

Berkeley Home Health Limited

Berkeley Home Health - East of England

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Berkeley Home Health -East of England is a domiciliary care agency. It provides personal care to people who live in their own houses or flats and provides live-in care staff to people in their own homes. It provides a service to adults. Not everyone using Berkeley Home Health – East of England receives the 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 also take into account any wider social care provided.

This service was registered on 4 October 2017. This was their first inspection.

At the time of this announced comprehensive inspection of 23 November 2018, there were 54 people who used the service and received 'personal care'. The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people and their relatives so that we could visit them in their homes to find out about their experience of using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Berkeley Home Health - East of England was exceptionally well led. There was visible and effective leadership in an open and transparent culture that resulted in an effectively organised, supportive and well-run service. The registered manager demonstrated how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. They were supported by care workers and an office management team that were passionate and fully committed to delivering quality person-centred care to people. Morale was high within the service.

Without exception, people and their relatives were extremely complimentary about their experience of using the service. They were full of praise about their care workers and shared numerous examples of how their care workers consistently provided them with personalised, tailored care in responsive to their needs. They described how their care workers took the time to ensure every small detail of the care provided met their individual needs and wishes and the positive impact this had on their well-being. Everybody we spoke with said that they would highly recommend the service.

People told us that the care workers were kind, compassionate and respectful towards them. They described how they trusted and felt safe with the care workers, who knew them well and encouraged them to be as independent as possible. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care records were comprehensive, accurate and reflected the care and support provided. Care workers consistently protected people's privacy and dignity.

Systems were in place to minimise the risks to people, including from abuse, and in relation to mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed. They had the knowledge and skills, through regular supervision and training, to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had an effective quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Care workers had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

Care workers were kind, caring and compassionate. They treated people with dignity and respect.

People's views on their care was encouraged and they were offered choice and had control over their care and support.

Care workers encouraged and promoted people's independence.

Is the service responsive?

The service was very responsive.

People and relatives fed back about the quality of person centred care provided from care workers who had the time and ability to meet their needs in an individualised way.

People and their relatives, where appropriate, were actively involved in contributing to the planning of their care and support.

People's care needs were regularly reviewed and care packages were adjusted promptly if necessary.

People's views and opinions were actively sought and listened to. Their feedback was valued and used to improve the quality of the service.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

Dynamic leadership was evident. The registered manager promoted the highest standards of person-centred care and support for people; delivered by a passionate and motivated workforce.

There was an open and transparent culture at the service. All the staff were well supported by the registered manager and understood their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

Outstanding 

Berkeley Home Health - East of England

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity started on 22 November 2018 when we visited the office premises and ended 5 December 2018 when we gave feedback to the registered manager.

This was an announced, comprehensive inspection carried out by one inspector and an expert by experience. They assisted us with telephone interviews of people who used the service and relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection visit. We also wanted to give them sufficient time to make arrangements with people and where appropriate their relatives so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the Local Authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about matters relating to people's safety and the running of the service. We reviewed the notifications the provider had sent us.

The inspector visited the office location on 22 November 2018 and spoke with the registered manager, the field care supervisor, the care co-ordinator and four care workers. We reviewed the care records of six people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 23 November 2018 with their permission, we visited two people and three relatives in their homes. On 23 November and 26 November 2018, we carried out telephone interviews and spoke to nine people who used the service and thirteen relatives. We also received electronic feedback from three relatives, three members of staff and three community professionals.

Is the service safe?

Our findings

People told us that they felt safe using the service and at ease with their care workers. One person said, "I don't worry when they're here because I know I'm safe. If I wasn't, I'd speak to the office about it." Another person shared with us how they trusted their carer workers, "I've never had anything broken or taken and in my opinion, they treat my home as they treat their own." A relative told us, "I wouldn't trust my [family member's] care to just anyone. I know I can trust them [care workers] with his life basically."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. One person said, "They are always smartly dressed and have their badges." Where care workers supported people to access the community and at the request of relatives they did not wear uniforms but were suitably attired. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and protected.

Systems designed to minimise the risks to people in relation to avoidable harm and abuse were in place. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been identified the service had raised safeguarding referrals appropriately.

Care workers were aware of people's needs and how to meet them. People's care records included detailed risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes.

