

Southover Community Care Limited

Southover Community Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Southover Community Care Limited is a domiciliary care agency. The agency provides care, support and personal care to people living in their own homes. At the time of the inspection, care was being provided to 16 older people, some of whom were living with dementia. The agency has strong links to a Christian church and their values are Christian based.

Not everyone using Southover Community Care Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we take account of any wider social care provided.

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

People's experience of using this service:

People told us that they felt safe when staff were in their homes. A person told us, "I feel safe knowing they are here for me. I live home alone so it's nice knowing they are coming. I feel safe, definitely." Risks were identified at the outset, were assessed and reviewed. People, relatives and professionals were involved in the review process.

People received support from the same staff except during periods of leave and sickness. People knew who would be coming to support them each day and people and staff got to know each other well. The agency employed enough staff to meet people's needs and care calls had not been missed.

Staff were recruited safely and demonstrated a good understanding of safeguarding procedures and the process to follow if they had concerns. Staff were confident about reporting concerns and were aware of the whistleblowing policy.

People were supported to make decisions and to remain independent. Everyone told us that staff had a good understanding of people's care and support needs. Staff had regular supervision meetings and spot checks. This was done to make sure they continued to provide good care and support for people. Staff knew people well and spoke about them with knowledge and compassion.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way. Service policies and procedures supported this. People had access to health and social care professionals and were supported to make and then attend appointments. Some people were supported with food and drink and with medicines.

Everyone we spoke to said that staff were caring and respected people's wishes. A professional told us, "They take time with people. I've never known a service like it."

Staff knew how to communicate with people who had different needs. They helped them make choices and decisions for themselves. A complaints policy was in place and was easily accessible. People and relatives told us they felt confident if they needed to raise any issue or complain.

People, relatives and professionals told us that the service was well run. A relative said, "We feel 100% confident that they are in good care." The registered manager was very experienced in working in adult social care. She explained that the service was a not for profit service which meant that they invested any profit into the agency. They said they had the safe care of people at the heart of the service.

Rating at last inspection:

Southover Community Care Limited was rated as good overall and good in all domains at their last inspection. The last report was published on 9 November 2016.

Why we inspected:

This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up:

We will review the service in line with our methodology for 'good' services.

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 well-led

Details are in our Well-Led findings below.

Good ●

Southover Community Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people, some of whom were living with dementia.

Service and service type:

Southover Community Care Limited is a Domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality Commission (CQC) regulates the care provided and this was looked at during the inspection.

The service has a manager registered with the CQC. 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. The provider was also the manager of the service

Notice of inspection:

We gave 48 hours' notice of the inspection visit because we needed to be sure that staff, people and relatives would be available to speak with us.

What we did:

The provider submitted a Provider Information Return (PIR) on 13 March 2019. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

Before the inspection we reviewed the information we held about the service. This included statutory

notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during the inspection.

During the inspection we spoke to four members of staff, including the provider who is also the registered manager. We spoke to eight people, six relatives and three professionals. We looked at five people's care plans, audits and quality assurance reports, records of complaints and compliments and Medicine Administration records (MAR).

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Staff had a good knowledge of safeguarding and were able to describe different types of potential abuse. One member of staff told us, "I would speak to the person. I'd tell the manager. I'd speak to the police or CQC if I needed to." Staff had received face to face and online training in safeguarding and evidence was seen of regular refreshers.
- A professional told us, "They are very up on safeguarding. I used to work for social services so have a good understanding myself."
- The registered manager showed us the service safeguarding policy. She explained a recent case that she had raised with the local authority safeguarding team. She explained that the person's social worker was also involved in the investigation and how the matter had been resolved in line with policy and to the satisfaction of all parties.
- People told us that they felt safe. One person said, "I feel safe definitely. I feel safe knowing they are here for me. They come in and get on, they all know exactly what they are doing." Another person said, "If you are walking around they are always right behind you. Going upstairs too, they keep an eye on you."
- Staff were aware of the agency whistleblowing policy and the process they needed to follow if necessary. This is where concerns can be raised by staff about people or processes with systems in place to protect the person raising the issue.

