023.

We spoke with 14 people who used the service and 12 people's relatives. We received email feedback from 5 staff and spoke with a further 11 members of staff. We also spoke with the registered manager. We reviewed a range of records which included 6 people's care and medication records. We reviewed a variety of records relating to the management of the service, including audits, training records, policies and procedures compliments and findings from recent local authority reviews of the care provided.

#### After the inspection

We continued to review information relating to care and support along with training and development records and further management records to validate the rating provided.

# Is the service safe?

## Our findings

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

At our last inspection this key question has been rated good. At this inspection this 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; Learning lessons when things go wrong

- People said they felt safe with the care provided to them. One person said, "I feel very safe with them as I know them."
- People were protected from the risk of harm and abuse. Staff received training on how to safeguard people. Staff we spoke with were confident about recognising and reporting concerns where people are at risk of abuse, and were satisfied action was taken to investigate them. A staff member told us, "When I raise concerns about service users, I support they are dealt with appropriately by management. I phone 'On call' and tell them of my concerns and I would be advised there and then what to do."
- There were policies in place for staff to follow when raising safeguarding concerns. The registered manager knew how and when to report safeguarding incidents when concerns arose.
- The registered manager had systems in place to learn from safeguarding, accidents, incidents and injuries, complaints, etc.
- Lessons learned were shared with staff through emails and messages and discussed during team meetings and supervision to increase knowledge and awareness to improve the service for everyone.
- Staff said they received a message from the office about incidents or injuries that related to their particular team, but not across the wider service at the time they occurred. One staff member said, "Sharing the information about incidents across all the teams would be a good prevention technique." The registered manager immediately took action sharing this information to keep staff fully up to date and about all relevant incidents promoting transparency and to promote consistency.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and staff were then able to manage the identified risk and support people's health, safety and wellbeing. One relative told us, "They work hard with [Person] who is at significant risk of moisture lesions. They are wonderful with them; have enough time and do everything we need them to do."
- Where people required support with personal care tasks such as washing and dressing, using a hoist or equipment to aid mobility, this was assessed and carried out safely. One relative said, "I have seen the carers using the rotor stand, they look like they know what they are doing and [Person] is very happy and relaxed with them. We feel safe with them."
- Accidents and incidents were recorded and managed appropriately. Staff knew how to report accidents and incidents. The provider had a system in place to have an overview of any accidents, incidents or near misses, and analyse any trends.
- Environmental risks had been explored and recorded to enable people to be safe at home and staff to provide the required care and support.

## Staffing and recruitment

- People were supported mostly by a regular staff team who knew them well. Some people told us they experienced changing staff and saw a number of new faces. When reviewed we found this was because these people were new to the service and had not been allocated a permanent staff team. The provider took immediate action to address this, and we confirmed this had improved through discussion with this person's relative.
- For the majority of people, they were supported by a consistent team who they felt comfortable with. One relative said, "There is a team of three or four carers, and they know [Person] really well. The continuity of carers is good. There have been times with a stay in hospital and [Person] is not deserted by them, as they will go and stay at the hospital. They do go above and beyond what is asked of them, and the care is really good because of the same staff."
- People did not experience missed or late calls and staff stayed the full planned length of the call. People said staff would carry out additional tasks if time allowed. One person said, "I get on with them all, they are very good to me, and they don't rush me."
- Appropriate checks were in place before staff started work which included references, identification and a Disclosure and Barring Service (DBS) check.
- The registered manager had recruited staff from overseas due to a lack of local interest. We found the appropriate checks were made, and staff were supported well when they moved to the UK to work. One staff member said, "Coming to a new country was difficult, but they started the process of settling us before we moved. [Registered manager] provided us with money when we arrived for groceries and provided us accommodation. They have supported us to move into our own flat and be part of the community."

## Using medicines safely

- Most people required prompting to take their own medicines, but where staff managed and administered these they did so safely. Staff had been trained in how to administer medicines and had their competency to do so regularly checked.
- Where people were supported with medicines, this was clearly recorded in their care plan.
- People who required medicines at a strict time, received these as prescribed and at the right time.
- The provider had effective systems in place to monitor medicines management and staff reported any errors or concerns. We saw errors in recording had significantly reduced following additional retraining, discussions in supervisions and reflective practice discussions in team meetings.