People who were vulnerable because of specific medical conditions such as diabetes, types of cancer, mental ill health, Motor Neurone Disease, or were living with dementia, had clear plans in place guiding care workers as to the appropriate actions to take to keep the person safe. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us they had continuity of care by regular care workers and knew who would be visiting them. One person said, "I have a weekly list so I know who is coming to see me." A relative told us, "We always know who is coming because a weekly list is emailed to us in advance." Another relative commented, "[Family member] has the same regular carer. That is very important to us. We obviously have a few others who cover holidays and sickness. The carers always stay for their allocated time without fail."

People and relatives told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. One person said, "I couldn't ever imagine them missing a call. It's not in their nature. They very rarely even run late. Very reliable." People and their relatives explained that on the odd occasion their regular carer was not at work or in the event of an emergency they were contacted by the office staff and another care worker attended the call. One person explained, "Once our carer was 15 minutes late. The office rang us and apologised explaining that the carer had been delayed, but not to worry

as they were sending our other carer. Sure, enough our other carer turned up five minutes later." A relative told us, "They can occasionally be late, if they've had a problem, but if that happens they'll always call us. We never had a missed call."

The registered manager advised that visits where personal care was provided were for a minimum of 30 minutes and every effort was made to ensure people had regular care workers. This was confirmed by care workers who told us there was consistency in their visits so that they got to know people well. Care workers said there was adequate travelling time allocated between care calls which resulted in people receiving calls at their agreed times. Records showed that where instances of missed and late visits had occurred in the last 12 months appropriate action had been taken to address this. This included active recruitment. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. The registered manager also told us that they and the office management team regularly delivered care to people which helped them to maintain relationships with people and to check care workers were competent.

Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Gaps in an applicant's employment history had been explored during the interview process. The registered manager told us about the short-listing process used to identify applicants they wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. People and their relatives told us that where necessary care workers assisted them with their prescribed medicines. One person said, "The carers make sure I have taken my tablets properly." Care workers we spoke with told us they felt competent to support people with their medicines. They confirmed they had received training in administering medicines and their competency was checked by the management team. We looked at the systems used to manage medicines which confirmed regular competency checks of care workers were conducted and we saw Medicine Administration Records (MAR) were completed correctly. People's MAR charts were regularly audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required. This meant people were receiving their medicines as prescribed and in a safe way; by care workers who were competent in the procedures.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with PPE (personal protection equipment), such as disposable gloves and aprons. One person said about their care workers, "They always have gloves and aprons and wash their hands regularly." Care workers confirmed that PPE was readily available to them in the office and they could collect them when needed.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again. Care workers and office staff demonstrated an understanding of accident and incident reporting procedures. We saw examples of investigations completed by the registered manager, after an incident had occurred. The registered manager shared investigation outcomes with the staff team and implemented changes to

practice where possible to prevent risk of reoccurrence.

Is the service effective?

Our findings

People had an assessment of their needs before they received support from the service. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records seen showed an assessment of many areas including personal care, medical history, dietary needs and physical, mental and social needs had been considered when developing people's care plans. Where required the service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "I think the carers are very capable, the carers don't need telling twice, they know exactly what to do and how to do it." A relative said, "They help [family member] move from bed to her chair and they always take their time and go at her pace." Another relative commented, "From our perspective, the carers have all the skills needed to look after [family member]. We've certainly no complaints."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included: fluid and nutrition, diabetes and epilepsy. Refresher training was provided to maintain best practice.

Care workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The registered manager explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were provided with one to one supervision meetings and a yearly appraisal which they described as supportive and effective. These are opportunities to discuss the way that they were working and to receive feedback on their work practice. Several care workers shared examples with us of how the registered manager had been supportive and understanding helping them both professionally and personally.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "I get plenty of choice depending what I've got in the fridge. The carers never mind making me whatever I fancy." A relative told us, "[family member] loves going out to lunch with his carers.