Assessing risk, safety monitoring and management

- The registered manager explained that the service is a not for profit service and that they were at their optimum number of people. Referrals to the service were by personal recommendation. The registered manager visited any potential new person and had a conversation with them and their family if appropriate. The registered manager would begin completing the care plan at this stage and determined the care and support that the person required.
- The registered manager explained that several people had moved to them from other agencies as they were able to accommodate people's needs more easily. For example, a person had previously been receiving their evening meal very late and this was not to their liking. The service was able to accommodate providing care and meals at times that suited the person.
- A person told us, "She (the registered manager), is wonderful, she came here and explained to me what they do as I had genuinely never heard of them."
- At the assessment stage an environmental assessment was carried out and any risks such as trip hazards were noted, assessed and mitigated. The registered manager told us that she had recently been on a local authority course and was now using recommended risk assessment forms.
- Within each care plan we saw risk assessments that contained specific details of risks and the contingencies available to avoid them. For example, a person's home had a very steep staircase but did have a chair lift fitted. There were clear instructions for staff to remind the person always to use the chair lift.

Similarly, another person was prone to pressure sores. The risk assessment gave strict guidance about daily checking and turning of the person.

- Evidence was seen of people's involvement in their risk assessments, so they had a say. One person, for example liked to choose their footwear each day but was prone to sore feet. Records showed that a daily discussion took place about the most appropriate shoes to wear each day.

Staffing and recruitment

- The service employed enough staff to meet people's needs. People told us they had regular carers that would only change when staff were on holiday or unwell. Similarly, staff told us that they had regular people whom they got to know well.

- A member of staff told us, "We are always introduced. (Registered manager), will always take us to their homes. It's nice if we have common interests also."

- The registered manager told us that they never missed appointments and that if a staff member reported sick, she would call other staff and ask if they could cover. She said this has always worked there had been no missed calls.

- The service had a bad weather policy and contingency with a 4X4 vehicle available if needed so staff could get to people in bad weather.

- A person said, "They are generally on time and I never feel rushed." Another person told us, "I have visits twice a week. I never feel rushed and staff are always on time." A member of staff said, "It doesn't feel like a job to me. It's never rushed and we always have more time than we need."

- The registered manager told us that they were introducing a computerised system for holding, recording and updating care plans. She explained that the system would be much more effective and would record exactly what care had been provided and when.

- Staff were recruited safely. Personnel files were up to date and contained all the required information. This included the Disclosure and Barring Service (DBS), which checks for any previous convictions, cautions or warnings. Full employment histories, written references and photographic identification were all present. The registered manager was involved in all staff interviews and copies of interview notes and contracts were seen on all staff files.

Using medicines safely

- People were supported to take their prescribed medicines safely, although not everyone required support with this. Staff told us that they had received training in medicine administration and this was confirmed when we looked at staff training records.

- One person told us that they took their own medicine but that they liked the staff to, "Write in my book so my (relative) knows I've taken it." Another person said that they took their own medicine, but that staff always checked and asked them if they had taken it. A person said, "My daughter puts my medication into special boxes so the carers know what to give and when. They also change my pain patches for me."

- A relative told us that before the agency started visiting their parent they were not taking their medicine. The staff now prepared their medicine and prompted them to take it. They had not missed any since the agency staff had been visiting.

- A member of staff told us that a person did not like taking their medicine. The person had capacity to make decisions about their medicine and the member of staff suggested to put tablets into food to disguise the taste. This worked well and the person was no longer resistant to taking their medication. It was confirmed by a GP that this was safe.

- As required medicines (PRN) were sometimes provided. PRN medicines are only given when needed, for example, occasional pain relief. A member of staff told us, "Some people self-administer. If asked I would give them and then record what I'd done." Staff also said they would speak to the registered manager before giving PRN medication. Another staff member said, "I would check with the previous carer also. If I was

unsure I would call the GP surgery."