## Preventing and controlling infection

- People confirmed to us through discussion that staff used personal protective equipment [PPE] when providing care. People said staff worked in a manner that minimised the risk of infection as they followed safe infection prevention control techniques.
- Staff received training and knew how to support people safely in their own homes.
- The registered manager had systems in place to safely manage infections or infectious disease outbreaks should these happen.
- Staff confirmed they always had adequate supplies of PPE. One relative said, "They always come well prepared and dispense of everything when they go."



# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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.

- People's needs were assessed prior to starting with the service. Assessments reflected a good understanding of people's needs.
- Staff monitored people's healthcare needs and worked in partnership with other relevant healthcare professionals, as required. This helped to ensure good outcomes were supported by the relevant clinical experience.
- People and relatives confirmed when speaking with us they were central to assessing and reviewing of care plans to ensure these reflected their current needs.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were sufficiently skilled to support them. One relative said, "I have seen the carers using the rotor stand and they look like they know what they are doing. [Person] is very happy and relaxed with them."
- Staff told us they received a robust induction, completed required training then shadowed experienced staff before being assessed as competent before working unsupervised. One staff member said, "I have had every bit of training I need, and always asked to do more and always have the chance to do more." A mentor was trained to support staff with work related or personal issues, and staff had access to a support line for external independent support. These initiatives resulted in a reduction of sickness absence.
- Staff felt supported by the registered manager. One staff member said, "[Registered manager] goes way beyond work, they care about us and our personal life, we are working with someone who really cares."
- Training provided was planned and delivered to meet people's specific care needs. For example, the registered manager had organised specific training for Huntington's Disease to better support staff understanding. This training and care delivery was greatly appreciated by this person and their family.
- At head-office, in addition to the training room, the provider had installed a mock room with the usual furniture found in a person's home, including a key-safe outside the door. In addition, there was a hospital bed, and moving and handling equipment. This environment enabled new starters to get a real sense of the environment they would work in before they arrived at a person's house.
- The registered manager showed us plans for specific staff training for the development of care plans and an improved governance team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Any need for professional input was recorded and referrals were made as appropriate. A relative told us,

"[Person] is a diabetic and they had a GP come yesterday for a review."

- All staff supported people to access healthcare services if required. They worked well with other health and social care professionals, such as district nurses, GP's and occupational therapists. This ensured good outcomes for people.
- As part of induction staff were given a care box, which they carry in their cars at all times. These were introduced because people were discharged from hospital with insufficient supplies. Each box includes items such as a catheter night bag, incontinence pads and a small first aid kit. These boxes help ensure if there are key items missing on discharge out of hours, care can continue to be provided in a timely way, avoiding unnecessary hospital admissions.
- Staff supported people with their meals and drinks as required. Allergies were recorded and staff were aware of when to refer to health professionals and people's needs changed. For example, if people lost weight. One person said, "They always warm my meals up, I get my wheels on meals. They always make sure I have a drink around."
- People's preferences and choices around their meals, food and drinks were recorded so staff were aware of their wishes and any support required.

### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff had received training on MCA and gained consent from people when undertaking any tasks. Where people lacked capacity, staff were clear about how they supported them with decisions. One staff member said, "We always assume capacity. Even if they do not have capacity, we still promote and value their wishes and choices." A second said, "Even if people can't make a decision, they still have the right to try to with our support."
- Staff encouraged people to make their own decisions and helped them with offering choices in their day-to-day life.
- People's capacity to make decisions for themselves was recorded. People or their representatives had signed their consent to their plan of care. These were being reviewed at the time of our inspection. One relative said, "They [staff] will advocate for [Person] and continue to look after them." We saw evidence of this where staff supported one person to review a decision that had been made for them, but which did not robustly assess capacity. Staff worked with professionals to review this decision, which was changed, enabling this person to have greater choice and control over their own decisions.