He knows what he likes to eat and they'll just make sure it's cut up and manageable for him." Where care workers identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, care workers followed the instructions given and recorded this in people's care records to reflect how risks were being mitigated.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists. Care records reflected where care workers had noted concerns or changes in people's health, and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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 if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, "My carers ask if I am ready to get up and have a wash." Another person commented, "They [care workers] check if I am ready to have my cream applied." A third person said, "I decide what I would like or not like for the carers to do." A relative told us, "I always hear the carers knocking on the bedroom door and waiting for [family member] to say they can go in." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "I love being able to chat with my carers, who I've known for a long time. They know me well and I never have to explain anything to them anymore, which is lovely." Another person commented, "The most important thing to me is to be able to stay here, at home for as long as I can. My carers make that possible." A third person shared with us their positive experience, "I am very happy with the quality of care, my carers are friendly. I feel in control of my care even though physically I am not." A fourth person said, "I really like my carers, they are fun to be around. We can talk about all sorts of things, they make the time go quickly it's interesting being in their company. I look forward to them coming. They are helpful and chatty."

Feedback from relatives about the approach of the care workers was positive. One relative commented, "The important thing for us, is [family member] enjoys his time out with his carers. The look on his face when he returns, tells us that he has." They added, "When they [care workers] come back from their few hours out, they're always telling me about what they've been up to and I can tell that they've taken their time to let him enjoy whatever they've supported him with." Another relative said, "I cannot fault them, the carers get stuck in they know what they are doing. I hear constant laughing coming from them and [family member] which is lovely to hear." A third relative commented, "At [family member's] age, she's not going to be rushed." They went on to say how patient the care workers were in their interactions.

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. The office staff, care workers and registered manager spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the days of our inspection and through interactions seen between people and registered manager during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records. One person said, "When we have a review meeting, we'll look to see if anything has changed with my health or ability to do things for myself. If needs be, something will be added to it and we'll see if more time is needed."

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. One person described how they were encouraged to be mobile but reassured by presence of their care workers, "They are with me when I use my frame to and from my bed." People's records provided guidance to care workers on the areas of care that people could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was consistently respected and promoted. People and relatives shared

with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One person said, "Curtains always get shut and lights are put on when they come in the afternoon so that the neighbours aren't looking in on me." Another person commented, "The carers respect my privacy and dignity at all times; very thoughtful and considerate of my feelings."

Is the service responsive?

Our findings

People told us they received quality care and support that was highly responsive to their needs. One person described their positive experience saying the care workers were, "Attentive and very good at putting me at ease. Never rush me or get distracted. They do everything I need and more if I need it. They understand me well and know how I like things done. I don't have to repeat myself, they listen and treat me with the utmost respect. They understand my condition and know that no two days are the same but don't panic at the first hint of change. We know I am getting worse and my reliance on them has increased. This is managed sensitively and discreetly which helps me to cope." Another person commented, "My carers do everything that I need. Couldn't want for better. I have had them a long time and they are intuitive to what I need." A third person told us, "They [care workers] are very insightful. They come up with practical suggestions to try which might help me, make things easier when I am having an off day. They are never patronising which I really appreciate."

Another person emailed us to share how responsive the service had been and the positive impact this had to their wellbeing and dignity. They said, "The office staff are friendly and have always accommodated any needs I may have had. On the couple of occasions when I have had an emergency they organised a carer to come to my house very quickly. It is very reassuring."

Relatives were equally favourable about how the service responded to people's needs. One relative commented, "Before we had the carers come we as a family survived. Now we live! The only way this works is to be able to have trust and confidence in the carers. To be certain that they would call me, let me know what's going on if anything changes. This took time to build but it is important and we have it. At the end of the day when carers look after my child, now a young adult it is to give me a break so I can function. It is a two-way thing. I need to know that [family member] is well looked after and safe. We have a regular team of carers that know [family member] inside and out. They fully understand the complexities of her condition and how to manage the associated risks. They are alert to any changes and expertly manage this without compromising her safety. They communicate with each other and us really well so we are all on the same page. As a result [family member] lives her life on her terms as it should be."

Another relative commented, "The care provided has permitted my [family member] to remain with me in our home. We have lived all our married lives here and don't want to leave. The carers are patient and kind. They know that [family member's condition] is progressing and some days it is a struggle and [family member] doesn't always handle this well. There have been outbursts but the carers take it all in their stride. They see beyond the illness to the scared and frustrated person underneath and are brilliant at lightening the mood. This gives me such strength as it can be hard sometimes. I don't think they realise how special they are."