- Medicine Administration Records (MAR) were completed correctly showing date, time and signature of the staff member involved. MAR charts were audited each month by the registered manager.
- Some people used pain patches. Staff were able to describe the process of changing a pain patch including frequency of change, where they were moved to and how they were recorded.
- Body charts were used where appropriate to record the application of creams and moisturisers.

Preventing and controlling infection

- Staff all told us that they had access to a large store of gloves and aprons. A person told us, "They all wears gloves and aprons when they need to."
- Staff told us that they had completed infection control and food safety training. This was confirmed by looking at staff training records.

Learning lessons when things go wrong

- Accidents and incidents were recorded and a copy of the forms kept within people's care plans. Any staff involved in incidents were spoken to by the registered manager, who investigated exactly what had happened. Where lessons were learnt the incidents were discussed at team meetings.
- Changes were made to people's support when needed. For example, a person accidentally turned their fridge temperature down to a much colder setting. A glass containing a frozen liquid shattered when it was removed by a member of staff and they cut themselves on the glass. Because of this accident all staff now carried first aid kits with them.
- A person told us that during their initial assessment the registered manager listened to their concerns about things that had gone wrong with the last agency they used. They said, "She (the registered manager) has made a conscious effort to avoid these problems. She is extremely competent and genuinely cares."

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

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 at the first meeting between them and the registered manager. The registered manager told us, "Our ethos is to get people to do things for themselves, 'if you don't use it, you might lose it.'" Care staff were introduced to people before care calls started and the registered manager visited the person after four to six weeks to review the care plan; to ensure they had the support they needed.
- The registered manager reviewed the person again after three months and then every 12 months. A spreadsheet was used to keep track of due dates although this process was due to be computerised soon.
- The registered manager told us that because the service was quite small she knew everyone well. She said that she would often visit people, not just when reviews were due and therefore had a good understanding of people's ongoing care and support needs. A person said, "She phones or pops in to check I am happy with everything." Another person told us, "She keeps in touch and often comes and does the caring herself."
- The registered manager told us that they did not advertise for new people and that referrals were by word of mouth. A person told us, "I have been on the waiting list for Southover Community Care for over a year as they have such a fantastic reputation." During that year they were with another agency.

Staff support: induction, training, skills and experience

- Induction was comprehensive and was adapted in line with new staff members needs and experience. The staff induction covered policies and procedures and use of equipment. Some of the induction took place face to face and some of the initial training was done on line. Staff then shadowed more experienced staff for the first few visits depending on their own previous experience.
- A member of staff told us, "The initial training went on for a few weeks and then I shadowed for about a month." Another told us, "I went through induction and shadowing, but I did not need much as I had been doing the same work for several years."
- The registered manager was trained as a trainer and delivered most of the staff training herself. Training updates were a fixed agenda item on staff monthly team meetings. This was an opportunity to check to make sure everyone was up to date and to remind staff of what training was due the following month.
- The training records for staff were looked at and in all cases were up to date. Staff were encouraged to work towards completing their Care Certificate. The Care Certificate is an agreed set of standards setting out knowledge, skills and behaviours required for care professionals.
- Staff training records showed that safeguarding, moving and handling, equality and diversity and dementia training had all been covered. The registered manager also attended training regularly and had recently completed a diversity course about supporting transgender people.
- When new staff were recruited they were asked about their background and interests and these were matched with people wherever possible.

- Staff told us that they had regular supervision meetings and this was seen in staff personnel files. The registered manager carried out spot checks. Spot checks are unannounced visits to staff to observe them in the workplace. A staff member told us, "I have spot checks every couple of months and will always be given feedback."