# 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 our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The whole staff team embraced a people first approach to care and had developed kind and caring relationships with the people they were supporting. Without exception, people and their relatives were complimentary and thankful for the care they received. Comments included, "The carers are friendly and polite and treat me well, "and "They are by far the best care company [Person] has had and is fond of the carers and happy with the care they give."
- A senior manager within the local authority who regularly worked with the provider echoed people's views. They said, "I think Anchusa are a great caring organisation who put people first." This collection of consistently positive feedback demonstrated that relationships between people staff were strong, caring, respectful and supportive.
- A strong people come first approach was apparent through the staff, following the registered managers ethos when supporting people. Every staff member without exception was hugely passionate about the role they played in people's lives when supporting them. One staff member said, "[Person] is so similar to my [relative] so we connected from that. They are very sweet and funny, I help with her personal care and it's so nice feeling for me knowing I have made them happier."
- Staff told us how they formed meaningful relationships to support people's physical and emotional wellbeing which led to people experiencing positive outcomes.
- One staff member told us, "When I first met [Person] it was hard to get them to use the toilet or shower. The relative was worried so in our one-hour call, we would talk about them. I got to know [Person] likes Batman, and this helped. So, now in the morning I call out to Batman, they snap round and are so happy and wants to engage calling me Wonder boy. Before, they were sad and in bed every day, now when we shower, we share memories, we talk about these memories, and they want to engage. All I want to do every day is make them happy. It gives me joy to see someone living their best life."
- The provider employed staff whose values met the exceptionally high standard of care provided to people. Staff were repeatedly described as 'kind' and 'caring'. These staff consistently showed extraordinary kindness and commitment towards the people that they cared for. When staff spoke about people they all did so in a way that conveyed empathy, warmth and compassion. This commitment to supporting people to receive care above and beyond was evident in the outcomes people experienced.
- One member of staff told us recently a person had a hospital appointment, and the transport would not allow them to travel with the person. They told us it was important to them and the person to attend, so in their own time they got on the train and made their own way. They told us this was because, "[Person] is partially sighted, so it is about knowing how comfortable they are with things. It is so important to be consistent with and do things the same way, so I just had to be there to give comfort and reassurance and

make sure I knew what was being said. Singing is a massive part of our day and we have learned they can say a lot more than what we thought so we encourage this, even at the hospital that day."

- We were told about other examples where staff visited people in hospital to help them avoid feeling isolated and to feel connected. These selfless acts by staff helped provide people with reassurance and support through difficult times.
- People and relatives told us the staff team would often go 'the extra mile' for them, when providing care and support. One relative said, "I am very impressed with them, when [Person's] knees were inflamed and playing up it was the carers who actually organised an occupational therapist and physio therapist and really went above and beyond. We have the same staff who are like friends now and it isn't just the physical stuff they help with."
- A staff member gave an enthusiastic example of one person they thoroughly enjoyed supporting. This person responded positively to their sensitive approach. They said, "According to their [relative], when they are alone [Person] can be quiet, withdrawn, but when we come, they light up. We bring that positive vibe. When we leave, they are up and then happy and talking. The [relative] will tell us later they are talking nonstop when we leave." This example among others we were told about demonstrated how those positive relationships formed had a profound positive impact on people and led to outstanding outcomes for people.
- Staff continually and consistently went the extra mile to support people in other ways which had a positive impact. Care staff would regularly give flowers to people for special events and celebrate birthdays. At Christmas one person had no Christmas lunch so the registered manager cooked extra and delivered this. Care staff took people for hair appointments or for meals, and when one person moved away a leaving meal was organised for them and the staff. On the death of the Queen, a commemorative coaster was given to all people, which was greatly appreciated. All these additional services were provided at no cost to people and through the dedication of the management and care team to put people first.
- People and staff's religious and cultural needs were considered. Staff told us how they were able to engage with people and staff about their culture and celebrate events and festivals. People told us the multi-cultural and diverse workforce was a positive. One person said, "The way they have recruited, trained and managed the people from my home country has been really quite brilliant. To select people from 5000 miles and bring them on and they have been absolutely brilliant."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- All people and relatives said all staff listened and were genuinely committed to achieving the outcomes and goals people wanted to achieve. One person said, "The carers are perfect in every way, I couldn't manage at all without them." They wanted to stay at home and confirmed the care provided enabled them to do so.
- A relative went on to say, "[Person] relies on them and it gives comfort knowing they will be there to help and support them, we as a family wouldn't manage without them." A second relative said, "[Person when younger was feisty, forthright and very independent and fun. Therein a challenge for most care staff, but they always maximise [Persons] sense of control. [Person] told a staff member to put a night dress on, so they did, which meant [Person] then put on another nightdress. You don't find that in textbooks. [Staff member] was a masterclass in care and it was a privilege to hear her." This consistent approach to supporting people's independence and involvement enabled them to achieve and maintain their goals and aspirations.
- Several people told us since receiving care their overall health and mobility had improved, meaning they required less calls. This had a positive financial impact and significantly improved their lifestyle. We saw the management and staff team were committed to enabling to be as independent as possible, supporting this whole heartedly.