Before people received any care from the service a member of the management team visited them to assess their personal and healthcare needs. Together with the person and or their representatives where required, they discussed and agreed a package of care and support. An initial assessment was undertaken that considered the person's diverse needs such as their cultural, spiritual and social needs, specific conditions,

their mobility, how they communicated, and how they wanted to be supported in these areas. One person described their recent experience of this process saying, "It was a two-way thing. I told the manager what I needed and wanted, things that mattered to me. They explained what they could do and we came to a mutual agreement." A relative commented, "They [registered manager] came to see us. We discussed what the care needs were and it was very thorough. They explained things and this helped manage our expectations. I was impressed as it was all about [family member] and what the agency could do to help them and us."

People's care records were comprehensive, regularly reviewed and updated. They covered aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. Detailed care plans included people's daily routines providing care workers with the information they needed to meet individual needs in line with their wishes. For example, one person's care records explained the order that they preferred to be mobilised and details including pictures of the equipment required to safely transfer the person. For another person it was the order of specific coloured flannels to assist them with their personal care. There were prompts throughout for the care workers to promote and respect people's dignity and clear instructions of where the person needed assistance and when to encourage their independence. People's care records reflected choice and control. For example, people could choose to determine the approach of their care workers. This included whether the person preferred to give their own instructions each day, or for the care workers to follow the person's agreed care plan. Records showed that people's choices were acted on and were regularly checked as part of the review process to ensure they were correct.

People confirmed that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed to their ongoing care arrangements, "My care plan reflects my needs and changing abilities. It covers what I can and can't do, when I require assistance from my carers. It's changed a few times but I am always involved in the process." Another person said, "We go through everything in a meeting, here in my house. I get one of my children to come so I don't forget anything. Its very thorough. Someone from the office comes and they check the paperwork, ask if the care is how it should be, do the carers need to do more for me, double check my medications, check I am happy with everything."

Relatives described being involved in the ongoing development of people's care arrangements and shared positive examples of working with the service. One relative said, "We usually see one of the girls from the office, probably twice a year and we're always asked our views." Another relative commented, "Whenever we have a review meeting or if I think we need to look at it in-between times, I'll call the office and someone will come out to see us." A third relative said, "Due to the complexities of [family member's] condition, her care plan is constantly evolving. We have formal reviews but I can also make suggestions for the carers to try different things, such is the fantastic arrangement we have. Likewise, they have come up with ideas such as supporting [family member] to be more independent by preparing lunch with them on a Friday. I leave everything out in the morning and they will help [family member] prepare and make their own lunch."

People received a highly bespoke service that was tailored to meet their changing needs. For example, supporting two people not only with their personal care needs but also with managing their anxiety and accessing the community, particularly to attend their healthcare appointments.

A relative told us the positive impact the service had on the wellbeing of their family member. They said, "The whole agency is amazing. They let [family member] go into the office once a week, where he helps them out with some little jobs. It makes him feel so important. A little thing for them, but really huge for him."

The service understood the needs of different people and groups of people, and delivered care and support in a way that met these needs and promoted equality. The registered manager shared with us an example of adapting their approach to engage with one person who was refusing care and support and displaying behaviours at times that were challenging, putting themselves and the care workers at risk. They said, "[Person] was quite wary of me when I initially went into his home and defensive. I felt that pen and paper was not appropriate at this point and put it down and just started talking to [person]. It became clear that [person] enjoyed talking and for whatever reason was upset he needed to have care. After speaking with [person] and with his permission, we agreed that the care plan needed to reflect him as a person and actually speaking about his anxieties and fears would help the carers better understand how to support him. He did not like people coming in with paper and pens as he was not able to answer questions that people would often ask him." The registered manager explained how they created an initial care plan with the person, that included input from the care workers who provided the care and support. This contributed towards a better understanding and the care workers supporting the person to live a quality life and to do things they wanted to do. This included accessing the local community as well as travelling to London to see West End shows and a football match. They added that a care worker had supported the person when they wanted to do something for charity in memory of their family member and were now helping the person to plan their next fundraising activity.