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

- People's eating and drinking continued to be met. Several people lived with family members who met some or all these needs but in other cases the staff helped. A person told us, "They prepare my breakfast and then a sandwich for lunch. They always ask me what I want and give me a choice." Another person said, "I make my own meals but if I'm under the weather, they are so kind, they'll do it for me."
- The registered manager told us about a person who had been losing weight before they took on their care package. The person has gained weight since moving agency. In another case a person living with dementia was forgetting to eat. Staff adjusted the timing of the care call and the staff visiting the person would always make sure they ate their sandwich with them. This reminded the person that it was time to eat and a regular pattern was established.
- In cases where the person either prepared food and drink for themselves or was helped by a person they lived with, staff always asked to make sure they had enough food and drink. Evidence of this was seen during the inspection when we looked at people's daily notes.
- Staff had received food hygiene training and records we saw confirmed this. Some people paid for hot meals to be delivered each day and staff helped people select food options when ordering the following weeks meals. Staff told us that if a person's food or fluid intake changed they would contact the person's GP.

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

- People were supported by health and social care professionals to improve and maintain their physical and mental wellbeing. Staff liaised with district nurses, GP's and social workers to ensure that people had the support they needed. A person told us, "They would call the doctor if I needed them to. I cannot hear very well so they would do the phone call for me if I needed them to."
- Another person told us, "I make my own GP appointments, but they are always there to advise me and would tell me if they thought something was wrong." Some people had been supported with visits to the bank, dentist and other services when needed.
- Staff consistently told us that the registered manager was always available to provide help, with advice and support. Staff told us that they refer to the care plans each day to make sure there were no changes and that they would record any changes that they observed during their visits.

Adapting service, design, decoration to meet people's needs

- A person had become less mobile in their home and was at increased risk of falls. The registered manager visited and re-assessed the person and arranged for an occupational therapist to visit and planned for a wet room to be fitted. This meant that the person could continue to live independently in their own home.

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 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 interest and as least restrictive as possible.
- A member of staff told us, "I always get consent. If a person does not seem to understand I'll come back to it later."
- The registered manager told us that all staff had completed dementia training and were 'dementia

friends'. This training aims to support staff to put into practice what they have learned. Staff told us about the people they looked after who were living with dementia. For example, they explained how it was important to give people choices such as what clothes to wear each day and to help them by selecting two or three outfits to choose between, rather than a whole wardrobe.

- Only a few people were living with dementia. Their care plans had consent forms that had been signed by them in the presence of a family, friend or other responsible person such as a social worker or solicitor to agree with their care.
- Copies of Powers of Attorney were seen in some people's files for those that had others legally acting on their behalf. These are legal documents which allow nominated people to make decisions on behalf of the person. A care plan was seen that contained details of a best interest decision in relation to receiving care. This decision had been documented and showed details of those who were part of making the decision.
- Despite some people living with dementia the registered manager had correctly assumed that people had mental capacity in all cases. A mental capacity assessment completed by a social worker in the presence of the person and the registered manager was seen within a care plan. The decision was whether to help with food preparation.

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

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

- People and relatives told us that staff were caring. A person told us, "They always make sure that I am well. They brighten my day." Another person said, "They are wonderful, lovely girls."
- Another person told us, "They're all kind and get on with what I ask them without any trouble." Another said, "They are here in the morning, they arrive on time, so I know there is someone coming to get me up and dressed."
- A professional told us, "They take time with people. I've never seen a carer talk down to anyone."
- The registered manager told us that the service has strong links to the Christian Church. She said that the principles of the service were based on Christian values but that they supported people regardless of their faith. Similarly, with staff, not everyone was a Christian but they encouraged the values of being caring and compassionate.

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

- People were given daily choices which included, for example, what they would like to eat, drink or wear each day and if they had any preference to being washed or bathed.
- A member of staff told us that they cared for a person who was living with dementia. The person did not always understand that the staff member was there to provide personal care and to wash them each day. The staff member explained that she compared the person's daily wash to washing clothes and that it was important to keep things clean. This explanation worked each day for the person who was then happy to be washed.
- Another member of staff told us that they looked after a person who frequently changed their mind about their care and whether for example, they wanted to shower or have a bath. The member of staff said, "I always take my time. I repeat the options several times. Sometimes I lead them to the bathroom and they can decide when they get there."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were always respected. A person told us, "They keep you covered up and don't leave you undressed or uncomfortable for long." Another person said, "It is honestly marvellous. I was really nervous about using carers at first, but I've never looked back."
- Another person said, "They give you privacy when you're in the bathroom. They don't make you feel embarrassed." Staff told us that they encouraged people to look after themselves wherever possible.
- A relative told us, "They are encouraging dad to do more for himself. They encourage him to wash and pay attention to his personal care." Staff told us that they encouraged people to be independent when it was safe to do so. Another relative said, "Staff always ask her opinion on how she would like things done." A person said, "They enable me to be independent, I couldn't manage without them."