- Staff told us that by listening to people and hearing their views and opinions they could help positively overcome obstacles to providing care. One relative told us in the early days it was difficult, and the person did not want to be supported by a care team. However, with the support of the staff understanding and managing this person's anxieties the care provided was now working well. This relative said, "In the first few months it was very scary for [Person] and they have managed extremely well." This approach enabled staff to provide care in a kind and sensitive manner to people who may otherwise refuse, meaning staff could support people's dignity and sense of pride through good personal care delivery.
- A health professional echoed these views and told us, "Anchusa have supported us over the years with care that requires creative, supportive planning to meet the needs of the individual at the centre of the package. This at times has meant they take risk positive approaches to support people, to stay in their own homes and stay safe and well and avoid admittance to hospital." This feedback demonstrated how over a number of years, the care and support provided to people was consistently delivered with a focus on respecting people's independence and placing them consistently at the centre of decisions around their care.
- Staff encouraged people to express themselves freely and to retain and develop their independence. One member of staff said, "For [Person] health wise they are doing well. I think this is because we as a team talk to them and listen to how they want to do things. Two days are never the same so choice and involvement to keep them independent is critical, if we get it wrong, they will just say no, and we lose that moment."
- People said all staff respected their privacy and had no concerns their dignity was ever compromised. One person said, "The carers are friendly and polite and treat me well." A relative said, "The carers get [Person] washed or showered, then they get them dressed and back into the chair. It's all very good and they do a good job. [Person] is very happy with them and likes them."
- Staff received training around dignity needs and regular spot checks ensured care was carried out in a respectful manner. Staff demonstrated this awareness to us through our discussions. One staff member said, "With dignity and independence, two days are never the same, so choice and involvement is critical to keeping them well to help retain that dignity and self respect."
- People and relatives all said that staff were always very respectful and treated people with dignity at all times. One person said, "They are very thoughtful and always ask me before they do any personal care." A relative said, "Carers treat [Person] with respect and always try to engage positively with him. Overall, I am very pleased with the service."
- The general approach from all staff to people demonstrated that staff valued every single person as a unique individual. We found people were cared for fairly and with compassion. Staff respected people's views and choices, underpinned by the providers value that all people are the same. belief that everyone has equal worth. In doing so, staff were able to support all individuals, through supporting their independence, and showing genuine compassion to all.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The registered manager demonstrated how they developed and supported a multicultural approach to recruitment within their team. This helped to support and build positive relationships between people from different cultural backgrounds to support good communication and a positive and approach.
- People told us their care was planned with them to meet their individual needs, likes and dislikes, preferences and choices. One person said, "The carers are wonderful. Very good. We have a good chat. I like to have a bath every day and they will help me with that and then we will go for a little walk, only 10 or 15 minutes but it's nice to get out."
- People's care was continually reviewed and adapted to meet their changing needs. For example, where people began to regain some of their mobility the support was amended to support their independence and autonomy.
- Feedback was positive from people and their relatives about how care was designed to meet people's needs. One relative said, "We feel they do go above and beyond what is asked of them, and they try really hard to get [Person] out. There is a team of 3 or 4 carers, and they know him really well and the continuity of carers is good, and it is good for [Person]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the importance for people's communication needs to be met and they were able to provide information in different languages and formats such as large font, easy read, and pictorial.
- People's communication needs were clearly documented, and staff knew how to adapt their approach to meet those needs. One staff member said, "[Person] finds it difficult to remember things, and with the anxiety and dementia it is difficult to talk her through things. So, we have come up with little ways to help. We use a diary, which we use all the time to record, what has happened, who is coming that day, routines and things. Like at lunchtime we write when the alarm goes off [Person] is to go to the kitchen and get the prepared sandwich. Communicating this way keeps [Person] in their routine."
- The provider found different ways to support staff's understanding around how people experience different sensory challenges. For example, Joy's Place enabled staff to use medically adjusted spectacles to emulate the different experiences of the visually impaired, including macular degeneration, cataracts, and

detached retina. This enabled staff to better understand the reality for the person when they visit them in their homes. In addition, staff added ear-defenders to the glasses, so they could experience the reality of multiple sensory impairments.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to complaints and concerns. Records confirmed the provider investigated and responded in line with their policy and procedure.
- People and their relatives told us they were happy with the care provided. They told us if they did need to raise a complaint it would be taken seriously. One person said, "We have no concerns and have no complaints. I would say I am a very happy customer."
- One person said they raised a complaint regarding the conduct of a staff member towards them. They said, "I spoke to the carer and to the manager, then the carer didn't come back. That was over 2 years ago and the only instance which was dealt with very well."
- We viewed a sample of complaints, and these had been acknowledged, investigated and resolved. People were kept up to date with the investigation and provided with an outcome and explanation.