The service was responsive to people's changing needs. They operated an effective out-of-hours call service. An on-call supervisor was able to respond immediately ensuring any concerns were addressed immediately or referred to the relevant professionals where required. At weekends, the on-call supervisor also had a designated member of the office team to provide back up and support and the registered manager was also accessible. A care worker told us, "The on-call system works really well. If you need any advice or help there is always someone available." This was confirmed by one person who told us, "I have not had any problems when I have rung late at night or at the weekends."

There had been numerous compliments received about the service within the last 12 months. Themes included, 'caring and friendly' care workers', 'consistent quality of care' and 'effective communication'. In addition, several people had taken the time to contact the service to express their appreciation for the support provided to them and their families, 'during difficult times' such as when the service was providing support to a person following a hospital discharge and when nearing the end of their life.

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "One of the carers initially allocated was too loud and I just couldn't take to them. It wasn't anything bad just a personality thing. I wasn't going to say anything but it came up in a review if everything was okay. [Field care supervisor] was so nice and easy to talk to. I felt able to say something. They were professional and handled it really well, no fuss or drama. They replaced my carer straight away." Another person said, "When I call the office they are polite and act swiftly to resolve things."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. The registered manager demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a care worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing care workers with additional training or taking disciplinary action where required.

No one at the time of our inspection was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to care workers on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

Feedback was extremely positive from people we spoke with about the leadership arrangements in the service. Feedback from people, relatives and professionals involved with the agency described a consistently high-quality service. People experienced a service that went above and beyond their expectations and was dependable. People told us the registered manager supported by the office team were always available and approachable. One person said, "The manager is lovely, really kind and the girls in the office are ever so helpful, can't do enough for you. Always ring you back and never leave things unresolved." Another person said about the service they received, "They are efficient but also very caring. From the manager to the carers to the office. Can't fault them." One person emailed us with their complimentary experience of using the service stating, "The carers that I have had have always been caring, knowledgeable, efficient, friendly and their timekeeping is excellent. I am very happy with Berkeley Home Health – East of England and would like to take this opportunity to thank you all for your help."

Relatives' feedback was equally full of praise for the consistently reliable service provided. One relative commented, "The service provided is extremely good. It is very well organised and we have never been let down. It is reliable and at times been a life saver." Another relative shared with us their positive experience of the service that clearly met the needs of their relative and the effective arrangements in place they said, "They [care workers] are thoughtful, caring and respectful. The office staff are polite and we have good communication. I don't live locally so I rely on the weekly lists letting me know who is coming and when. It rarely changes so [family member] has responded well to having the same carers visit. Together they have a routine in place that ensures everything gets done that needs to be done. [Family member] looks forward to their visits and describes them as friends. I couldn't ask for more. I know the office will call me if there is a problem or to update me. I can't fault it." A third relative emailed us about the flexible support they received along with good communication, "The carers and the administrative staff were very helpful when my [family member] became ill recently and was admitted to hospital. They telephoned me to express their concerns about my [family member's] health; they kept in touch while she was in hospital; and they liaised with the hospital when my [family member] was ready to be discharged and returned to her home. They have also been very helpful in accompanying my [family member] to out-patient and GP appointments."

People and where appropriate their representatives were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their experiences about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction survey and feedback about people's experiences was positive. The service had scored highly for an office team who were responsive to people's queries and for providing punctual care workers who were well matched to meet people's needs.

People also gave high praise to the communication provided by the service. One person said, "I look forward to the monthly newsletters, keeps me in the loop." A relative commented, "The manager introduced a monthly newsletter, which my [family member] loves to read." Another relative said, "The agency sends us a newsletter from time to time. It is very informative and easy to read."

Records showed that people's feedback was valued, acted on and used to make continual improvements to the service. This was also confirmed by one relative who shared with us their positive experience of sharing feedback and how they were satisfied with how it had been dealt with. They told us, "No major concerns just some issues with the rota but it was sorted quickly. We email now and it's much better."

The registered manager was a visible presence in the service and acted appropriately when errors or improvements were identified. They demonstrated how lessons were learnt and how they helped to ensure that the service continually improved. They had established an open and inclusive culture. Care workers and the office team were clear on their roles and responsibilities and how they contributed towards the provider's vision and values.