- People were asked about their daily routines as part of the ongoing care and support. People told us that they were asked everything and were never rushed. A person said, "They are gentle and don't rush you about." A member of staff said, "I always ask. I say, 'would you like to wash your face, or would you like me to?'" They also said, "People with dementia can still make decisions. If it's not offered they might lose the ability to decide."
- The registered manager told us that during her initial assessment she found out what people could do but would encourage independence where possible.
- A relative told us, "The work they have done with him is the reason he is able to live at home."
- A professional told us, "They go the extra mile. They care very much about their people." They also said, "I've met several carers and they all absolutely wonderful. They give time to people."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was tailored to meet their individual needs, based on choices and preferences, that promoted people's health, well-being and independence.
- A relative told us, "The staff are extremely good, very competent, very reliable and very knowledgeable." Another relative told us, "They (carers) knew how sick he was before and are really on top of his eating and make sure he's eating well." They also said, "They heat up his meals each day for him, he has come a long way. In a funny way they have given him his independence back."
- A professional said, "I know they take them to the hospital for the memory clinic."
- A member of staff told us that she visited a person recently and found that their front door lock was not working. She contacted the registered manager who immediately arranged for a locksmith to attend. The member of staff said, "Having that extra back up is so helpful, it's over and above what you'd expect."
- The registered manager told us that a person living with dementia had issues with bogus callers on their telephone. With the consent of family members, she immediately took steps to have certain numbers barred.
- People had regular carers and got to know them well. A person told us, "I have the same three people every week. They only change when someone is sick or on holiday." Another person said, "Wonderful! I usually have the same one and she knows exactly what I need."
- A member of staff said, "I treat someone like I would like to be treated. It's their home, it's not my office."
- The registered manager and all the staff were passionate about providing a high-quality service to people. The registered manager told us that because the service was 'a not for profit' service they are not looking for new people. There was a waiting list of people wanting to use the service and new people would only be taken on if an existing person left the service. She said that they would not compromise good quality care just to increase numbers.
 - Every care plan reflected people's needs and preferences. Each plan had a section which gave a profile of the person including details about their faith, if relevant, family, interests and their specific preferences such as male or female carer, 'friendly', 'talkative' and details of their preferred daily routines. A person told us, "They are very pleasant, I get on well with them."
 - Care plans were constantly reviewed and changes made when necessary. An example was seen where a person returned home after a stay in hospital and their ability to mobilise had changed. Staff quickly identified that the person needed a walking aid and arranged for an occupational therapist to visit. It was also identified that they needed more help with personal care and this too was addressed by providing the member of staff with more time for their visits.
 - The service has links to a local church and many people and the staff were Christians. Care was taken to match staff with people who have the same faith. The registered manager told us that several people enjoyed having staff read passages from the bible to them during their visits.

- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Some people had sensory issues, for example, poor eyesight. People had been referred by staff to the 'low vision clinic'. These clinics help people who have visual impairment but are not suitable for medical interventions. The clinic had suggested lower lighting for some people and this had been introduced by staff into their homes. This had improved the range of what some people could see. In other cases where people's eyesight had deteriorated further, staff had arranged a talking book service to be used. This meant that people could still enjoy books even though they could not read themselves.
- Other people could not hear very well. The registered manager told us that signs and writing on a pad were used if needed. One person was provided with a calendar which helped them remember things.
- A person living with dementia needed support to remind them what to do when in the bathroom. Posters were put up by staff using pictures of the toilet and sink with straightforward pictures explaining what to do. This meant that the person could carry on using the bathroom independently.
- People living with dementia were given time to express their wishes and were never rushed. A member of staff told us that they often repeated things to the person as they quickly forgot what was happening. They described how they talked slowly and clearly and made eye contact.
- Staff told us that they made, "Time to chat" And this was recorded in people's daily notes. A relative told us, "They provide an element of company for her, they give her independence and the carers are like friends to her."
- People had different interests and this was acknowledged by the registered manager. She explained, where appropriate, staff had been allocated to support people with similar interests. For example, a person was very keen on literature and had enjoyed reading until their eyesight became poor. A member of staff with a similar interest in literature was assigned to the person and spent time on each visit reading to them.
- The agency has formed links with a local art club called 'Art wave'. People attended the club and once each year they held an auction. Money raised from the auction was used to buy small but useful items for people. For example, a person who was visually impaired was given a mug that made a bleep when it was full, guarding against over filling and spilling. This meant that the person could make themselves a drink safely. Another person liked to have their hair washed in the bath and an inflatable neck support was purchased to support this.
- People living with dementia attended a music group called 'Raise Your Voice', at a well-known local opera house. People enjoyed the social interaction and the registered manager told us that they found another way of expressing themselves through music.
- The registered manager told us about the 'Monday Club.' A group set up to support people in the community who felt lonely or isolated. This club has just celebrated its 25th year and many of the people using the agency service attended the Monday Club. People said they disliked bank holidays as the club did not run on those days.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was accessible to people and relatives with a large print version available if needed. The policy and procedure was kept in the office and a complaints leaflet which had details of how to complain was provided to everyone and relatives.
- The policy contained a separate 'outcome' document that had a checklist of things that needed to be done with every complaint.
- People and relatives told us they knew how to raise concerns and how to complain if needed. A person told us that if they were unhappy about anything, "I would first raise it with the staff member." Another person said, "I would speak to the manager, but I can't imagine anything causing a problem." Relatives told us they knew how to complain if needed. A relative said, "I've not had reason to complain but I would go to the

manager if I needed to raise anything."

- Another relative told us that they made a complaint as they had received a call at work saying that the usual carer for their relative could not make the call that day. However, they said that the matter had been resolved within 20 minutes and another member of staff had attended.
- A record was seen of another complaint that had been made. The provider's process had been followed and the issue was successfully resolved.
- We were shown a 'how are we doing?' leaflet. This was made available to everyone and invited comments, compliments and complaints. The leaflet provided options for people to write, telephone or e-mail the service and had details of how to contact the CQC.

End of life care and support

- At the time of the inspection no one was receiving end of life care. However, there had been several people during the past year who had been in that position.
- Staff told us they had received training in end of life care and this was confirmed when looking at their training records. A member of staff told us what care they thought was important towards the end of a person's life, they said "Mouthcare, fluid and food charts and making sure people are turned to avoid soreness."
- Staff told us that the registered manager was very supportive at these times. She was always available to support staff either on the telephone or in person, often turning up at people's homes to support staff and the family and friends.
- A staff member told us that when dealing with a person who was towards the end of they arranged for a recording of birdsong to be playing quietly in the background. She knew that the person was very fond of birds and worked with the person's relative to make this happen. Although the person could not verbally communicate towards the end of their life, staff told us they smiled and looked peaceful when the birdsong was being played.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that the service was well led. A person told us, "She (the registered manager) keeps in touch and often comes and helps with the caring herself." Another said, "I've used other firms in the past and these are by far the best."
- Staff felt supported by the registered manager. A member of staff told us, "It's the best place I've ever worked. She always checks up on us to make sure we're ok." Another said, "Compared to my previous company it such a difference. Having all this extra back up is so helpful."
- A member of staff told us that she once found a person had fallen when she arrived for her care call. She called for an ambulance and contacted the registered manager, who was there within ten minutes to help and support.
- A relative told us about the relationship she has with the registered manager. She said, "I'm in regular contact and she regularly assesses (my relatives) needs. We had to wait for the agency to have a space, it was well worth the wait."
- A professional told us, "Everyone I know wants them, there're the best in Lewes! She (registered manager), cares, she has a big heart."
- The registered manager told us that she had a meeting every five weeks with the Rector from the Church and another professional who oversaw the work she was doing. She explained that the meetings were supportive and involved a quality assurance aspect to her work.
- The registered manager told us that when she was on holiday a senior carer I covered for her and was available to staff. She explained that another member of staff who worked in the office made sure that all the care calls were covered and responded if there was an emergency for example, if a carer reported sick.
- Because it is a not for profit organisation the registered manager told us that she paid staff above the minimum wage and that she was a member of the local 'living wage foundation.' They are a group committed to paying people a wage calculated above the local cost of living.
- During the inspection we were shown the new computer program that would be used to hold all information about people. The service was just beginning to move across to this new system that would hold all care plans and details of daily visits. Although the current paper-based system of record keeping was working well, the new system saved time and be even more efficient at recording important information.
- The registered manager was aware of their responsibility to be open and honest when things went wrong (duty of candour.) She had worked with people, relatives and professionals to ensure that people had the right support and were informed when and if anything went wrong.
- The registered manager attended forums and support groups for registered managers. She also received