End of life care and support

- At the time of the inspection no one required end of life support.
- People's relatives had provided very positive feedback about the care provided during people's last days. One relative said, "You brought [Relative] dignity, comfort and companionship following discharge from hospital." A second relative said, "No words can ever express our gratitude to you and your team of carers who looked after [Person] for over 3 years, they did a brilliant job, always caring and gentle."
- People's end of life EOL wishes were not recorded within an EOL care plan. These help to ensure people's wishes and preferences about how they want their care to be provided during their final days is delivered accordingly, i.e. pain free. An end of life policy and procedure was in place although staff had yet to complete end of life training. We could not be assured staff followed recognised best practise without this accredited training.
- However, staff were able to support one person to evidence their wishes to secure a RESPECT form from the GP. This form records personalised recommendations for clinical care in an emergency where people are unable to make decisions or express wishes.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to check the quality of the service including audits of people's care plans and MAR charts, although these had not always picked up on some of the minor concerns we found. For example, audits did not monitor early calls, and examples were identified where staff were up to an hour early. Care plans required further detail and power of attorney had not been verified for some people.
- The provider also operated as the registered manager and had no system in place for external auditing to obtain an independent assessment of the quality of care provided.
- During the inspection the provider reviewed the processes in place for monitoring the quality and safety of the service. They immediately took action to make changes to their governance approach and to also appoint a quality manager. This will provide an additional layer of scrutiny and oversight to the overall quality and safety of care.
- The provider told us that they were looking at further developments of the whole service. This included further development of the monitoring system used by exploring how they could use electronic systems to support and monitor effective care delivery.
- The management team were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. They understood their roles and the standard of care expected from them. Staff were also clear about their role and the standard of care expected to ensure people received consistent care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt the way the service was led, was good. The ethos and values driven by the management was seen through the care delivery. People felt they were at the heart of the service. Everyone we spoke with was very positive about the culture promoted.
- Staff and the management team demonstrated commitment to high quality care and an understanding of what personalised support meant. They all spoke vehemently and passionately about the people they supported. One staff member said, "It is a good place to work, I have been here for over a year, I like the culture, the team ethos, the mentorship. When I did my year and was asked to come in, I said I love the humility of the manager, they get to our level, knows what we are doing and wants to listen and help us."
- Every staff member, person and relative spoken with was exceptionally positive about the provider and their approach to leadership. One staff member said, "[Provider] is lovely, they are always involved, listening



and present. They always welcome us in and are very supportive, they are never a silent person in the background. They are fair, wants to know what we think, and is inclusive. It is a family feel."

- A second staff member told us how they felt included as part of the team after moving from another country. They said, "Coming to a new country was difficult, but they start the process of settling us before we get to the country. We did train about cultural differences, to help us understand the culture here and to find a common ground, it was really helpful to help me understand different ways. They have great respect for our culture, and I think it helps to bring a richer team."
- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. Staff told us meetings were regularly held, were informative and they felt their opinions and ideas were valued. The provider acknowledged a standard agenda would ensure key areas were routinely discussed and reviewed at every meeting. This minor improvement they said they would implement.
- The provider carried out regular surveys of the quality of care people received. This was through formal surveys and through discussions. Recent feedback demonstrated people and relatives felt the care provided was of a high quality.

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; Continuous learning and improving care

- The management team promoted transparency. They said when incidents happened, complaints were received, or concerns raised with the care provided they openly discussed and learned from these to develop staff practise.
- The management team were open with people and relatives when issues arose, with a view of trying to make things better. We saw individual examples where this approach had been followed and an open and transparent approach had been followed.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager had developed long established local links with organisations who were able to signpost people to appropriate care agencies and social groups, in addition to supporting and developing staff practise.