Care workers and the office team shared numerous examples of how they felt the service was well-led and that they were valued and respected by the registered manager. Several staff described how the registered manager had supported them both professionally and personally and the positive impact this had on their well-being. One care worker said, "[Registered manager] is genuinely interested in you and how you're doing. They mean it when they say their door is always open. It isn't lip service, you can talk to them about anything and they don't judge you. They help you to help yourself. I feel very supported and able to cope with things. We all manage better not worrying and bottling things up, but sometimes you don't feel safe to say anything and then it builds up and escalates. I know it is not like that here and that if I need [registered manager] they are there. People can be funny about asking for help but it isn't the case here. [Registered manager] values the carers and understands it can be a hard job and we all need support at some point." We found a clear example of how the registered manager supported diversity and valued difference within the staff team. A care worker shared with us how the registered manager had empowered and enabled them, "[Registered manager] is brilliant. I have disabilities and have reasonable adjustments put in place which they helped me with. Without her help I'm sure I would not be working at all now. They have helped me to be well. It is a pleasant place to work and good staffing levels. All the office staff are very approachable on any subject. Great team work here. I am very happy indeed."

A third care worker gave an example of the registered manager displaying the correct values in action, "They made it safe to speak up. Since they came, there is a fantastic atmosphere. They support you with any problems. Sometimes you need an instant decision and they are very good at coming back to you quickly. There is a real feel good feeling here, great morale here. That's down to [registered manager]." They went on to describe how the registered manager was consistently approachable and available to support staff. They added the registered manager had, "Integrity. They are passionate about person centred approach and understand no two people are the same. They encourage carers to get involved in care plans and value us and listen to our views." A fourth care worker explained how they were effectively supported by the registered manager, "The manager has your back. They look after you, check on you make sure you don't burn out. There is a mutual level of trust and respect. You get respected for what you do, recognised and thanked."

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We have regular meetings. Talk about what we are doing, what works and what needs to change." The minutes of these meetings showed that care workers were reminded of their roles and responsibilities and suggestions from care workers, for example, how they supported people, were valued and listened to. In addition, the registered manager had implemented a weekly staff newsletter to improve communication. This included where planned roadwork's were taking place so care workers could adapt their route accordingly. Other information included reminders to care workers of which people were

on holiday, in hospital or respite, where extra hours were available and updates on changes and best practice within the care industry.

Discussions with the registered manager and records seen showed that there was active recruitment to support the growth of the business. To improve communication the office team had implemented regular telephone welfare checks to check that people and where appropriate relatives involved in people's care were satisfied with the care arrangements. This was in addition to the face to face care reviews held throughout the year or which reassessed risk and people's needs if they had changed. This enabled the office staff to independently identify and swiftly address any issues and to capture positive feedback about the care workers. Information was documented on people's records in the office and was accessible to the registered manager. There were photographs on display in the office and in the staff newsletters of the care workers that had been acknowledged with the providers carer of the month award in recognition of their hard work.

The registered manager assessed the quality and safety of the service through a regular programme of audits. The registered manager had highly effective oversight of what was happening in the service, and when asked questions were still able to respond immediately, demonstrating an in-depth knowledge in all areas. This included health and safety checks, safe management of medicines and auditing people's care records. We saw that these identified shortfalls which needed to be addressed to ensure the service continued to develop. Reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Information relating to the running of the service was shared with the provider through regular reporting by the registered manager. This covered but was not limited to referrals, safeguarding, accidents and incidents, care reviews, complaints, compliments and staff training and ongoing development. This information provided effective governance, accountability and oversight of what was happening within the service and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, workforce development, and enhancing communication systems. In addition, the registered manager shared with us how they had implemented a one-page personal profile for people to accompany people's detailed care records. This provided care workers with a current picture of the person and what was important to them and reinforced what care workers needed to know to care and support them effectively. They explained how this had been a valuable tool in embedding the existing person-centred plans and ensuring they were meeting people's needs in line with their wishes.

The service was an active and visible presence within the local community arranging tea and cake events for people who used the service and trips to Felixstowe to enjoy the seaside. People who used the service and their relatives were also included in the service's annual Christmas party.

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service. One community professional commented favourably about the positive working relationship they had with this agency, "I have no concerns with the service. Good quality of care. When changes occur, they make appropriate referrals and act on the advice given."