bulletins and updates from CQC, the local Authority and Health and Social Care web updates.

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

- The registered manager had worked in the care service for many years and had been in her current role for the past ten years. She worked closely with another member of staff who was office based but who managed the care call calendar and who knew people very well. The registered manager had appointed a senior carer to step up in her absence and all care staff had been selected fairly and safely.
- A relative told us that, "The manager calls me regularly with any problems or suggestions on things I could buy to make things better for her (relative)."
- Staff understood their role and cared about people. We were told of a carer who was going on leave who had made a list of things to do, over and above the expected care, such as what day to put the bins out and what days the person liked to be taken out.
- No care calls had been missed. If a carer was running late or had reported sick, then calls were made to the person and relatives and cover arranged straight away. A relative told us, "The visits are never rushed, in fact, they often go over their allotted time as (relative), is slow now."
- The registered manager carried out regular spot checks on staff to check that what they had been taught in training was being put into practice. A member of staff said, "She'll always provide feedback but not in front of the person."
- The registered manager was aware of her legal responsibility to report certain incidents to the CQC. All incidents had been reported correctly and a separate file was kept containing all notifications that had been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- People told us that the registered manager and staff constantly sought feedback from them. This was mainly done verbally during visits, but they had also been asked for written feedback. Records seen showed more than 30 completed feedback forms from people in the past six months. A similar number were seen for 2018 and nearly all the comments were positive.
- Relatives told us that they had not been asked to provide written feedback but everyone we spoke to said that they could raise issues with the registered manager at any time if they needed to.
- Staff had completed feedback forms. As had professionals that visited people, regularly.
- The feedback from all these forms and conversations were discussed at regular team meetings. Team meetings were held monthly. There was a set agenda and actions were raised where necessary. Any themes from feedback were picked up and discussed. Team meetings were an opportunity to share good practice and raise any concerns. After each meeting the team would share a meal together. Staff enjoyed this, a member of staff said, "It's a relaxed atmosphere where we can share experiences."
- The registered manager held one to one meetings with all staff. This was evidenced in staff files. These meetings provided an opportunity to discuss any concerns and development opportunities. A member of staff said, "We have spot checks every couple of months too. I know the manager is always available and I'm in and out of the office all of the time."
- The registered manager carried out audits and evidence was seen, of checks to MAR charts, training records and daily notes.

Working in partnership with others

- The service had strong links to the local church. The service was founded as a Christian faith-based service and many of the people using the service attended the church which was next door to the office.
- Many people had also been introduced to the Phoenix Centre. This is a day centre providing a variety of recreational services to people over 55 years old and anyone who is living with dementia.

- Some people have been introduced to 'Probus'. This group is a local association of retired professionals and business people who meet socially and encourage discussion about their former and current interests.